

**National Health Insurance Company (NHIC)  
Notice of Privacy Practices for Protected Health Information**

**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.**

Your privacy and the protection of your health information are important to National Health Insurance Company (NHIC). Under the Health Insurance Portability and Accountability Act (HIPAA) of 1996 we are required to maintain the privacy of your protected health information (PHI) and to provide you with this notice regarding our duties and practices with respect to your protected health information.

Uses & Disclosures that do not require your written authorization

- Treatment – Although NHIC does not provide direct treatment to patients, your medical information may be used while performing Case Management and/or Utilization Review of your care. This coordination of care may involve the exchange of information with your direct treatment providers.
- Payment – NHIC will require sufficient information to investigate and determine the benefits available to you for medical treatment you have received.
- Operations – During the course of normal business operations, NHIC will disclose some of your PHI to our Business Associates or affiliates so they can provide their contracted services to us.
- Others – There are times when NHIC will be required to provide your PHI without your authorization. Examples include, but are not limited to: requests from law enforcement, in response to a subpoena, in answer to a court order, in response to a request from your state Department of Insurance.

Any other uses and disclosures will require written authorization from you. An example of this would be disclosure to the Medical Information Bureau (MIB) at the time of your enrollment with NHIC. You may cancel your authorization by sending a written request to cancel to the NHIC Privacy Office at the address listed at the end of this notice. When we receive your request we will discontinue using or disclosing the information; however, any use or disclosure that occurred prior to our receiving your request to cancel cannot be changed.

Your rights under this notice

- You have a right to request your PHI not be used or disclosed for treatment, payment or operations. The request must be in writing to the NHIC Privacy Office at the address listed at the end of this notice. The request should include:
  - The information you want restricted
  - Whether the restriction is for use, disclosure or both
  - To whom you want the restriction to applyNHIC may deny your request for this restriction. You will be notified, in writing, if this is the case.

- You have the right to request that NHIC communicate with you in a certain way or at a certain location. NHIC will grant your request, if reasonably able to do so. Your request should be sent in writing to the NHIC Privacy Office at the address listed at the end of this notice. The request should include:
  - The alternate way or address that you want us to use when contacting you
  - The reason for this alternate method of contactNHIC will contact you, in writing, if we are unable to grant your request.

- You have the right to see and obtain a copy of your PHI contained in the designated record set. There may be a fee to copy and mail the requested information. You will be notified of the fee prior to incurring the charge. The designated record set at NHIC contains your application for insurance, copies of Explanations of Benefits for medical treatment, copies of bills submitted by providers, case management and utilization review information, and any medical record information received from providers and used in the underwriting or benefit analysis process.

Under certain circumstances, NHIC may have the right to deny you access to your designated record set. You will be notified in writing if one of those circumstances exists at the time of your request. You may file an appeal with the NHIC Privacy Office at the address listed at the end of this notice if you are not satisfied with NHIC's decision.

- You have the right to request an amendment to the PHI contained in the designated record set. You need to submit your request in writing to the NHIC Privacy Office at the address listed at the end of this notice. Please include the reason for requesting this change. If NHIC received this information from a provider, we may not be able to honor your request for the amendment. You will need to make your request for amendment to the provider who created the information.
- You have the right to request an accounting of the people or organizations NHIC has disclosed your PHI to for reasons other than treatment, payment or operations. Your request must indicate the time period being requested. The time period can be no longer than six years and cannot be for disclosures prior to April 14, 2003. You need to send your written request to the NHIC Privacy Office at the address listed at the end of this notice.
- You may have additional rights available under your state's laws and regulations.

#### NHIC's duties under this notice

This notice will go into effect on April 14, 2003. NHIC reserves the right to change the terms of this notice. The change will be effective for all protected health information maintained by NHIC. NHIC will mail a revised notice at least 30 days prior to the effective date of the revised notice.

You may review and print a copy of our most current Notice of Privacy Practices for Protected Health Information by visiting our Web site at [www.nhic.com](http://www.nhic.com) or you may request a hard copy by calling our Customer Service Department at 1-800-237-1900 ext 3501.

If you believe your privacy rights have been violated, you may file a complaint with the NHIC Privacy Office or with the Secretary of Health and Human Services.

Send all questions or requests, such as the ones detailed in this notice to:

National Health Insurance Company  
ATTN: Privacy Office  
PO Box 619999  
Dallas, TX 75261-6199