
LINCOLN BENEFIT LIFE

FEDERAL HIPAA NOTICE OF PRIVACY PRACTICES FOR PROTECTED HEALTH INFORMATION

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.

The terms of this Notice of Privacy Practices apply to Lincoln Benefit Life Company and its long term care insurance products. The organization will share Protected Health Information ("PHI") of insureds as necessary to carry out treatment, payment, and health care operations; and for other purposes that are permitted or required by law.

We are required by law to maintain the privacy of your PHI and to provide you with notice of our legal duties and privacy practices with respect to your PHI. 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 of Privacy Practices as necessary and to make the new Notice effective for all PHI maintained by us. Copies of revised notices will be mailed to all insureds then covered and copies may be obtained by mailing a written request to our Privacy Administrator at the address below.

USES AND DISCLOSURES OF YOUR PHI

Your Authorization. Except as outlined below, we will not use or disclose your PHI for any purpose unless you have signed a form authorizing the use or disclosure. You have the right to revoke that authorization in writing unless we have taken any action in reliance on the authorization.

Uses and Disclosures for Payment. We will make uses and disclosures of your PHI as necessary for payment purposes. For instance, we may use information regarding treatment and services provided to you in order to process and pay claims, to determine whether services are covered under the terms of your policy.

Uses and Disclosures for Health Care Operations. We will use and disclose your PHI as necessary, and as permitted by law, for our health care operations which may include business management, quality improvement and assurance, enrollment, underwriting, reinsurance, compliance, auditing, rating, and other functions related to your application or policy. We may also disclose PHI to affiliates, if they need to receive PHI to provide a service to us and will agree to abide by specific HIPAA rules relating to the protection of PHI. PHI may also be disclosed as part of a potential merger or acquisition involving our business in order to make an informed business decision regarding any such prospective transaction.

Family and Friends Involved In Your Care. With your approval, we may from time to time disclose your PHI to designated 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 PHI with such individuals without your approval. 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.

We may also disclose limited PHI to a public or private entity that is authorized to assist in disaster relief efforts in order for that entity to locate a family member or other persons that may be involved in some aspect of caring for you.

Business Associates. Certain aspects and components of our services are performed through contracts with outside persons or organizations, such as licensed insurance agents, third party administration services, auditing, actuarial services, legal services, etc. At times it may be necessary for us to provide certain of your PHI to one or more of these outside persons or organizations who assist us with our health care operations. In all cases, we require these business associates to appropriately safeguard the privacy of your PHI.

Long Term Care Administrative Office • 21600 Oxnard Street, Suite 1500
Mailing Address: Post Office Box 4243 Woodland Hills, CA 91365-4243
(888) 503-8110 • (818) 887-4436 • Fax (818) 887-4595

Communications With You. We may communicate with you regarding your claims, premiums, or other things connected with your application or policy. You have the right to request and we will accommodate reasonable requests by you to receive communications regarding your PHI from us by alternative means or at alternative locations, if you inform us in writing that disclosure of such information would otherwise endanger you. For instance, if you wish messages to not be left on voice mail or sent to a particular address, we will accommodate reasonable requests. You may request such confidential communication by sending a **written request** to our Privacy Administrator at the address below.

Other Health-Related Products or Services. We may, from time to time, use your PHI to determine whether you might be interested in or benefit from treatment alternatives or other health-related programs, products or services which may be available to you as an insured. For example, we may use your PHI to identify whether you have a particular illness, and contact you to advise you that a disease management program to help you manage your illness better is available to you as an insured. We will not use your PHI to communicate with you about products or services which are not health-related without your written permission.

Information Received Prior to Issuance of a Policy. We may request and receive from you and your health care providers PHI prior to the issuance of a policy to you. We will use this information to determine whether you are eligible for a policy and to determine your premium rate. We will protect the confidentiality of that information in the same manner as all other PHI we maintain and, if the policy is not issued, we will not use or disclose the information about you we obtained for any other purpose.

Other Uses and Disclosures. We are permitted or required by law to make certain other uses and disclosures of our PHI without your authorization:

- We may release your PHI for any purpose required by law
- We may release your PHI as required by law if we believe you to be a victim of abuse, neglect, or domestic violence;
- We may release your PHI if required by law to a government oversight agency conducting audits, investigations, or civil or criminal proceedings;
- We may release your PHI if required to do so by a court or administratively ordered subpoena or discovery request; in most cases you will have notice of such release;
- We may release your PHI to law enforcement officials as required by law to report wounds, injuries and crimes; and
- We may release your PHI for certain research purposes when such research is approved by an institutional review board with established rules to ensure privacy; and
- We may release your PHI if you are a member of the military as required by armed forces services; we may also release your PHI if necessary for national security or intelligence activities.

Authorizations. Other uses or disclosures of your PHI not described above will only be made with your written authorization. Such other uses include, but may not be limited to, (1) most uses or disclosures of psychotherapy notes, (2) uses or disclosures of PHI for marketing purposes, and (3) disclosures that constitute a sale of PHI. You may revoke written authorization at any time, so long as the revocation is in writing. Once we receive your written revocation, it will only be effective for future uses and disclosures. It will not be effective for any information that may have been used or disclosed in reliance upon the written authorization and prior to receiving your written revocation.

RIGHTS THAT YOU HAVE

Access to Your PHI. You have the right to copy and/or inspect much of the PHI that we retain on your behalf. All requests for access must be made in writing and signed by you or your representative. We will charge you \$5.00 if you request a copy of the information. We will also charge for preparing a summary of the requested information if you request such summary. Your request should indicate what format you want the records (paper or electronic format) and we will provide you with the information in that format, if it is readily producible in such format. You may obtain an access request form by sending a **written request** to our Privacy Administrator at the address below.

You may also request that we transmit your PHI to another person, and we will do so, provided your signed, written request clearly designates the recipient and the recipient's contact information.

We have the right to deny your request to copy and/or inspect your PHI, and we must inform you in writing of such a denial. If you are denied access to your PHI, you may request that the denial be reviewed by submitting a **written request** to our Privacy Administrator at the address below.

Amendments to Your PHI. You have the right to request in writing that PHI 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, in order to be considered by us, must be in writing, signed by you or your representative, and must state the reasons for the amendment/correction request. If an amendment or correction you request is made by us, we may also notify others who work with us and have copies of the uncorrected record if we believe that such notification is necessary. You may obtain an amendment request form by sending a **written request** to our Privacy Administrator at the address below.

We have the right to deny your request to amend or correct your PHI if it is not in writing or does not include a reason to support the request. Additionally, we may deny your request if we determine that the information or record that is the subject of the request:

- Was not created by us, unless the originator of the PHI is no longer available to act on your requested amendment;
- Is not part of the PHI kept by us;
- Is not part of the information that you would be permitted to inspect and/or copy; or,
- Is accurate and complete.

If we deny the request, we will notify you in writing of such denial. You have the right to file with us a statement disagreeing with the denial.

Accounting for Disclosures of Your PHI. You have the right to receive an accounting of certain disclosures made by us of your PHI. Requests must be made in writing and signed by you or your representative. Certain disclosures are exempt from this accounting requirement. Examples of exempt disclosures include disclosures regarding payment and health care operations, disclosures for national security purposes, or disclosures to law enforcement officials. You may obtain an accounting request form by sending a **written request** to our Privacy Administrator at the address below.

Restrictions on Use and Disclosure of Your PHI. You have the right to request restrictions on certain of our uses and disclosures of your PHI for treatment, payment, or health care operations by notifying us of your request for a restriction in writing. You may obtain a restriction request form by sending a **written request** to our Privacy Administrator at the address below. We are not required to agree to your restriction request but will attempt to accommodate reasonable requests when appropriate and we retain the right to terminate an agreed-to restriction if we believe such termination is appropriate. In the event of a termination by us, we will notify you of such termination. You also have the right to terminate, in writing or orally, any agreed-to restriction by sending a **written request** to our Privacy Administrator at the address below.

Alternative Confidential Communication of PHI. You have the right to have your information sent to you by a means of your choice or to an address of your choice if your request is reasonable. You must clearly state that disclosure of all or any part of your information could endanger you if not sent per your choice. Any such request should be sent in writing to the

contact listed at the end of this Notice. If you wish additional information, you should send a **written request** to our Privacy Administrator at the address below.

Notifications of Breach. You have the right to be notified by us of any breach of your unsecured PHI.

Complaints. If you believe your privacy rights have been violated, you can file a complaint with: **Lincoln Benefit Life Company, Long Term Care Administrative Office, ATTN: PRIVACY ADMINISTRATOR, P.O. Box 4243, Woodland Hills, CA 91365-4243.** You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services in Washington D.C. by writing within 180 days of a violation of your rights. There will be no retaliation for filing a complaint.

FOR FURTHER INFORMATION AND WRITTEN REQUESTS

For all written requests described above, if you have questions or need further assistance regarding this Notice, please contact: **Lincoln Benefit Life Company, Long Term Care Administrative Office, ATTN: PRIVACY ADMINISTRATOR, P.O. Box 4243, Woodland Hills, CA 91365-4243. (888) 503-8110. WHEN YOU CONTACT US IN WRITING, YOU SHOULD INCLUDE YOUR NAME, ADDRESS, POLICY NUMBER AND THE NATURE OF YOUR REQUEST.**

You retain the right to obtain a paper copy of this Notice of Privacy Practices, even if you have requested such copy by e-mail or other electronic means.

EFFECTIVE DATE

This Notice of Privacy Practices is effective September 23, 2013.