

You may file a complaint by:

1. Calling Customer Service at  
1-800-737-3137.
2. Filing a written complaint with our  
Privacy Officer at:  
Privacy Officer  
Allegiance Life & Health Insurance  
Company, Inc.  
P.O. Box 3507  
Missoula, MT 59806-3507.
3. Contacting the Montana Commissioner  
of Insurance at (406) 444-2040 or  
1-800-332-6148;  
or
4. Submitting a complaint to the Office for  
Civil Rights of the U. S. Department of  
Health and Human Services (HHS), 200  
Independence Avenue, SW, Room 509F,  
Washington, D.C. 20201.

## **NOTICE OF PRIVACY PRACTICES**

Allegiance Life & Health Insurance Company, Inc.  
P.O. Box 3507  
Missoula, MT 59806-3507

Phone: 1-800-737-3137

Fax: 406-523-3132

## **NOTICE OF PRIVACY PRACTICES**

**THIS NOTICE CONTAINS IMPORTANT  
INFORMATION ABOUT YOUR  
MEDICAL INFORMATION AND HOW  
IT MAY BE USED AND DISCLOSED.  
THIS NOTICE EXPLAINS HOW YOU  
CAN ACCESS THIS INFORMATION  
AND YOUR INDIVIDUAL RIGHTS.**

Allegiance Life & Health Insurance Company, Inc., (AL&H) maintains the confidentiality and security of your medical health information with safeguards to protect you against unauthorized access, use, or disclosure.

We are required by applicable federal and state law to maintain the privacy of your medical information. We are also required to provide you with this notice about our legal duties, privacy practices, and your rights with respect to your medical information.

This notice is effective April 1, 2007.

[www.allegiancelifeandhealth.com](http://www.allegiancelifeandhealth.com)

# Permitted Uses and Disclosures of Your Medical Information

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We may use and disclose your medical information, without your permission, for any purpose allowed by law. Generally, we will disclose only the medical information we consider reasonably necessary to disclose.

**Treatment:** We may disclose your medical information to health care providers in order for them to provide treatment or services to you.

**Payment:** We may use or disclose your medical information, without your permission, to pay claims from health care providers and facilities for services delivered to you that are covered by your health plan, to determine your eligibility for benefits, to coordinate benefits, care, or other services, to determine medical necessity and appropriateness of care delivered to you, to obtain premiums to pay for your health coverage and to issue Explanations of Benefits (EOB).

**Health Care Operations:** We may use or disclose your medical information, without your permission, for these operations, which include:

- Responding to inquiries, complaints, appeals, or external reviews;
- Health care quality assessment and improvement activities;
- Reviewing and evaluating health care provider competence or qualifications;
- Case management, conducting or arranging for medical reviews, audits, and legal services;

We may disclose your medical information to another health plan or to a health care provider subject to federal privacy laws if the plan or provider has or had a relationship with you and the medical information is for that plan's or provider's health care operations.

**Health-Related Services:** We may use your medical information to provide you with information about treatment alternatives or other health-related products, benefits and services. These communications may include enhancements to a health plan and health-related products or services available only to a health plan member that add value to, but are not part of, our health benefits plan.

**Business Associates:** When we disclose medical information to others to perform business services for us, they must agree, in writing, to protect the medical information. They may only use the information for the purposes of performing those contracted business services. Other reasons we may disclose what we know about you include, but are not limited to, the following:

- If disclosure is required by state or federal law;
- Legal proceedings such as complying with a court order, subpoena, or discovery request from a court or government agency;
- Giving information to an authorized public health authority for public health activities such as the prevention of disease or injury;
- Health oversight agency activities authorized by law such as audits, investigations, inspections, licensure, or disciplinary actions, or civil, administrative, or criminal proceedings or actions;

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- Disclosure to law enforcement officials for law enforcement purposes;
  - Disclosure, in certain circumstances, to a coroner or medical examiner during their investigations, or to organizations that handle donations of organs, eyes, or tissue, and transplants;
  - Disclosure to make face-to-face marketing communications or those that involve promotional gifts of nominal value, and
  - Disclosure to your employer whether you are enrolled or disenrolled in a group health plan that your employer sponsors or to provide summary health information to your employer to use to obtain premium bids for health insurance coverage offered in the group health plan in which you participate. Individually identifiable information such as name, address, and subscriber number is removed from the summary health information but it still may be possible to determine an individual's identity from the information provided. We may disclose your medical information to your employer to administer your group health plan

**Others Involved in Your Care or Payment for Health Care.** We may use or disclose your name, location and general condition to notify, or to help an appropriate public or private agency to locate and notify, a person responsible for your health care in appropriate situations, such as a family member, in a

medical emergency or during disaster relief efforts. We will not disclose medical information such as diagnosis without a written authorization.

**Authorizations.** You may give us written authorization to use your medical information or to disclose it to anyone for any other purpose. Authorizations may be valid for up to two years. You may revoke an authorization at any time, but a revocation will not affect any use or disclosure permitted by the authorization while it was in effect. Unless you give us a written authorization, we cannot use or disclose your medical information for any reason except those described in this notice.

**Your Rights.**

You have the right to examine or receive a copy of your medical information contained in a “designated record set” with limited exceptions. This designated record set is a group of records that are used to administer your health benefits. You should submit your request in writing to the AL&H Privacy Officer at the address listed at the end of this notice or you may obtain a form to complete by calling the telephone number at the end of this notice. We may charge you a reasonable cost-based fee for costs associated with your request.

You have the right to request that we amend your medical information if you believe it is incorrect or incomplete.

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Your request must be in writing, and it must explain why the information should be amended. You can submit your request to the AL&H Privacy Officer at the address provided in this notice.

We do not amend records for certain reasons, including the following:

- We do not have the information you requested.
- We did not create the records you want amended.
- We have determined the records are accurate and correct.
- The records have been compiled in anticipation of a civil, criminal, or administrative action or proceeding.

You have the right to an accounting of certain disclosures of your medical information that are for reasons other than treatment, payment, or health care operations, or disclosures which are not otherwise authorized by you. An accounting will include the date(s) of the disclosure, to whom we made the disclosure, a brief description of the information disclosed and the purpose of the disclosure.

Your request for an accounting must be submitted in writing to the AL&H Privacy Officer at the address listed in this notice.

You have the right to request a restriction on our use or disclosure of your medical information for treatment, payment or health care operations. We are not required to agree to your request. If we do agree, we will comply with the restriction, except in a medical emergency or as required or authorized by law.

Your request for restriction must be submitted in writing to the Privacy Officer at the address listed in this notice.

You have the right to request that we com-

municate with you about your medical information in confidence if you believe that a disclosure of all or part of your medical information may endanger you. We will make every effort to accommodate your request if it is reasonable and identifies the alternative means or location for receiving our confidential communications.

Please note that, although we may agree to confidential communications, your accumulated deductibles and copayments may appear on Explanations of Benefits, which may contain sufficient information to reveal that you obtained health care services for which we paid, even though you asked that we communicate with you about that health care in confidence.

If you view this notice on our web site or by e-mail, you are entitled to request a paper copy of this notice.

For questions and complaints, please know that you can reach us using the contact information located in this notice. You can file a complaint if you think we may have violated your privacy rights, or if you disagree with a decision we made about access to your medical information, or in response to a request you made to amend, restrict the use or disclosure of, or communicate in confidence about your medical information.