

**HIPAA MEDICARE SUPPLEMENT PRIVACY NOTICE**

**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.**

**Our Commitment to Protect Your Protected Health Information:** Shenandoah Life Insurance Company (the Company), continues to be dedicated to protecting the confidentiality of our customers' personal information. This Notice is being sent to you because you are a customer of Shenandoah Life's coverage, and it describes how the Company and its business associates may use and disclose Protected Health Information ("PHI") relating to your Medicare supplement insurance coverage with us. PHI includes information we obtain that identifies you and that relates to your past, present or future physical or mental condition or that relates to the provision of health care to you. In addition to describing how we may use and disclose your PHI, this Notice provides you with information concerning your rights with respect to your PHI. In the event of a breach of unsecured PHI, we are required to notify you in accordance with Federal and state law.

**This Notice:** The Company is providing you this Notice in accordance with federal regulations issued pursuant to the Health Insurance Portability and Accountability Act (HIPAA). In requiring the Company and others to maintain the privacy of your PHI, these regulations are consistent with the Company's longstanding view of the private nature of our customers' personal information. If you have any questions concerning this Notice or Shenandoah Life's privacy practices, you may write or call us using the following information:

Privacy Compliance Department  
P.O. Box 14558  
Clearwater, FL 33766-4558  
Toll Free Telephone: 855-406-9085

Through our website, [www.shenlife.com](http://www.shenlife.com), you may contact us and you may access additional information concerning our general privacy practices and view the current version of this Notice. The Company is required to comply with the terms of the Notice that are currently in effect.

**Uses and Disclosures of Your PHI:**

As a general principle, the Company uses and discloses customer personal information only as may be necessary to provide service to our customers and as may otherwise be required or permitted by law. We do not sell your personal information to others. The primary reasons we may use and disclose PHI of our Medicare supplement insurance customers include when we process applications or enrollment information for coverage and when processing claims for benefits you may make. The following provides more specific details and examples about when we may use and disclose your PHI, which are permitted without your authorization:

**For Payment Purposes:** We may use and disclose your PHI for payment purposes in connection with your Medicare supplement insurance coverage. These purposes include determining and verifying coverage eligibility, consideration of claims, payment of benefits, billing and premium payments. For example, in processing a claim, appropriate individuals here at the Company will review PHI submitted with a claim in order to reimburse a health care provider for the treatment provided to you. In order to coordinate benefit payments, we may also share PHI with another insurer providing coverage to you.

**For Health Care Operations:** We may use and disclose your PHI in conducting certain operations of the Company's insurance business. These operations can include underwriting, premium rating, and other activities relating to the issuance, renewal or replacement of a policy. These activities can also include conducting and arranging for reviews, such as for legal and accounting purposes, as well as other administrative functions in evaluating Company performance and procedures. For example, we may disclose PHI to Company auditors to review Company claims payment procedures.

**Treatment:** We may disclose your PHI for your medical treatment purposes. For example, we will provide PHI to your health care provider requesting it in relation to his or her involvement in your health care.

**Other Permitted Uses and Disclosures:** The Company is permitted to disclose your PHI without your authorization for other reasons, most of which are related to governmental functions or official activities. These reasons permit us to disclose PHI:

- in the course of a judicial or regulatory proceeding, pursuant to an order of a court or administrative body, or if we receive a subpoena, discovery request or other process from a lawsuit or similar proceeding
- to an appropriate governmental authority when abuse, neglect or domestic violence is reasonably suspected or to the public health authority authorized to receive reports of child abuse or neglect
- to a coroner or medical examiner in connection with their duties, such as identification of a deceased individual
- to authorized public health authorities for public health activities, in connection with matters such as communicable diseases or Food and Drug Administration investigations into product safety
- to a health oversight agency, reviewing or investigating the health care system or persons subject to government regulatory authority
- to avert a serious threat to health or safety
- for law enforcement purposes or certain specialized government functions
- as necessary pursuant to Worker's Compensation or similar laws of your state
- for research purposes or for the facilitation of organ donation

**Uses and Disclosures Requiring Your Written Authorization:** The following uses and disclosures of your PHI will be made only with your written authorization:

- Most uses and disclosures of psychotherapy notes
- Uses and disclosures of PHI for marketing purposes; and
- Disclosures that constitute a sale of your PHI

Other uses and disclosures of PHI not covered by this Notice or the laws that apply to us will only be made upon receiving your valid written authorization. You may revoke an authorization at any time by providing written notice to us that you wish to revoke an authorization. We will honor a request to revoke as of the day it is received and to the extent that we have not already used or disclosed your PHI in good faith with the authorization.

**Uses and Disclosures Requiring an Opportunity to Agree or Disagree:** Unless you object, we may disclose to a member of your family, a close friend or any person you identify, your PHI that directly relates to that person's involvement with the payment related to your health care. If you are unable to agree or object to this disclosure and in our professional judgment it is in your best interest to do so, we will disclose only such information relevant to that individual's involvement in your care. For example, if we receive a telephone call regarding the payment status of a claim submitted to us, we will release only the information related to that particular claim.

**Prohibited Uses and Disclosures:** Federal law prohibits Shenandoah Life Insurance Company from using and disclosing your genetic information for underwriting purposes.

## YOUR RIGHTS

**Requests for Additional Restrictions:** You have the right to request that the Company restrict its use and disclosure of your PHI. While we will certainly consider your request, we are not required to agree to the requested limitations. In the event the Company agrees to a special restriction, that agreement will be put in writing and be subject to certain exceptions provided for by law.

**Alternative Means of Communication:** We will accommodate all reasonable requests by you to receive communications of PHI from the Company by alternative means or at alternative places if you feel endangered.

**Requests to Inspect and Copy PHI:** Unless otherwise prohibited by law, you have the right to inspect and obtain a copy of your PHI contained in a Designated Record Set, for as long as it is maintained in that Designated Record Set. A Designated Record Set is the group of records we keep concerning you that contains enrollment, payment, claims adjudication or any other similar information used to make decisions about you. Please send any requests for copies in writing. We will respond in writing to your request for access to your records and if it is denied, we will give you our reasons for doing so and advise you of any right you may have to have the denial reviewed.

**Requests to Amend or Correct PHI:** You have the right to request an amendment or correction to your PHI or a record in the Designated Record Set for as long as the PHI is maintained in the Designated Record Set. We require, however, that you send any request to amend or correct in writing. The Company has the right to deny a request for certain reasons, such as when (1) the record is one not created by us or contained in the Designated Record Set; (2) we determine that the record is accurate and complete; or (3) the record is not permitted to be disclosed. We will respond to your request to amend or correct in writing, and if the request is denied, we will give you the reasons and advise you of your right to have your request and our denial, and a written statement of disagreement you may submit, linked to your PHI. We will also advise you in writing if we grant your request, and we will take appropriate steps to identify the effected records and to advise others that may need the amendment or the correction.

**Accounting of Disclosures:** You have the right to request and receive an accounting or inventory of certain disclosures of your PHI that we have made. This right does not apply to all releases of information, such as releases that may have been made to you; to others if for treatment, payment or health care operations; or pursuant to a written authorization. You can request an accounting for up to six years prior to the date of your request. For those disclosures that we are to keep account of, any listing we provide you will include the dates of disclosure; to whom the disclosure was made; the purpose; and a description of the content of the disclosure.

**This Notice:** As permitted by law, the Company reserves the right to change the terms of this Notice and to make any changes to it and the privacy practices and procedures we describe here, effective for all PHI we maintain. You may request a current copy of this Notice at any time by contacting the Privacy Compliance Department at P.O. Box 14558, Clearwater, FL 33766-4558; Toll Free Telephone: 855-406-9085; Website: [www.shenlife.com](http://www.shenlife.com). If we make significant changes to this Notice, the revised Notice will be mailed or delivered to you.

**Complaints:** If you believe the Company may have violated your privacy rights, we hope you will notify us. Please know that you will not be retaliated against for filing a complaint. In order to file a complaint with the Company, please call or write to:

Consumer Affairs Coordinator  
Shenandoah Life Insurance Company  
P.O. Box 12847  
Roanoke, VA 24029-2847  
Phone: 1-800-848-5433

You may also file a complaint with the Secretary of the United States Department of Health and Human Resources, using the following information: Secretary, U.S. Dept. of HHS, 200 Independence Avenue, S.W., Washington, D.C. 20201, 1-877-696-6775.

**Effective Date.** This Notice is first in effect on **May 1, 2014**.