



# Group Long Term Care Insurance

Underwritten by:

**Continental Casualty Company**  
**CNA Group Life Assurance Company**

## PRIVACY NOTICE

**THIS NOTICE DESCRIBES HOW YOUR MEDICAL INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. THIS NOTICE ALSO APPLIES TO YOUR NON-MEDICAL INFORMATION. PLEASE REVIEW THIS NOTICE CAREFULLY.**

While the nature of insurance requires that we gather personal information about you, we know that this information must be protected. As required by law, we maintain the confidentiality of your information. The law also requires us to notify you of our legal duties and privacy practices. This Notice applies only to your personal information gathered in connection with your Group Long Term Care insurance underwritten by Continental Casualty Company or CNA Group Life Assurance Company. The terms in this Notice are effective April 14, 2003.

This Notice explains what personal information regarding you is **collected**, from whom it is collected, and how we may **use** and **disclose** your information for routine business purposes or as permitted by law in special circumstances. Any use or disclosure not listed here or permitted by law will only be made with your written authorization, which you are free to later revoke. We will not disclose information about our former customers except as permitted by law. This notice also advises of your rights regarding your personal information, and how you may contact us for additional information.

### **WE MAY COLLECT YOUR PERSONAL INFORMATION**

In order to service your policy and to process transactions that you request, we may collect information from several sources. We may collect information:

- **Directly from you** such as information you provide on your application for insurance or related forms;
- **About your transactions with us** such as your insurance premium, policy number, or payment history; and
- **From third parties** such as your employer, other affiliated CNA companies or other insurers, consumer reporting agencies and your health care providers. When required by law, we will first obtain your authorization before we seek information from third parties.

The personal information we collect may relate to your finances, employment, health, avocations, or other personal characteristics, as well as publicly available information about you. We may ask an insurance support organization, like a consumer reporting agency, to provide information regarding you that they have independently gathered. The insurance support organization may retain or disclose such information to others.

### **WE PROTECT THE SECURITY OF YOUR PERSONAL INFORMATION**

- Our employees are trained and required to maintain our privacy policies and procedures. Employees who violate these policies and procedures are subject to disciplinary action.
- We maintain physical, electronic and procedural safeguards to protect the security of your information.

- We require all third parties to whom we disclose information to maintain adequate security standards.
- We also take steps to protect against unauthorized disclosure of your personal information.

**Changes in our Notice.** We are required by law to abide by the terms of our current Notice. The terms of this notice apply to all records containing your information collected in connection with medical insurance products that are created or maintained by us. We reserve the right to change the terms of our notice of privacy practices. Any change to the notice will apply to all personal information we maintain. You may ask for a copy of our current notice at any time. If we make any material changes to our notice, we will provide you with a revised notice.

As a general rule, we will not release your information except to you or someone that you designate in writing as your personal representative. However, there may be some instances, as discussed later in this notice, where release is otherwise required or permitted by law.

### **WE MAY USE OR DISCLOSE YOUR PERSONAL INFORMATION FOR ROUTINE BUSINESS PURPOSES**

As permitted by law, we may use or disclose your personal information to service your policy and for other routine business purposes, including:

- **Normal business operations** such as underwriting your application, servicing your policy, or evaluating your claim;
- **Payment** purposes such as reimbursing your health care provider for covered services, processing your premium payments, or paying your claim; and
- **Treatment** purposes such as assisting your health care provider in treating you.

We may disclose your personal information to plan sponsors as necessary to administer your plan. We may use or disclose your personal information, excluding medical records, to tell you about other health-related benefits or services that we offer or about health-related benefits or services that are available to our Group Long Term Care insurance customers.

**Recipients of the information** disclosed for the purposes described above may include affiliated and non-affiliated companies. Affiliated companies are within the CNA family of companies and include insurance companies, insurance agencies and service providers. Non-affiliated companies are outside the CNA family of companies and may include third party administrators (TPA's), service providers and insurance agencies. Service providers help us perform our activities. For example, they may include agents who service your policies, our affiliates, or billing companies. They also include third party administrators (TPA's), vendors that collect health or financial information, consumer reporting agencies, or other third parties that may assist us to fulfill your requests or provide you with products and services.

We will not disclose medical records, information relating to drug or alcohol abuse, mental health, or genetic or HIV testing without first obtaining your authorization, unless required by law.

### **WE MAY USE OR DISCLOSE YOUR PERSONAL INFORMATION UNDER SPECIAL CIRCUMSTANCES**

If necessary, we may use or disclose your information for the following purposes:

- **As Required by Law.** We may disclose your information when required by law.
- **Public Health Activities.** We may disclose your information to public health authorities and other persons that are authorized by law to collect information for public health purposes. We may also disclose information if necessary to notify you or others of a potential exposure to a communicable disease.

- **Family/Friends Involved In Your Care.** In the event you are incapacitated, we may disclose your information to a family member, friend or legal representative who is assisting in your care or payment for your care. Such information will be limited to the minimum level necessary to assist in your care or payment for your care.
- **Health Oversight Activities.** We may disclose your information to a government health oversight agency for its investigations, audits, or other activities necessary to monitor government programs, the health care system in general, or compliance with civil rights laws.
- **Judicial Proceedings.** We may also disclose your information in response to a discovery request, subpoena, or other lawful process in connection with a lawsuit, but only if we have satisfactory assurance that reasonable steps have been taken to notify you or protect the confidentiality of your information.
- **Law Enforcement.** We may disclose your information to a law enforcement official in response to a warrant, court order, administrative order, or as otherwise may be required by law.
- **Serious Threats to Health or Safety.** We may disclose your information to an appropriate authority if necessary to reduce or prevent a serious threat to the health and safety of you, another person, or the public.
- **National Security.** We may disclose your information to federal officials for military and national security activities authorized by law.
- **Workers' Compensation.** We may disclose your information as authorized by and to the extent necessary to comply with the laws relating to workers' compensation and similar programs that provide benefits for work-related injuries.
- **Reporting Abuse or Domestic Violence.** We may disclose your information as required by law to report suspected abuse or domestic violence.
- **Coroners and Funeral Directors.** We may disclose your information as necessary to assist in the activities of a coroner or funeral director. We do not routinely release this information to Funeral Directors.
- **Organ donations.** We may disclose your information to organ banks and other entities as necessary to facilitate organ donations and transplants. We do not routinely release this information for this purpose.
- **Research.** We may disclose your information for research purposes, but only consistent with the regulations which govern such disclosures. These regulations do not allow research organizations to publish their results in a way where individuals could be identified.

## **YOUR RIGHTS REGARDING YOUR PERSONAL INFORMATION**

The following describes your rights regarding certain personal information that we maintain.

- **Confidential Communication with You.** If you believe that the disclosure of all or part of your information could endanger your safety, you may make a written request to receive communications from us by alternative means or at an alternative location.
- **Restriction on Use or Disclosure.** You may make a written request to restrict our use or disclosure of your information for our routine business practices or to persons involved in your care or the payment for your care, such as family members or friends. Please note that we are not required to

agree to your request, if uses and disclosures of your information are necessary to perform our routine business activities.

- **Inspection and Copies of Information.** You may request, in writing, to inspect and obtain a copy of certain information related to enrollment, payment, claims, or records used to make decisions about you. We may charge a fee to cover costs we incur. As permitted by law, we may deny your request to inspect and copy in certain situations; for example, if we determine through a medical professional that access to the information would result in harm to you or others. If we deny access you may ask for a review of our denial.
- **Amendment of Information.** If you believe that information we hold is incorrect or incomplete, you may request, in writing, that your information be amended. Your request must include reason(s) that support making an amendment. As permitted by law, we may deny your request in certain instances. For example, we may choose not to amend your information if it was not created by us or if we do not have reasonable basis to make the amendment.
- **Accounting of Disclosures.** You may request, in writing, an accounting of certain disclosures made after April 14, 2003 including those related to Disclosures Required by Law, Public Health Activities, Health Oversight Activities, Judicial Proceedings, Law Enforcement, Serious Threats to Health or Safety, Workers' Compensation, Reporting Abuse, Domestic Violence, Coroners or Funeral Directors, Organ Donations, or Research as described above, or other similar non-routine disclosures.

**For Montana Residents:** Upon written request, you are entitled to receive record of any Company disclosures of your medical information that is maintained and accessible, and was made within 3 years prior to your request.

#### **HOW YOU MAY CONTACT US:**

If you, or your authorized Personal Representative\*, wish to:

- obtain further information regarding our privacy policies;
- make a written request to exercise your rights as described above; or
- receive a copy of our current Privacy Notice,

please make your request to:

CNA Group Long Term Care  
P.O. Box 946760  
Maitland, FL 32794-6760  
Phone 1-800-528-4582

**You may file a complaint** with us or with the Secretary of Health and Human Services if you believe your privacy rights have been violated. You will not be retaliated against for filing of a complaint. To file a complaint with us, please contact:

CNA Consumer Services  
333 S. Wabash  
Chicago, IL 60604  
Phone 1-888-679-9253

\* You may designate a personal representative who you want to receive information on your behalf. In order to do so, you must provide written authorization to Continental Casualty Company. A form for this purpose will be sent to you free of charge upon request. You may call for a copy of this form by calling our customer service department at 1-800-528-4582.