

HIPAA Privacy Notice

Effective June, 2008

(This notice applies to your medical, dental, or long term care coverage/s from Allianz)

PLEASE REVIEW THIS NOTICE CAREFULLY.

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED BY ALLIANZ AND HOW TO OBTAIN ACCESS TO THIS INFORMATION.

THIS NOTICE APPLIES TO ALL SUBSIDIARIES EXCEPT FOR ALLIANZ LIFE INSURANCE COMPANY OF NEW YORK.

We care about your privacy

Your privacy is a high priority for us and it will be treated with the highest degree of confidentiality. In order for us to be able to provide you with health insurance products and services, we need to collect certain information from you. However, we want to emphasize that we are committed to maintaining the privacy of this information in accordance with law. All individuals with access to protected health information (PHI) about our customers are required to follow this policy.

Statement of Allianz duties under HIPAA

We are required by the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) to maintain the privacy of your PHI and to provide you with this notice of our privacy practices and legal duties. We are required to abide by the terms of this notice. We reserve the right to change the terms of this notice and to make any new provisions applicable to all of the PHI that we maintain about you. If we make a material revision to this notice, we will provide you with a revised notice within 60 days of a material revision to the notice.

Our privacy practices have not changed since our previous HIPAA Privacy Notice was issued.

Statement of your rights under HIPAA

You have a right to know how we may use or disclose your PHI. This notice informs you of those uses and disclosures. There are certain uses and

disclosures of your PHI that we are permitted or required to make by law without your permission. For all other uses and disclosures, we must first obtain your permission. In addition, you have the following rights so long as you request them in writing. All written requests can be sent to the HIPAA Privacy Contact listed at the end of this notice.

- **Restrictions.** The right to request that we place additional restrictions on our uses and disclosures of your PHI (beyond what the law requires), but we are not obligated to agree to any such additional restrictions.
- **Access, inspect, and copy.** The right to access, inspect, and copy the PHI pertaining to you that we maintain in our files about you, and the right to have us correct or amend any information that we create in error. We have the right to charge a reasonable fee for our cost of providing this information for you. This cost includes the cost of supplies, postage and our labor costs.
- **Accounting of disclosures.** The right to receive an accounting of the disclosures of your PHI that we make except for (1) disclosures related to your health care treatment, our healthcare payment functions or other healthcare operations; (2) disclosures to you; (3) disclosures for national security purposes; (4) disclosures to correctional institutions or law enforcement officials; (5) disclosures made prior to April 14, 2003; and (6) disclosures made more than six years prior to your request for this accounting. We have the right to charge a reasonable, cost-based fee for providing this accounting to you if you make this request more than once in each calendar year.

- **Confidential communications.** The right to request that you receive communications of PHI in a confidential manner. For example, you may request that we contact you at home, rather than work. In order to request a type of confidential communication, you must make a written request specifying the requested method of contact, or the location where you wish to be contacted.
- **File a complaint.** The right to complain about misuse of PHI. You may complain either directly to Allianz or to the Secretary of the U.S. Department of Health and Human Services if you believe that your rights with respect to our protection of your PHI have been violated. We will supply you with the address of this U.S. Department upon request. To file a complaint with us, you may submit a complaint in writing to Allianz at the address listed at the end of this notice. The complaint should include as many details as possible. You will not be retaliated against in any way for filing a complaint.
- **Uses permitted/required by lawsuits and similar proceedings.** We may also use or disclose your PHI in response to a court or administrative order, if you are involved in a lawsuit or similar proceeding. For example, we would be required to disclose your PHI in response to a discovery request, subpoena, or other lawful process by another party involved in the dispute, but only if we have made an effort to inform you of the request or to obtain an order protecting the information the party has requested.
- **Uses permitted/required by law enforcement.** We may also use or disclose your PHI in response to a request by a law enforcement official under the following circumstances:
 1. Regarding a crime victim in certain situations, if we are unable to obtain the person's agreement
 2. Concerning a death we believe might have resulted from criminal conduct
 3. Regarding criminal conduct at our offices
 4. In response to a warrant, summons, court order, subpoena or similar legal process
 5. To identify/locate a suspect, material witness, fugitive or missing person
 6. In an emergency, to report a crime (including the location or victim(s) of the crime or the description, identity, or location of the perpetrator)

Personal representative

You may exercise your rights through a personal representative who will be required to produce evidence of his/her authority to act on your behalf before that person will be given access to your PHI or allowed to take any action for you. Proof of this authority would consist of a power of attorney for health care purposes, a court order of appointment of the person as conservator or guardian, or an individual who is the parent of a minor child.

Disclosures of PHI without your permission

- **Payment functions.** We may use and disclose your PHI to carry out activities relating to reimbursing you for the provision of health care, obtaining premiums, determining health plan coverage, and providing benefits under the plan of insurance that you are purchasing from Allianz.
- **Healthcare operations.** We may also use or disclose your PHI to carry out certain insurance-related activities. These activities include using your PHI for underwriting, premium rating, or other activities relating to the creation, renewal or replacement of another contract of health insurance, and ceding, securing, or placing a contract for reinsurance of risk relating to claims for healthcare.
- **Uses permitted/required by law.** We may also use or disclose your PHI for purposes permitted or required by federal, state, or local law.-

Disclosures of PHI requiring your permission

All other uses or disclosures of your PHI will be made only with your written authorization. This authorization may be revoked at any time in writing. After you revoke your authorization, we will no longer use or disclose your PHI for the reasons described in the authorization, except for the two situations noted below:

- We have taken action in reliance on your authorization before we received your written revocation; and
- You were required to give us your authorization as a condition of obtaining coverage.

Contact information

Contact information for filing a complaint, exercising privacy rights or obtaining further information about the Allianz HIPAA Privacy Policies:

HIPAA Privacy Contact
 Corporate Compliance Department
 Allianz Life Insurance Company of North America
 PO Box 1344 5701 Golden Hills Drive
 Minneapolis, MN 55440-1344 Minneapolis, MN 55416-1297
 800.328.5600
 www.allianzlife.com