

The following "Notice of Privacy Procedures"  
applies to policies covered by these state guaranty associations:

Alabama	Maine	Oklahoma
Alaska	Maryland	Oregon
Arizona	Massachusetts	Pennsylvania
Arkansas	Michigan	Rhode Island
California	Minnesota	South Carolina
Colorado	Mississippi	South Dakota
Connecticut	Missouri	Tennessee
Delaware	Montana	Texas
District of Columbia	Nebraska	Utah
Florida	Nevada	Vermont
Georgia	New Hampshire	Virginia
Indiana	New Jersey	Washington
Iowa	New Mexico	West Virginia
Kansas	North Carolina	Wyoming
Kentucky	North Dakota	
Louisiana	Ohio	

# Notice of Privacy Procedures

## LTC Reinsurance PCC

### **THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW THIS NOTICE CAREFULLY**

As you may be aware, Penn Treaty Network America Insurance Company and American Network Insurance Company were placed into liquidation on March 1, 2017. You have been identified as a policyholder of one of the above referenced companies. Your state guaranty association and certain other state guaranty associations established LTC Reinsurance PCC to assist them in discharging their statutory obligations to policyholders in connection with the above referenced companies.

#### What is this Notice?

This Notice of Privacy Procedures (“Notice”) describes the privacy policy and procedures of LTC Reinsurance PCC (“LTC Re” or “we”) in the referenced health insurer insolvencies, including how your protected health information (“PHI”) may be used and disclosed and how you can get access to it. Except as outlined below, LTC Re will not use or disclose your PHI without your written authorization, which you may revoke as described in the “Your Privacy Rights” section below.

#### Any Questions?

Should you have any questions about the contents of this Notice, please contact our *Contact Person*. Please see the end of this Notice for contact information.

#### What will we do with your health information?

LTC Re will seek to ensure that your PHI remains private and confidential by following the privacy procedures detailed in this Notice while it is in effect and, as required by law, will notify you in the event of any reportable security breach involving your PHI and take appropriate steps to mitigate the effects of any such breach. Your PHI will cease to be covered by LTC Re’s privacy practices after you have been deceased for 50 years.

#### LTC Re reserves the right to change its privacy procedures

LTC Re reserves the right to change its privacy procedures and the terms of this Notice at any time; and to change its privacy procedures for the use and disclosure of PHI that we maintain, including PHI we created or received before we made the changes. Before we make a significant change in our privacy procedures, we will revise this Notice and provide you with a new updated Notice.

#### You may request a copy of our Notice at any time

For more information about our privacy procedures, or for copies of this Notice, please contact our *Contact Person*.

### **HOW WE MAY USE OR DISCLOSE YOUR PROTECTED HEALTH INFORMATION**

#### To the Covered Individual

LTC Re may disclose your PHI to you or your authorized personal representative for any purpose. LTC Re will disclose your PHI to you or your authorized personal representative upon written request.

#### For Treatment, Payment, and Health Care Operations

LTC Re may use and disclose your PHI for purposes of treatment, payment, and health care operations, as described below.

- 1. Treatment:** We may disclose your information to healthcare providers and those who provide healthcare treatment. For example, we may disclose information about your insurance policy to doctors, long-term care facilities, or other health care providers related to your care.
- 2. Payment:** We may disclose your PHI for claims processing and payment or as necessary for benefit verification. For example, we may use your information to confirm that you received treatment from a nursing facility in order to process your claim for policy benefits.
- 3. Health Care Operations:** We will use and disclose your PHI as necessary, and as permitted by law, to operate our business, including conducting cost-management and business planning, quality improvement efforts, obtaining reinsurance, auditing, rating, customer service, research, fraud prevention and reporting, government reporting or investigation, and other functions related to your insurance and our everyday business purposes. If we use or disclose your PHI for underwriting purposes, however, we will not use or disclose your genetic information for those purposes (except for Long Term Care Insurance).

#### To Family and Friends

We may disclose your PHI to a family member, friend, or other person designated by you to the extent necessary to help with your care or payment for health care if you agree or, if you are unavailable to agree, we determine that a medical emergency or other

situation indicates that disclosure would be in your best interest. After your death, we may disclose your *PHI* to such persons to the extent relevant to their involvement in or payment for your care before your death, unless doing so would be prohibited by your written instructions or inconsistent with your expressed preferences.

#### [To Our Business Associates](#)

We may disclose the minimum necessary *PHI* to service providers, known as *business associates* who perform various functions on our behalf. We will take appropriate steps to ensure that the business associates will safeguard the privacy of, and restrict the use and disclosure of your *PHI*.

#### [Mergers and Acquisitions](#)

Your protected health information may also be disclosed as part of a potential merger, sale, or acquisition involving our business.

#### [By Written Authorization](#)

We may use or disclose your *PHI* if we have received a written authorization from you or your authorized personal representative (including uses and disclosures of psychotherapy notes, if applicable). You or your personal representative may revoke the authorization in writing at any time, but that revocation will not affect any permitted use or disclosure while the authorization was in effect.

#### [Other](#)

We may also use or disclose *PHI* (a) when we are required to do so by law; (b) for public health activities; (c) to appropriate authorities, if we believe you are a victim of abuse, neglect, or domestic violence; (d) to health oversight agencies authorized to oversee the health care system or entities subject to government regulatory programs; (e) in response to a court or administrative order, subpoena, discovery request, or other lawful process, under certain circumstances; (f) to a law enforcement official for certain law enforcement activities; (g) to a medical examiner or coroner (and if legally authorized, a funeral director) for identification, to determine cause of death or to carry out other legally authorized duties; (h) to facilitate organ, eye or tissue donation and transplantation; (i) to prevent or lessen a serious and imminent threat to the health or safety of a person or the public; (j) to military authorities regarding Armed Forces personnel under certain circumstances; (k) to authorized federal officials for lawful intelligence, counterintelligence, and other national security activities; (l) to the extent necessary to comply with laws relating to workers' compensation or similar programs; (m) for certain research purposes when such research is approved by an institutional review board with established rules to ensure privacy; and (n) to non-affiliated organizations or persons, such as other insurance institutions or law enforcement and governmental authorities as necessary to prevent or investigate criminal activities, fraud or material misrepresentations in connection with your coverage.

### **YOUR PRIVACY RIGHTS**

Your rights are explained below. Please direct any written request to exercise these rights to the address at the end of this Notice. You may make the following requests with respect to your health information:

#### [Request to Inspect and Copy](#)

You may request to view and receive copies of your *PHI* kept in our records (with some limited exceptions). We will provide the information to you in the format you request unless we determine that the request is unreasonable. You also have the right to obtain copies, in electronic format, of certain electronic health records used or maintained by LTC Re. You must make a request in writing to obtain access to or get copies of your *PHI*. You may obtain a request form by contacting our *Contact Person*.

#### [Request to Amend](#)

You may request that we amend or correct your *PHI*. Your request must be in writing, and it must explain the nature of the requested amendment or correction. Any request for amendment or correction must be signed by you or your designated representative. We may deny your request under certain circumstances. We may deny your request for amendment if we determine that the *PHI* was not created by us, is not part of your designated record set, is not available for inspection, or is accurate and complete. In the event that we do make an amendment or correction, we may notify others who work with us and have copies of the uncorrected information. Please contact the *Contact Person* for more information and procedures for amending your health information.

#### [Request to Obtain List of Certain Disclosures](#)

You may request a list of instances in which we disclosed your *PHI*, except disclosures for purposes of treatment, payment, health care operations and certain other activities. You may obtain a request form from our *Contact Person*. Any such request must be made in writing to the *Contact Person* and signed by you or your designated representative.

#### [Request for Restrictions on Use or Disclosures](#)

You may request restrictions on the use or disclosure of your *PHI*. Any request must describe, in detail, the restriction you are requesting. We will evaluate all requests but are not required to agree to your restrictions and will retain the right to terminate any restrictions if we believe such termination is appropriate.

[Request for Confidential Communication](#)

You may request that we communicate with you about your *PHI* by means other than the phone numbers or address contained in our records. You must inform us in writing that communication by other means or at other locations is required to avoid endangering you. We will accommodate your request if it is complete and reasonable.

[Right to Have Paper Copy of this Notice](#)

If you received this Notice on our web site or by electronic mail (e-mail), you are entitled to receive a paper copy of this Notice upon request. 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.

[Right of Revocation of Authorization](#)

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 on such authorization, or if other law provides us with the right to contest a claim under your policy or the policy itself.

[Who should I contact if I have questions about these privacy procedures?](#)

If you want more information about these privacy procedures or have questions or concerns about this Notice, please contact our *Contact Person*.

[What if I have a complaint about these privacy procedures?](#)

If you have a concern about our privacy procedures, or you disagree with a decision we make about your *PHI*, you may file a complaint with our *Contact Person*.

[Will I be penalized if I file a complaint?](#)

You will not be penalized if you choose to file a complaint.

***Contact Information***

**Contact Person:** Davies Life & Health, Inc., On Behalf of Covering Guaranty Associations  
**Attn:** Legal Department  
**Address:** 3440 Lehigh St., Allentown, PA 18103  
**Office Telephone:** 800-362-0700  
**Fax:** 610-965-6962  
**E-mail:** DLHprivacy@us.davies-group.com

**Effective Date:** This notice has an Effective Date of June 1, 2022.

The following "Notice of Privacy Procedures"  
applies to policies covered by this state guaranty association:

Idaho

## Notice of Guaranty Association Privacy Procedures

### Penn Treaty Network America Insurance Company and American Network Insurance Company MULTI-STATE HEALTH INSURANCE INSOLVENCY

**Effective Date:** October 1, 2019

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.

#### INTRODUCTION

##### **What is this Notice?**

This Notice of Privacy Procedures (“Notice”) describes the joint privacy procedures of your State Guaranty Association (the “Association”) and certain other state guaranty associations that are working together in the referenced health insurer insolvencies, including how your protected health information (“PHI”) may be used and disclosed and how you can get access to it. **Please review this Notice carefully.**

##### **Any Questions?**

Should you have any questions about the contents of this Notice, please contact our *Contact Person*. Please see the end of this Notice for contact information.

#### GENERAL INFORMATION

##### **What will we do with your health information?**

To assist in coordinating their efforts in the health insurer insolvencies, the Association and the other participating state guaranty associations may share your *PHI* with each other for purposes of carrying out their joint payment and health care operations. The Association and other participating state guaranty associations will seek to ensure that your *PHI* remains private and confidential by following the privacy procedures detailed in this Notice while it is in effect and, as required by law, will notify you in the event of any reportable security breach involving your *PHI* and take appropriate steps to mitigate the effects of any such breach. Your *PHI* will cease to be covered by the Association’s privacy practices after you have been deceased for 50 years.

##### **The Association reserves the right to change its privacy procedures.**

The Association reserves the right to change its privacy procedures and the terms of this Notice at any time; and to change its privacy procedures for the use and disclosure of *PHI* that we maintain, including *PHI* we created or received before we made the changes. **Before we make a significant change in our privacy procedures, we will revise this Notice and provide you with a new updated Notice.**

##### **You may request a copy of our Notice at any time.**

For more information about our privacy procedures, or for copies of this Notice, please contact our *Contact Person*.

#### USES AND DISCLOSURES OF HEALTH INFORMATION

##### **To the Covered Individual**

The Association may disclose your *PHI* to you or your authorized personal representative for any purpose. The Association will disclose your *PHI* to you or your authorized personal representative upon written request.

##### **For Treatment, Payment, and Health Care Operations**

The Association may use and disclose your *PHI*, and may share it with other state guaranty associations as part of their joint efforts in this health insurance insolvency, for purposes of treatment, payment, and health care operations. If we use or disclose your *PHI* for underwriting purposes, however, we will not use or disclose your genetic information for those purposes (except for Long Term Care Insurance).

##### **To Family and Friends**

We may disclose your *PHI* to a family member, friend, or other person to the extent necessary to help with your care or payment for health care if you agree or, if you are unavailable to agree, we determine that a medical emergency or other situation indicates that disclosure would be in your best interest. After your death, we may disclose your *PHI* to such persons to the extent relevant to their involvement in or payment for your care before your death, unless doing so would be prohibited by your written instructions or inconsistent with your expressed preferences.

##### **To Our Business Associates**

We may disclose the minimum necessary *PHI* to service providers, known as business associates, who perform various functions on our behalf. We will take appropriate steps to ensure that the business associates will safeguard your *PHI*.

##### **By Written Authorization**

We may use or disclose your *PHI* if we have received a written authorization from you or your authorized personal representative (including uses and disclosures of psychotherapy notes, if applicable). You or your personal representative may revoke the authorization in writing at any time, but that revocation will not affect any permitted use or disclosure while the authorization was in effect.

## **Other**

We may also use or disclose *PHI* (a) when we are required to do so by law; (b) for public health activities; (c) to appropriate authorities, if we believe you are a victim of abuse, neglect, or domestic violence; (d) to health oversight agencies authorized to oversee the health care system or entities subject to government regulatory programs; (e) in response to a court or administrative order, subpoena, discovery request, or other lawful process, under certain circumstances; (f) to a law enforcement official for certain law enforcement activities; (g) to a medical examiner or coroner (and if legally authorized, a funeral director) for identification, to determine cause of death or to carry out other legally authorized duties; (h) to facilitate organ, eye or tissue donation and transplantation; (i) to prevent or lessen a serious and imminent threat to the health or safety of a person or the public; (j) to military authorities regarding Armed Forces personnel under certain circumstances; (k) to authorized federal officials for lawful intelligence, counterintelligence, and other national security activities; and (l) to the extent necessary to comply with laws relating to workers' compensation or similar programs.

## **INDIVIDUAL REQUESTS**

**You may make the following requests with respect to your health information:**

### **Request to Inspect and Copy**

You may request to view and receive copies of your *PHI* kept in our records (with some limited exceptions). We will provide the information to you in the format you request unless we determine that the request is unreasonable. You also have the right to obtain copies, in electronic format, of certain electronic health records used or maintained by the Association. You must make a request in writing to obtain access to or get copies of your *PHI*. You may obtain a request form by contacting our *Contact Person*.

### **Request to Amend**

You may request that we amend your *PHI*. Your request must be in writing, and it must explain why the information should be amended. We may deny your request under certain circumstances. Please contact our *Contact Person* for more information and procedures for amending your health information.

### **Request to Obtain List of Certain Disclosures**

You may request a list of instances in which we disclosed your *PHI*, except disclosures for purposes of treatment, payment, health care operations and certain other activities. Even for those excepted disclosures, you have a right to an accounting of the disclosures if they are maintained in electronic form and were made during the three years immediately before your request. You may obtain a request form from our *Contact Person*.

### **Request for Restrictions on Use or Disclosures**

You may request restrictions on the use or disclosure of your *PHI*. We may not agree to these additional restrictions, but if we do agree, we will abide by the agreement (except in an emergency).

### **Request for Confidential Communication**

You may request that we communicate with you about your *PHI* by means other than the phone numbers or address contained in our records. You must inform us in writing that communication by other means or at other locations is required to avoid endangering you. We will accommodate your request if it is complete and reasonable.

**Right to Have Paper Copy of this Notice.** If you received this Notice on our web site or by electronic mail (e-mail), you are entitled to receive a paper copy of this Notice upon request.

## **QUESTIONS AND COMPLAINTS**

### **Who should I contact if I have questions about these privacy procedures?**

If you want more information about these privacy procedures or have questions or concerns about this Notice, please contact our *Contact Person*.

### **What if I have a complaint about these privacy procedures?**

If you have a concern about our privacy procedures, or you disagree with a decision we make about your *PHI*, you may file a complaint with our *Contact Person*.

### **Will I be penalized if I file a complaint?**

You will not be penalized if you choose to file a complaint.

## **CONTACT INFORMATION**

**Contact Person:** Davies Life & Health, Inc., On Behalf of Covering Guaranty Associations  
**Attn:** Legal Department  
**Address:** 3440 Lehigh St., Allentown, PA 18103  
**Office Telephone:** 800-362-0700  
**Fax:** 610-965-6962  
**E-mail:** DLHprivacy@us.davies-group.com