

Notice of Privacy Practices for Health Information from
Mack, Mack & Waltz Insurance Group, Inc.

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.

We, understand the personal nature of your medical information, and are committed to protecting it. Your protected health information, "PHI," includes information that can be used to identify you that we have created or received about your past, present, or future health condition, the provision of health care to you, or the past, present or future payment of health care for you.

choose to sign an authorization to disclose information, you can later revoke that authorization to stop any future uses and disclosures to the extent that we have not already taken any action in reliance upon the authorization or if applicable, during a contestability period.

I. Where did we obtain PHI about you? You provided us with most of your PHI on your application for health insurance. We may also obtain PHI from a provider, such as a hospital, when we obtain your medical records in order to process your medical bills.

III. What can you expect from us? We are required by law to maintain the privacy of your PHI, and to provide you with this notice about our legal duties and privacy practices with respect to your PHI. We reserve the right to change the terms of this notice, if necessary, and to make any new notice provisions effective to all PHI that we maintain. A revised notice will be mailed to you if one is created.

II. How we may Use and Disclose Your PHI¹

IV. Your Rights with respect to your PHI

A. Uses and Disclosures of PHI for treatment, health care operations, and payment purposes – no authorization necessary. We are entitled to use and disclose your PHI without an authorization from you for treatment, health care operations, and payment purposes. For example:

A. Inspect and Copy. In most cases, you have a right to inspect and obtain a copy of your PHI that we have in our possession. A request to inspect or copy PHI must be in writing. Your record may include such things as your application, medical records from your provider, correspondence we have with you, and payment history. We may charge you reasonable, cost-based fees for a copy of your medical information and for postage.

Treatment – We may disclose your medical information to a doctor or a hospital when this information is necessary to treat you.

Health care operations – We may use and disclose your PHI internally in order to process your file, to underwrite your health policy, to confirm if you have health insurance, to review a complaint as part of a state's grievance procedure, to conduct quality assessment and improvement activities, to manage our business and the like.

Payment: We may use or disclose your PHI to pay your covered medical bills, to ensure proper billing, and to process claims for services provided to you by doctors or hospitals.

B. Correct or Update. You have a right to request that we change or correct any of your PHI on documents we created. Your request must be in writing, and include reasons that support your request to amend. We will evaluate your request and try to do that which you ask but we are not required to make those changes. We will not change or correct any information on documents that we did not create (e.g., your medical records), are not a part of our records, are not allowed by law to be disclosed, or if the information is accurate and complete. We will respond to you within 30 days upon receipt of your request.

B. Uses and Disclosures of PHI for other purposes – no authorization necessary. It is unnecessary for us to have an authorization from you to use and disclose your PHI to you, for public health purposes, auditing purposes, research studies, detecting health care fraud and abuse, emergencies or when otherwise required by law.

C. Restriction Request. You have a right to request restrictions on certain uses and disclosures of your PHI. A request to restrict must be in writing. We will evaluate each request but we are not required to agree with your request. You may not limit the uses and disclosures that we are legally required or allowed to make.

C. Uses and Disclosures that Require an Authorization. In any other situation, we will ask for your written authorization before disclosing PHI about you. If you

¹ In addition to the Federal Government requirements this Notice describes, we will comply with your state's laws privacy requirements when required to do so.

D. Confidential Communications. You have a right to ask that we send your PHI to you at an alternate address or by alternate means. This request must be in writing.

E. Listing of Disclosures. You may request, in writing, a listing of disclosures we have made of your PHI. Please know that we are not required to track disclosures made:

- Before April 14, 2003
- To you (or your personal representative)
- To individual's involved in your care
- For treatment, payment, or health care operations,
- With your permission by means of a signed authorization,
- For disclosures required by law.

F. Request for Notice. You have a right to obtain a paper copy of this notice from us at any time. If you would like to view an electronic copy of this notice, it is available on our internet site at www.amfam.com, under Health Products.

If you would like to exercise one of your individual rights discussed in section IV, please write to us at:

1211 S Military Trail,
Suite 100
Deerfield Beach,
FL 33442

V. Complaints

If you believe that we have violated your privacy rights, or you disagree with a decision we made about access to your records or whether to amend your record, you may file a written complaint with us. Please describe what happened, why you believe we have violated your privacy rights, and send your complaint to the appropriate office below. We will not retaliate against you if you file a complaint with us or with the Secretary of Health and Human Services.

If you would like to submit a complaint to us, please direct your letter to:

1211 S Military Trail,
Suite 100
Deerfield Beach,
FL 33442

You may also send a written complaint to the Secretary of Health and Human Services at the following address:

Secretary of the U.S. Department of
Health and Human Services
200 Independence Avenue S.W.
Room 509F, HHH Building
Washington, DC 20201

This notice is effective April 14, 2003.