

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

We are required by law to maintain the privacy of your protected health information and to provide customers with notice of our legal duties and privacy practices with respect to your protected health information. This Notice applies to long term care and hospital indemnity certificates and any other health plans that we might issue or renew. In the event applicable law, other than HIPAA, prohibits or materially limits our uses and disclosures of protected health information, as set forth above, we will restrict our uses or disclosure of your protected health information in accordance with the more stringent standard.

USES AND DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION WITH YOUR WRITTEN AUTHORIZATION

Except as outlined below, we will not use or disclose your protected health information for any purpose unless you have signed a form authorizing the use or disclosure. You have the right to revoke that authorization in writing except to the extent that we have taken action in reliance upon the authorization or to the extent that that authorization was obtained as a condition of obtaining insurance and we have the right, under other law, to contest a claim under the certificate, or the certificate itself.

USES AND DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION WITHOUT YOUR WRITTEN AUTHORIZATION

For Payment. We may use and disclose your protected health information as necessary for payment purposes. For instance, we may use information regarding your medical procedures and treatment to process and pay claims, to determine whether services are medically necessary, to obtain premiums or to pre-authorize or certify services are covered under your certificate.

For Health Care Operations. We may use and disclose your protected health information as necessary for our health care operations. Health care operations include a wide range of our usual business activities including peer review, business management, underwriting, reinsurance, compliance, auditing, rating, fraud detection and other functions related to your health benefits plan.

To Individuals Involved In Your Care. If you are available and do not object, we may disclose your protected health information to family, friends, and others who are involved in your care or in payment for your care in order to facilitate that person's involvement in caring for you or paying for your care. If you are unavailable, incapacitated, or facing an emergency medical situation, and we determine that a limited disclosure may be in your best interest, we may share limited protected health information with such individuals. If you have designated a person to receive information regarding payment of the premium on your long term care policy, we will inform that person when your premium has not been paid.

To Our Business Associates. Certain aspects and components of our services are performed through contracts with outside persons or organizations, such as financial auditing, actuarial and underwriting services, legal services, duly appointed insurance agents, claim payment services and reinsurers. At times we may provide your protected health information to one or more of these outside persons or organizations.

For Other Health-Related Products or Services. We may contact you to provide information regarding other health-related benefits, products or services which may be of interest to you. For example, we may use your protected health information for the purpose of communicating to you that an enhancement or substitution to your health plan is available, and about health-related products and services that might add value to your health plan.

Other Uses and Disclosures. We are permitted or required by law to make certain other uses and disclosures of your protected health information without your authorization.

- We may use or disclose your protected health information for any purpose required by law.
- We may disclose your protected health information for public health activities, such as reporting of disease, injury, and birth and death, and for public health investigations.
- We may disclose your protected health information if we suspect child abuse or neglect. We may also disclose your protected health information if we believe you to be a victim of abuse, neglect or domestic violence.
- We may disclose your protected health information to your plan sponsor for purposes of administering and providing benefits under a group health plan.
- We may disclose your protected health information to a government oversight agency conducting audits, investigations, or civil or criminal proceedings.
- We may disclose your protected health information in the course of a judicial or administrative proceeding; for example in response to a subpoena or discovery request.
- We may disclose your protected health information to coroners, medical examiners and/or funeral directors consistent with law.
- We may use or disclose your protected health information for cadaveric organ, eye or tissue donations.
- We may use or disclose your protected health information to avert a serious threat to health or safety.
- We may use or disclose your protected health information for research purposes, but only as permitted by law.
- We may disclose your protected health information to workers' compensation agencies for your workers' compensation benefit determination.
- We may use or disclose your protected health information for specialized government functions such as national security, intelligence activities or the armed forces, if you are a member of the military.
- We may disclose your protected health information to the proper authorities for law enforcement purposes.

YOUR RIGHTS

Access to Your Protected Health Information. You have the right to copy and/or inspect much of the protected health information that we retain. All requests for access to your protected health information must be made in writing, state that you want access to your protected health information and be signed by you or your personal representative. You may obtain an access request form by contacting us. We may charge you a per-page fee, postage costs for mailed copies and/or an administrative fee if you request a copy of your personal health information. We will inform you of the fee or costs before processing your request. We do not keep complete copies of your entire medical record. If you would like complete copies of your medical records, contact your health care providers.

Amendments to Your Protected Health Information. You have the right to request that the protected information that we maintain about you be amended or corrected. We are not obligated to make all requested amendments but will give each request careful consideration. All amendment requests must be in writing and signed by you or your personal representative and must state the reasons for the amendment/correction request. You may obtain an amendment request form by contacting us.

Accounting for Disclosures of Your Protected Health Information. You have the right to receive an accounting of certain disclosures made by us of your protected health information. Requests must be made in writing, state you are seeking an accounting of your protected health information and signed by you or your personal representative. You may request an accounting request form by contacting us.

Confidential Communications. You have the right to request to receive communications regarding your personal health information from us by alternative means or at alternative locations. We are required to accommodate your request if you inform us that disclosure of all or part of your information could place you in danger. Requests for confidential communication must be in writing and signed by you or your personal representative. You may request a confidential communication request form by contacting us.

Restrictions on Use and Disclosure of Your Protected Health Information. You have the right to request restrictions on certain of our uses and disclosures of your protected health information for treatment, insurance payment, or health care operations, disclosures made to persons involved in your care and disclosures made for disaster relief purposes. All requests for a restriction on the use or disclosure of protected health information must be in writing, signed by you or a personal representative. Your request must describe in detail the restriction that you are requesting. You may request a restriction request form by contacting us. We are not required to agree to your restriction request.

Complaints. If you believe your privacy rights have been violated, you can file a complaint with us. Complaints must be in writing and signed by you or your personal representative. You may request a complaint form by contacting us. You may also file a complaint with the Secretary of U.S. Department of Health and Human Services. There will be no retaliation for filing a complaint.

Copies Of This Notice. You may obtain a paper copy of this Notice by contacting us, even if you have requested such copy by e-mail or other electronic means.

HOW TO CONTACT US

If you have questions about matters covered by this Notice or wish to request a form to exercise your rights, you may contact our home office at 1-800-225-3108.

CHANGES TO THIS NOTICE

We are required to abide by the terms of this Notice so long as it remains in effect. We reserve the right to change the terms of this Notice as necessary and to make the new Notice effective for all protected health information maintained by us. If we make material changes to our privacy practices, we will mail copies of revised notices to all certificate holders then covered by a health plan.

EFFECTIVE DATE

This Notice of Privacy Practices is effective April 14, 2003.

Woodmen of the World Life Insurance Society and/or
Omaha Woodmen Life Insurance Society
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