

Health Insurance Portability and Accountability Act (HIPAA) Notice of Privacy Rights for Individually Identifiable Insurance Information (Effective April 14, 2009)

Use and Disclosure of Protected Health Information

We are required by federal law to protect the privacy of your individual health information (referred to in this notice as "Protected Health Information"). We are also required to provide you with this notice regarding our policies and procedures regarding your Protected Health Information, and to abide by the terms of this notice, as it may be updated from time to time.

Under applicable law, we are permitted to make certain types of uses and disclosures of your Protected Health Information, without your authorization, for treatment, payment, and health care operations purposes.

For treatment purposes, such use and disclosure may take place in providing, coordinating, or managing health care and its related services by one or more of your providers, such as when your primary care physician consults with a specialist regarding your condition.

For payment purposes, such use and disclosure may take place to determine responsibility for coverage and benefits, such as when we confer with other health plans to resolve a coordination of benefits issue. We also may use your Protected Health Information for other payment-related purposes, such as to assist in making plan eligibility and coverage determinations, or for utilization review activities.

For health care operations purposes, such use and disclosure may take place in a number of ways involving plan administration, including for quality assessment and improvement, vendor review, and underwriting activities. Your information could be used, for example, to assist in the evaluation of one or more vendors who support us, or we may contact you to provide reminders or information about treatment alternatives or other health-related benefits and services available under the Plan.

We may disclose your Protected Health Information to the plan sponsor in connection with these activities. If you are covered under an insured health plan, the insurer also may disclose Protected Health Information to the plan sponsor in connection with payment, treatment or health care operations.

In addition, we may use or disclose your Protected Health Information without your authorization under conditions specified in federal regulations, including:

- as required by law, provided the use or disclosure complies with and is limited to the relevant requirements of such law,
- for public health activities,
- disclosures to an appropriate government authority regarding victims of abuse, neglect or domestic violence,
- to a health oversight agency for oversight activities authorized by law,
- in connection with judicial and administrative proceedings,
- to a law enforcement official for law enforcement purposes,
- to a coroner or medical examiner,
- to cadaveric organ, eye or tissue donation programs,
- for research purposes, as long as certain privacy-related standards are satisfied,
- to avert a serious threat to health or safety,
- for specialized government functions (e.g., military and veterans activities, national security and intelligence, federal protective services, medical suitability determinations, correctional institutions and other law enforcement custodial situations), and
- for workers' compensation or other similar programs established by law that provide benefits for work-related injuries or illness without regard to fault.

We may disclose to one of your family members, to a relative, to a friend, legal guardian or to any other person identified by you, Protected Health Information that is directly relevant to the person's involvement with your care or payment related to your care. In addition, we may use or disclose the Protected Health Information to notify a member of your family, your personal representative, another person responsible for your care, or certain disaster relief agencies of your location, general condition, or death. If you are incapacitated, there is an emergency, or you otherwise do not have the opportunity to agree to or object to this use or disclosure, we will do what in our judgment is in your best interest regarding such disclosure and will disclose only the information that is directly relevant to the person's involvement with your health care.

Other uses and disclosures will be made only with your written authorization, and you may revoke your authorization in writing at any time.

You may ask us to restrict uses and disclosures of your Protected Health Information to carry out treatment, payment, or health care operations, or to restrict uses and disclosures to family members, relatives, friends, or other persons identified by you who are involved in your care or payment for your care. However, we are not required to agree to your request. You may exercise this right by contacting the individual or office identified at the end of this notice. They will provide you with additional information.

You have the right to request the following with respect to your Protected Health Information: (i) inspection and copying; (ii) amendment or correction; (iii) an accounting of certain disclosures of this information by us (you are not entitled to an accounting of disclosures made

for payment, treatment or health care operations, or disclosures made pursuant to your written authorization); and (iv) the right to receive a paper copy of this notice upon request, even if you agreed to receive the notice electronically.

You have the right to request in writing that you receive your Protected Health Information by alternative means or at an alternative location if you reasonably believe that disclosure could pose a danger to you.

We reserve the right to change the terms of this notice and to make the new notice provisions effective for all Protected Health Information we maintain. If we change this notice we will notify you and post the new notice to the OneBeacon Insurance Intranet website under Benefits.

If you believe that your privacy rights have been violated, you may file a complaint in writing at the location described below under "Contacting Us" or to the Secretary of the Department of Health and Human Services, Hubert H. Humphrey Building, 200 Independence Avenue SW, Washington, DC 20201. You will not be retaliated against for filing a complaint.

Contacting Us

You may exercise the rights described in this Notice of Privacy Rights by contacting the office identified below. They will provide you with additional information. The contact is:

Privacy Officer/Benefits Manager
Employee Benefits
OneBeacon Insurance Company
One Beacon Lane
Canton, MA 02021

The effective date of this Notice is April 14, 2003.