

## HIPAA Notice of Privacy Practices

***This Notice describes how health information about you may be used and disclosed and how you can get access to this information. Please review it carefully.***

Old Surety Life Insurance Company and its affiliates, Enterprise Marketing Corporation and Old Surety Insurance Company, are required to provide this Notice to you by the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"). We have established a policy to guard against unnecessary disclosure of your Personal Health Information ("PHI"). You may submit questions to us in writing at P.O. Box 54407, Oklahoma City, OK 73154.

We are required by law to: (1) maintain the privacy of your PHI, (2) provide you this notice of our legal duties and privacy practices with respect to your PHI, and (3) follow the terms of this Notice.

### ***Use and Disclosure of Health Information***

We are committed to protecting your PHI from inappropriate use or disclosure. The main reasons for which we may use and may disclose your PHI are to conduct our internal care operations. For example, we may disclose some of your PHI for underwriting purposes. We may use or disclose your PHI for treatment and payment purposes. An example of treatment purposes is if a doctor's office calls us to verify your insurance coverage in order for the doctor to make arrangements for your care with another doctor or a health care facility. Payment purposes include any uses or disclosures we may need to make to approve your eligibility for health care. Personal health information referring to genetics will never be disclosed for underwriting purposes in accordance with the Genetic Information Nondiscrimination Act of 2008 (GINA).

### ***Additional Uses and Disclosures of Health Information***

**As Required By Law.** We will disclose health information about you when required to do so by federal, state or local law. For example, we may disclose health information when required by a court order in a court proceeding such as a malpractice action.

**To Avert a Serious Threat to Health or Safety.** We may use and disclose health information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

**Organ and Tissue Donation.** If you are an organ donor, we may release health information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

**Military and Veterans.** If you are a member of the armed forces, we may release health information about you as required by military command authorities. We may also release health information about foreign military personnel to the appropriate foreign military authority.

**Workers' Compensation.** We may release health information about you as authorized by and to the extent necessary to comply with laws relating to workers' compensation or other similar programs. These programs provide benefits for work-related injuries or illness.

**Public Health Risks.** We may disclose health information about you for public health activities. These activities include the following: to prevent or control disease, injury or disability; to report births and deaths; to report child abuse or neglect; to report reactions to medications or problems with products; to notify people of recalls of products they may be using; to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; to notify a government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

**Health Oversight Activities.** We may disclose health information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, govt. programs, and compliance with civil rights laws.

**Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, we may disclose health information about you in response to a court or administrative order. We may also disclose health information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

**Law Enforcement.** We may release health information if asked to do so by a law enforcement official: in response to a court order, subpoena, warrant, summons or similar process; to identify or locate a suspect, fugitive, material witness, or missing person; about the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement; about a death we believe may be the result of criminal conduct; about criminal conduct at the hospital; and in emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

**Coroners, Health Examiners and Funeral Directors.** We may release health information to a coroner or health examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release health information about patients of the hospital to funeral directors as necessary to carry out their duties.

**National Security and Intelligence Activities.** We may release health information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

**Inmates.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release health information about you to the correctional institution or law enforcement official. This release would be necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

**Other Uses and Disclosures of Health Information.** We may not use or disclose your PHI for any other purposes unless we first obtain a signed authorization from you agreeing to the disclosure.

**We will not disclose your PHI to any other company for their use in marketing their products to you.  
You will be notified immediately upon any breach of your PHI.**

### ***Your Rights With Respect to Your Health Information***

You have the following rights regarding PHI that we maintain about you. Should you have questions about a specific right, please write to our Privacy Officer at Old Surety Life Insurance Company, P.O. Box 54407, Oklahoma City, OK 73154 or call 1-800-272-5466.

**Right to Inspect and Copy Your Personal Health Information:** In most cases, you have the right to inspect and obtain a copy of the PHI that we maintain about you. To inspect and copy PHI, you must submit your request in writing to our Privacy Officer. You may be charged a fee for the costs of copying, mailing, or other supplies associated with your request. If your request is denied, you may request that the denial be reviewed.

**Right to Amend your Personal Health Information:** If you believe that your PHI is incorrect or that an important part of it is missing, you have the right to ask us to amend your PHI while it is kept by or for us. You must provide your request and your reason for the request in writing and submit it to our Privacy Officer.

**Right to a List of Disclosures:** This list will not include disclosures made for treatment, payment, health care operations, for purposes of national security, made to law enforcement or to corrections personnel, made pursuant to your authorization, or made directly to you. To request this list, you must submit your request in writing to our Privacy Officer. Your request must state the time from which you want to receive a list of disclosures. The time period may not be longer than six years and may not include dates prior to April 14, 2003. Your request should indicate in what form you want the list (for example, on paper or electronically). The first list you request within a 12-month period will be free. We may charge you for responding to any additional requests. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before costs are incurred.

**Right to Request Restrictions:** You have the right to request a restriction or limitation on PHI we use or disclose about you for treatment, payment or health care operations, or that we disclose to someone who may be involved in your care or payment for your care, like a family member or friend. While we will consider your request, we are not required to agree to it. If we do agree to it, we will comply with your request. To request a restriction, you must make your request in writing to our Privacy Officer. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply (for example, disclosures to your spouse). We will not agree to restrictions on PHI uses or disclosures that are legally required, or which are necessary to administer our business.

**Right to Request Confidential Communications:** You have the right to request that we communicate with you about PHI in a certain way or at a certain location if you tell us in writing that communication in another manner may endanger you. For example, you can ask that we only contact you by mail. To request confidential communications, you must make your request in writing to our Privacy Officer and specify how or where you wish to be contacted. We will accommodate all reasonable requests if it is clear that disclosure of all or part of the information could endanger you.

**Right to Receive a Paper Copy.** You have the right to receive a paper copy of this Notice even if you have agreed to receive this Notice through electronic means, such as by email or by accessing a website.

**Right to File a Complaint:** If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of the Department of Health and Human Services. To file a complaint with us, or have questions about filing a complaint, you may contact us by writing to: Privacy Officer, Old Surety Life Insurance Company, P.O. Box 54407, Oklahoma City, OK 73154. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

### ***Other Uses of Health Information***

Other uses and disclosures of health information not covered by this Notice or the laws that apply to us will be made only with your written permission. If you provide us with permission to use or disclose health information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose health information about you for the reasons covered by your written authorization. We are unable to take back any disclosures that we already made with your permission.

### ***Changes to This Notice***

We reserve the right to change the terms of this notice at any time. We reserve the right to make the revised or changed notice effective for PHI we already have about you as well as any PHI we receive in the future. The effective date of this notice and any revised or changed notice may be found at the bottom of this notice.

*Effective Date of Notice: August 1, 2023*