

American General

Life Companies

Effective Date: April 14, 2003

NOTICE OF HEALTH INFORMATION PRIVACY PRACTICES

**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.

**THIS NOTICE IS PROVIDED TO YOU FOR
INFORMATIONAL PURPOSES ONLY. YOU ARE NOT
REQUIRED TO CALL OR TAKE ANY ACTION IN
RESPONSE TO THIS NOTICE.**

This Notice applies to the individual health and long term care insurance business of American General Life Insurance Company of Delaware, American General Life and Accident Insurance Company, American General Life Insurance Company, and The United States Life Insurance Company in the City of New York (collectively the "Company").

As used in this Notice, "Personal Health Information" means individually identifiable information about you including demographic information (like your name, address and gender) which is collected from you or from members of the health care industry (like doctors or employee benefit plans) and relates to your health, health care provided to you, or payment for health care provided to you.

This Notice will tell you about the ways we use and disclose your Personal Health Information for underwriting, claims administration, plan of care, other payment and health care operations matters, and other circumstances as either required or permitted by law. For purposes of this Notice, "health care operations" means our business operations relating to health and long term care insurance coverage. Please note that not all of the companies listed above necessarily issue both health and long term care insurance policies. To the extent that applicable state law further limits or restricts the uses and disclosures discussed below, we will comply with the more stringent state law. Except as outlined below, we cannot use or disclose your Personal Health Information without your written authorization.

We are required by law to: maintain the privacy of your Personal Health Information, give you this Notice of our legal duties and privacy practices, and abide by the terms of this Notice as long as it remains in effect.

We reserve the right to change any of our privacy practices and the terms of this Notice and to apply our updated privacy practices to all Personal Health Information maintained by us or by those who work on our behalf. In the event of a material change to our Notice, a revised Notice will be sent to all affected policyholders.

USES AND DISCLOSURES OF YOUR PERSONAL HEALTH INFORMATION

For Plan of Care: We may disclose information to doctors, dentists, pharmacies, hospitals and other health care providers who take care of you. For example, doctors may request medical information from us to supplement their own records. We may also send certain information to doctors for patient safety or other treatment-related issues.

For Claim Payments and Processing: We may use and disclose your Personal Health Information as necessary for benefit verification and claim payment purposes. For instance, we may use information regarding services you receive from health care providers (such as physicians) to process and pay claims.

For Business Operations: We may use and disclose your Personal Health Information as necessary, and as permitted by law, for our health care operations which include but are not limited to underwriting, premium rating, premium collection, customer service, payment of commissions, reinsurance, compliance, auditing, and other functions related to the administration of your health and/or long term care insurance coverage.

For example:

- **Collection of Information:** To properly underwrite and administer your insurance coverage, we collect medical and non-medical personal information such as your age, occupation, physical condition, and health history, including drug and alcohol usage. You are our most important source of information; however, we may also collect or verify information by contacting the following sources: consumer reporting agencies, the Medical Information Bureau Inc., insurance companies to which you have applied for coverage (including the Company), and medical professionals and facilities which have provided services to you.
- **Business Associates:** Certain services are performed through contracts with outside persons or organizations, such as underwriting support services, actuarial services, legal services, care coordination services, etc. At times it may be necessary for us to disclose your Personal Health Information 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 maintain the privacy of your information.
- **Agents:** In order to allow your agent to serve you, we may provide the agent with copies of certain correspondence we send to you, including our declination of your application, our offer of coverage to you at a higher than standard rate, our offer to

accept your application with modifications to the benefits you requested, your replacement of your policy, or your cancellation of your policy. We may also provide certain information to the agent necessary for determining payments to the agent or notify the agent when you submit a claim.

• **Family, Friends and Others Involved in Your Care:**

We may from time to time disclose your Personal Health Information to family, friends, and others (such as your designees) 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 Personal Health Information with such individuals. We may also disclose limited Personal Health Information 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. You have the right to stop or limit these disclosures.

• **Service-Related Uses and Marketing:** We may contact you to provide information on payment of your claims, or information about health-related benefits and services that may be of interest to you. We will not use your Personal Health Information for marketing non-health products without your authorization.

Other Uses and Disclosures: In some circumstances, such as those described below, we may disclose your Personal Health Information to third parties without your authorization:

- We may release your Personal Health Information for any purpose allowed by law;
- We may release your Personal Health Information to law enforcement officials as allowed by law to report wounds, injuries, and crimes;
- We may release your Personal Health Information for public health activities, such as permitted reporting of disease, injury, death, and for required public health investigations;
- We may release your Personal Health Information as required by law if we believe you to be a victim of abuse, neglect, or domestic violence;
- If you are covered under a group plan, we may release your Personal Health Information to your plan sponsor as permitted by the group health plan and as provided for in the group health plan's notice of privacy practices if required. However, prior to any such disclosure the plan sponsor must certify that the information provided will be maintained in a confidential manner and not used for employment related decisions or in connection with any other benefit or benefit plan of the plan sponsor, or in any other manner not permitted by law;

- We may release your Personal Health Information if allowed by law to a government oversight agency conducting audits, investigations (such as investigations into consumer complaints), or civil or criminal proceedings;
- We may release your Personal Health Information if required to do so by a court or administratively ordered subpoena or discovery request;
- We may release your Personal Health Information for certain research purposes when such research is approved by an institutional review board with established rules to ensure privacy;
- We may release your Personal Health Information if you are a member of the military as required by armed forces services. We may also release your Personal Health Information if necessary for national security, intelligence activities, disaster relief purposes, to avert a serious threat to health or safety, or for the protection of the President and others;
- We may release your Personal Health Information to workers' compensation agencies if necessary for your workers' compensation benefit determination;
- We may release your Personal Health Information to coroners, medical examiners, and funeral directors if needed, for example, to identify a deceased person. We may also release your Personal Health Information to organ or tissue procurement organizations, consistent with applicable law;
- We may release your Personal Health Information to a correctional institution if you are or become an inmate of a correctional institution;
- We may release your Personal Health Information to non-affiliated organizations or persons such as other insurance institutions, agents, insurance support organizations, or law enforcement and governmental authority as necessary to prevent criminal activity, fraud, material misrepresentation, or material nondisclosure in connection with your coverage or application for coverage; and
- We may release your Personal Health Information to any affiliated company. Such company's use will be limited to use in connection with a compliance audit, market conduct audit, or other compliance or regulatory activity.

YOUR RIGHTS REGARDING YOUR PERSONAL HEALTH INFORMATION

You have the following rights:

- To copy and/or inspect much of the Personal Health Information that we retain on your behalf. All requests must be made in writing and signed by you or your representative. We may charge a reasonable fee for copies and postage and, in certain cases, may deny your request.
- To request that we send communications of Personal Health Information about you by alternative means or to alternative locations, if all or part of that

information could endanger you. For example, you may ask that we contact you at home, rather than work. We will accommodate reasonable requests.

- To request in writing that Personal Health Information 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.
- To receive a list of certain disclosures made by us of your Personal Health Information. The list will not include our disclosures related to payment or health care operations, disclosures made to you or with your authorization, or certain other disclosures, such as for national security purposes. Your request for a listing of disclosures must be in writing and must state a time period for which you want an accounting. This time period may not be longer than six years and may not include dates before April 14, 2003. The first accounting in any 12-month period is free. You will be charged a reasonable fee for each subsequent accounting you request within the same 12-month period.
- To request restrictions on certain of our uses and disclosures of your Personal Health Information for plan of care, payment, or health care operations by notifying us of your request for a restriction in writing. Your request must describe in detail the restriction you are requesting. We are not required to agree to your restriction request but will attempt to accommodate reasonable requests when appropriate. 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.
- To receive a paper copy of this Notice. You may ask us to give you a copy of this Notice at any time. Even if you have agreed to receive this Notice electronically, you are still entitled to a paper copy.
- If you have signed an authorization for uses and disclosures not related to payment or health care operations, you have the right to revoke that authorization in writing at any time, except to the extent that we have taken action in reliance of such authorization, or if other law provides us with the right to contest a claim under the policy itself.

If you would like to exercise a right discussed in this Notice, please send your written request to the appropriate address below:

For policies issued or serviced by *American General Life and Accident Insurance Company*

Director, Compliance
American General
Life and Accident
Insurance Company
268N American
General Center
Nashville, TN 37250

For policies issued or serviced by *all other companies covered by this Notice*

Chief Compliance Officer
American General
Life Companies
2929 Allen Parkway
Houston, TX 77019

COMPLAINTS

If you believe your privacy rights have been violated, please send your written complaint to the appropriate address below:

For policies issued or serviced by *American General Life and Accident Insurance Company*

Director, Compliance
American General
Life and Accident
Insurance Company
268N American
General Center
Nashville, TN 37250

For policies issued or serviced by *all other companies covered by this Notice*

Chief Compliance Officer
American General
Life Companies
2929 Allen Parkway
Houston, TX 77019

You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services in Washington, D.C., in writing within 180 days of a violation of your rights. We will not retaliate against you for filing a complaint.

FOR FURTHER INFORMATION

If you have questions or need further assistance regarding this Notice, you may contact us at the appropriate address below:

For policies issued or serviced by *American General Life and Accident Insurance Company*

Customer Service
American General Life and
Accident Insurance
Company
338N American General
Center
Nashville, TN 37250
Telephone: 1-800/888-2452

For policies issued or serviced by *all other companies covered by this Notice*

American General Life
Companies Service Center
P. O. Box 4373
Houston, TX 77210-4373
Telephone: 1-800/231-3655