

# HIPAA Notice of Privacy Practices

To: Participants of the Prudential Long-Term Care Insurance Plan and the Prudential Individual Health Plan (collectively, the “Plans”).

**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 describes the ways in which the Plans may use and disclose your health information (also called “Protected Health Information”). It also describes the legal obligations of the Plans and your rights with respect to your Protected Health Information under the Health Insurance Portability and Accountability Act, or “HIPAA”.

In this Notice, “we” refers to the Prudential Insurance Company of America in its capacity as a provider of Group and Individual long-term care and individual health insurance and our business associates, which are vendors that assist us in administering the Plan or providing services to you. “You” or “yours” refers to any individual covered by a Long-Term Care insurance policy or an Individual Health insurance policy issued by The Prudential Insurance Company of America.

## **OUR OBLIGATIONS REGARDING YOUR HEALTH INFORMATION**

We are required by law to:

- Ensure that Protected Health Information that identifies you is kept private, except as such information is required or permitted to be disclosed by law.
- Describe the Plans’ legal duties and privacy practices with respect to your Protected Health Information.
- Abide by the terms of this Notice that are currently in effect.
- Inform you in the event of a breach of your unsecured Protected Health Information.

## **WHO MUST FOLLOW THIS NOTICE**

We must follow the terms of the Notice currently in effect. Our employees, agents and authorized vendors who have access to your Protected Health Information to provide services must also follow this Notice.

## **CHANGES TO THIS NOTICE**

We reserve the right to change the terms of this Notice and make the new Notice provisions apply to all the Protected Health Information we already have about you as well as for any information we receive in the future. We must promptly change this Notice when there is a significant change to our uses or disclosures, your rights, our duties, and other related circumstances. We will mail you any such revised Notice, unless you have agreed to receive Notices electronically. To receive such Notices by email, you should call or write to the contact listed at the end of this Notice. We will also post a copy of the revised Notice on our website.

## USE AND DISCLOSURE OF YOUR PROTECTED HEALTH INFORMATION

We use and disclose Protected Health Information in the ways described below. We will not use or share your information other than as described in this Notice unless you tell us we can in writing. We will also comply with any state or federal law that is more restrictive as to our uses and disclosures of Protected Health Information.

### Treatment, Payment, and Health Care Operations

#### **For Treatment**

As an insurer, we do not provide treatment to you, but we may still use and disclose your Protected Health Information for treatment purposes. For example, we may disclose your health information to health care providers, such as doctors, hospitals and other caregivers who request it in connection with providing you treatment.

#### **For Payment**

We may also use and disclose your health information for payment purposes, such as to make sure that claims are paid accurately, and you receive the correct benefits. For example, we may use and disclose your Protected Health Information to determine plan eligibility and responsibility for coverage and benefits. We may also use your Protected Health Information for utilization review activities.

#### **For Health Care Operations**

We may also use and disclose Protected Health Information for our health care operations to ensure quality and efficient plan operations, which include plan administration, quality assessment and improvement, vendor review and for health care fraud and abuse detection and compliance. For example, we may use and disclose your Protected Health Information to assist in the evaluation of a vendor who processes claims for us.

### Uses and Disclosures of Protected Health Information Without Individual Authorization

The following list describes the different ways that we are legally allowed or required to use and disclose your Protected Health Information without your prior written authorization:

#### **Other Permitted Use and Disclosures**

We may make the following uses and disclosures of your information without your permission, in accordance with federal and state law:

- When we disclose your information to you.
- To our business associates who perform services for us that require access to your health information.
- Where disclosure is required by law.
- To a public health authority authorized by law to collect or receive your information to prevent or control disease, injury or disability or when reviewing reports of child abuse or for the conduct of other authorized public health activities and responsibilities.
- To a health oversight agency for such activities.
- For judicial and administrative proceedings.
- To a law enforcement official for a law enforcement purpose.

- To a medical examiner for the purpose of identifying a deceased person, determining the cause of death, or other duties authorized by law.
- To organ donor organizations in order to aid in such donations.
- For certain research purposes authorized by and subject to federal law.
- To avert a serious threat to health or safety.
- To government officials regarding military personnel and certain domestic and foreign government officials for certain functions authorized by federal law.
- To comply with workers' compensation and other similar programs.

*To Family Members and Friends & Other Special Circumstances:* For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in payment for your care.
- Share information in a disaster relief situation.

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

*Disclosure to A Plan Sponsor:* Where appropriate, we may share Protected Health Information to a group health plan or plan sponsor for purposes of administering benefits under the Plans or as required by law.

*Disclosures to Business Associates:* We may disclose your information to third parties that perform certain services on behalf of Prudential's Plans, such as claims processing and analysis, legal services, sending communications to you on our behalf regarding your care or the services provided by the Prudential Plans. Please note that before we share your Protected Health Information, we obtain the vendor's written agreement to protect the privacy and security of your Protected Health Information.

*Underwriting:* We may use and disclose your Protected Health Information for underwriting purposes which involves decisions on whether we will give you coverage and the price of that coverage. However, we are prohibited from using or disclosing genetic information for underwriting purposes. This prohibition does not apply to underwriting for certain long term care insurance.

### Required Uses and Disclosures

We must disclose your information when required by the Secretary of the Department of Health and Human Services to make sure we comply with federal law.

We are also required, with certain exceptions, to provide you with access to inspect and obtain a copy of your information that we keep. See "Right to Inspect and Copy Protected Health Information" below.

## USES AND DISCLOSURES THAT WILL ONLY BE MADE WITH YOUR AUTHORIZATION

We will only make the following uses and disclosures with your written authorization:

- Uses and disclosures for marketing purposes;
- Uses and disclosures that constitute a sale of Protected Health Information;
- Most uses and disclosures of psychotherapy notes; and
- Other uses and disclosures not otherwise described in this Notice.

You may withdraw your authorization in writing at any time. To withdraw your authorization or if you wish additional information, please write to the contact listed at the end of this Notice. Once we receive your written revocation, it will only be effective for future uses and disclosures. It will not be effective for any information that may have been used or disclosed in reliance upon your written authorization and prior to receiving your revocation. We may also continue to use and disclose your Protected Health Information after revocation if the authorization was obtained as a condition of securing insurance and other law provides us with the right to contest a claim under the policy or the policy itself.

## INDIVIDUAL RIGHTS WITH RESPECT TO YOUR PROTECTED HEALTH INFORMATION

You have certain rights regarding access to, and the use and disclosure of your Protected Health Information as described below. To exercise any of these rights or if you would like additional information on your rights described below, please contact the Prudential Insurance Company of America using the contact listed at the end of this Notice. Specifically, you have the following rights:

**RIGHT TO REQUEST RESTRICTIONS:** You have the right to request in writing that restrictions be placed on certain uses and disclosures of your information. We are not required to agree. If we do agree, we may not use or disclose any of your information except where you need emergency treatment. We may end an agreement to restrict as allowed by federal law.

**RIGHT TO ALTERNATIVE CONFIDENTIAL COMMUNICATION OF PROTECTED HEALTH INFORMATION:** If you choose to have your information sent to you by a means of your choice or to an address of your choice, we will do so if the request is reasonable. You must clearly state that disclosure of all or any part of your information could endanger you if not sent per your choice. Any such request should be sent in writing to the contact listed at the end of this Notice.

**RIGHT TO INSPECT AND COPY PROTECTED HEALTH INFORMATION:** You have the right to inspect and copy your claims and other health information. All requests to exercise this right should be in writing and sent to the contact listed at the end of this Notice. We may deny your request in writing in certain very limited circumstances. If the information you request is maintained electronically, and you request an electronic copy, we will provide a copy in the electronic form and format you request, if the information can be readily produced in that form and format. If the information cannot be readily produced in that form and format, we will work with you to come to an agreement on form and format. We may charge a reasonable, cost-based fee. We are allowed by law to deny access in some cases, and

subject to certain procedures. If you are denied access, you may request that the denial be reviewed by submitting a written request to the contact listed at the end of this Notice.

**RIGHT TO AMEND PROTECTED HEALTH INFORMATION:** You have the right to request that we amend your information kept in our records. We are allowed to deny your request in certain situations. For example, we may deny your request if we did not create the information in the record. We will review your request and respond to you in writing. All requests should be in writing and sent to the contact listed at the end of this Notice. All requests should provide needed details, including your name, address, insurance policy number, and the reason you think your information needs to be changed.

**RIGHT TO AN ACCOUNTING:** You have the right to receive an accounting from us of disclosures of your information made for up to the six (6) years prior to your request. This right does not apply to certain disclosures, including the following: disclosures made to carry out treatment, payment, or health care operations and certain other disclosures (such as any you authorized us to make). Any request should be sent to the contact listed at the end of this Notice. Your request must be made in writing and state the time period of the request, which may not be longer than six years prior to your request. The first request within a 12-month period will be provided to you free of charge, and any additional requests within this time period may be subject to a reasonable, cost-based fee. We will notify you prior to charging a fee, and you may choose to withdraw or modify your request at that time before any costs are incurred.

**RIGHT TO A PAPER COPY OF THIS NOTICE:** You have the right, even if you have agreed to receive notice by email, to get a paper copy of this Notice. All requests should be in writing and sent to the contact listed at the end of this Notice.

**RIGHT TO FILE A COMPLAINT:** If you believe your privacy rights have been violated, you have the right to complain to us by writing to the contact listed at the end of this Notice. You may also send a complaint to the U.S. Department of Health and Human Services Office for Civil Rights, 200 Independence Avenue, S.W., Washington, DC 20201. Federal law prohibits retaliation or penalty against you for filing such a complaint. The contact listed at the end of this Notice is also available to provide you information regarding questions you have or other information concerning this Notice.

**WHEN YOU CONTACT US IN WRITING, YOU SHOULD INCLUDE YOUR NAME, ADDRESS, AND POLICY NUMBER.**

**THE CONTACT TO WHOM YOU SHOULD ADDRESS YOUR COMPLAINT OR TO EXERCISE THE RIGHTS DESCRIBED IN THIS NOTICE IS:**

HIPAA Privacy Officer at Email: [HIPAAPrivacyOfficer@prudential.com](mailto:HIPAAPrivacyOfficer@prudential.com)

Prudential **Long-Term Care Insurance** Telephone Number: 800-732-0416

Prudential **Individual Health Insurance** Telephone Number: 800-828-0153

The effective date of this notice is November 2022.