

UNIFIED LIFE INSURANCE COMPANY
HIPAA NOTICE OF 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.**

Understanding Your Protected Health Information

This notice tells you about the ways in which Unified Life Insurance Company may collect, use, and disclose your protected health information, and your rights concerning your protected health information. "Protected health information" is information about you, including demographic information, that can reasonably be used to identify you and that relates to your past, present, or future physical or mental health or condition, the provision of the health care to you, or the payment for that care.

Your Health Information Rights

Inspect and Obtain Copies. You have the right to inspect or obtain copies of your protected health information records, with some limited exceptions. Usually the records include enrollment, billing, claims payment, or case/medical management records. Your request to inspect and/or obtain a copy of your protected health information record must be made in writing. We may charge a fee for the costs of producing, copying and mailing your requested information, but we will tell you the cost in advance.

Amendment. If you feel that protected health information maintained by us is incorrect or incomplete, you may request that we amend the information. Your request must be made in writing and must include the reason you are seeking a change. We may deny your request if, for example, you ask us to amend information that was not created by us, or if you ask to amend a record that is already accurate and complete. If we deny your request to amend your protected health information, we will notify you in writing. You have the right to submit to us a written statement of disagreement with our decision and we have the right to disagree with that statement.

Accounting of Disclosures. You have the right to request an accounting of disclosures we have made of your protected health information. The list will not include our disclosures related to your treatment, to payment, to health care operations, or disclosures made to you or with your authorization. The list may also exclude certain other disclosures, such as for national security purposes. Your request for an accounting disclosure must be made in writing and must state a time for which you want an accounting. This time period may not be longer than six years and may not include dates before April 14, 2004. Your request should indicate in what form you want to receive the list (for example, on paper or electronically). The first accounting that you request within a 12-month period will be free. For additional lists within the same time period, we may charge for providing the account but we will tell you the cost in advance.

Request a Restriction. You have the right to request that we restrict or limit how we use or disclose your protected health information for treatment, payment or health care operations. We may not agree to your request. If we agree, we will comply with your request unless the information is needed for an emergency. Your request for a restriction must be made in writing. In your request, you must tell us what information you want to limit; whether you want to limit how we use or disclose your information, or both; and to whom you want the restrictions to apply.

Confidential Communications. You have the right to request that we use a certain method to communicate with you, such as paper or electronic communication, or that we send information to a certain location if the communication could endanger you. Your request to receive confidential communications must be made in writing. Your request must clearly state that all or part of the communication from us could endanger you. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

Paper Copy of this Notice. You have a right at any time to request a paper copy of this notice, even if you had previously agreed to receive an electronic copy.

Revoke Your Authorization. You may revoke an authorization at any time in writing, except to the extent that we have already taken action on the information disclosed or if we are permitted by law to use the information to contest a claim or coverage under a health plan.

Our Responsibilities

Unified Life Insurance Company is required by federal and state laws to maintain the privacy of your protected health information, and provide you with this notice about our legal duties and privacy practices with respect to your protected health information. We must follow the terms of this notice while it is in effect. We will notify you if we are unable to agree to a requested restriction. We will accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations. We reserve the right to change our privacy practices as outlined in this notice and to make the new provisions effective for all protected health information we maintain. Should we make such a change, we will mail a revised notice to the address you have supplied us. We will not use or disclose your protected health information without your authorization, except as described in this notice.

Uses and Disclosures of Your Protected Health Information

We may use and disclose your protected health information for different purposes. We will keep our uses and disclosures of your personal health information to the minimum necessary to accomplish the purposes for which we are making use or disclosure of the information. The following describe these and other uses and disclosures, together with some examples.

Treatment. We may use and disclose your protected health information to assist your health care providers (doctors, mental health practitioners, pharmacies, hospitals, ambulance services and others) in your diagnosis and treatment. For example, we may disclose your protected health information to a provider to whom you have been referred to ensure that the provider has the necessary information to treat you.

Payment. We may use and disclose your protected health information in order to pay for your covered health expenses. For example, we may use your protected health information to process claims or be reimbursed by another insurer that may be responsible for payment.

Health Care Operations. We may use and disclose your protected health information as necessary to operate our business. Health care operations include rating our risk and determining our premium for your insurance; conducting quality assessment and improvement activities; conducting or arranging for medical review, legal services, audit services, fraud and abuse detection and compliance programs; and business planning and development.

Business Associates. Certain aspects and components of our business are performed through contracts with outside persons or organizations. Examples of these outside persons and organizations include our duly appointed insurance agents, third party administrators, financial auditors, actuarial and underwriting services, reinsurers, legal services, enrollment and billing services, claim payment and medical management services and collection agencies. At times it may be necessary for us to provide your protected health information to one or more of these outside persons or organizations who assist us with our payment or health care operations. In all cases, we require these business associates to appropriately safeguard the privacy of your information.

Notification. We may use or disclose your name, location and general condition or death to notify, or assist in the notification of (including identifying or locating), a person involved in your care.

Communication with Family. We may disclose your protected health information to a family member, other relative, close personal friend, or any other person you identify if it is relevant to that person's involvement in your health care or the payment related to your health care.

Research. We may disclose your protected health information to researchers when their research has been approved by an institutional review board or privacy board that has reviewed the research proposal and established protocols to ensure the privacy of your protected health information.

Funeral Directors. We may disclose your protected health information to funeral directors consistent with applicable law to carry out their duties.

Organ Procure Organizations. Consistent with applicable law, we may disclose protected health information to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant.

Marketing. We may contact you to provide information or services that may be of interest to you.

Fundraising. We may contact you as part of a fundraising effort.

Plans Sponsors. We may use or disclose protected health information to the plan sponsor of a group health plan.

Food and Drug Administration (FDA). We may disclose to the FDA protected health information relative to adverse events with respect to food, supplements, products and product defects, or post-marketing surveillance information to enable product recalls, repairs, or replacement.

Workers' Compensation. We may disclose protected health information to the extent authorized by and to the extent necessary to comply with laws relating to workers' compensation or other similar programs established by law.

Public Health. As required by law, we may disclose your protected health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

Correctional Institutions. Should you be an inmate of a correctional institution, we may disclose to the institution or agents thereof protected health information necessary for your health and the health and safety of other individuals.

Law Enforcement. We may disclose protected health information for law enforcement purposes as required by law or in response to a valid subpoena. Federal law makes provision of your protected health information to be released to an appropriate health oversight agency, public health authority, or attorney, provided that a workforce member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more customers, workers or the public.

Authorization. Other uses or disclosures of your protected health information will be made only with your written authorization, unless otherwise permitted or required by law.

For More Information or to Report a Problem

If you have any questions regarding this notice or need further assistance regarding this notice, please contact us. If you believe that your privacy rights have been violated, you may file a complaint with us and/or the Secretary of Health and Human Services. You will not be subject to any retaliation for filing a complaint.

Contact Information:

Unified Life Insurance Company
Attn: Privacy Officer
7201 West 129th Street, Suite 300
Overland Park, Kansas 66213
800-237-4463 – Toll Free
913-402-6942 - Fax

Effective Date

This notice takes effect on the date coverage became effective for you and will remain in effect until we replace it.