

NOTICE OF PRIVACY PRACTICES – PROTECTED HEALTH INFORMATION

This notice is in effect as of April 14, 2003

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

STATEMENT OF OUR DUTIES

We are required by law to maintain the privacy of your personal health information and to provide you with this notice of our privacy practices and legal duties. We are required to abide by the terms of this notice. We reserve the right to change the terms of this notice and to make any new provisions effective to all of the personal health information that we maintain about you. If we revise this notice, we will provide you with a revised notice by mail.

STATEMENT OF YOUR RIGHTS

You have a right to know how we may use or disclose your personal health information. This notice informs you of those uses and disclosures. There are certain uses and disclosures of your personal health information that we are permitted or required to make by law without your permission. For all other uses and disclosures, we first must obtain your permission. In addition, you have the following rights:

- The right to request that we place additional restrictions on our uses and disclosures of your personal health information. However, we are not obligated to agree to impose any such additional restriction.
- The right to access, inspect and copy the protected information pertaining to you that we maintain in our files about you, and the right to have us correct or amend any information that we create in error. Requests to access or amend your health information should be sent to the contact person and address provided in below.
- The right to receive an accounting of the disclosures of your personal health information that we make for purposes other than activities related to your treatment and/or claim, or our payment functions or other health care operations.
- The right to request that you receive communications of personal health information in a confidential manner.

INFORMATION WE COLLECT ABOUT YOU

We collect the following categories of information about you from the following sources:

- Information that we obtain directly from you, in conversation or on Request for Reimbursement application or other forms that you fill out.
- Information that we obtain as a result of our transactions with you.
- Information that we obtain from your medical records or from medical professionals.
- Information that we obtain from other entities, such as health care providers or other insurance companies, in order to service your policy or carry out other administration related needs.

PERMISSIBLE USES AND DISCLOSURES OF PROTECTED INFORMATION

The following categories describe different ways that we use and disclose PHI:

We may use or disclose your health information without your permission to carry out activities relating to reimbursing you for the provision of health care, obtaining premiums, determining coverage, and providing benefits under the policy of insurance that you are purchasing. Such functions may include reviewing health care services with respect to medical necessity, coverage under the policy, appropriateness of care, or justification of charges.

We may use or disclose your protected health information without your written permission for other purposes permitted or required by law, including:

- As authorized by and to the extent necessary to comply with workers compensation or other no-fault laws.
- To a health oversight agency for activities including audits or civil, criminal or administrative proceedings.
- To a public health authority for purposes of public health activities (such as to the Food and Drug Administration to report consumer product defects).
- To a law enforcement official for law enforcement purposes or in response to a court order or in the course of any judicial or administrative proceedings.
- To organ procurement organizations, or to other entities for approval research purposes.
- To a government authority, including a social service or protective services agency, authorized to receive reports of abuse, neglect or domestic violence.

We may use or disclose your protected health information after we have given you an opportunity to object and you have not objected. For example, if you do not object, we may use limited information about you to maintain an office directory, to notify family members or any other person identified by you regarding issues directly related to such person's involvement with your care or payment for that care, or claim or in emergency circumstances.

You are responsible for inappropriate use or disclosure of your information that occurs due to your selected method of transmitting this information (e.g. fax, e-mail, or any other electronic form).

All other uses or disclosures of your protected health information will be made only with your written permission, and any permission that you give us may be revoked by you at any time.

COMPLAINTS ABOUT MISUSE OF HEALTH INFORMATION

You may complain either directly to PIOPAC Fidelity or to the Secretary of Health and Human Services if you believe that your rights with respect to our protection of your health information have been violated. To file a complaint to PIOPAC Fidelity, submit your complaint in writing that includes as many details (such as names and dates) as possible. Mail to our Privacy Official, Patricia M. Lum, 1132 Bishop Street, Suite 2101, Honolulu, Hawaii 96813. You will not be retaliated against in any way for filing a complaint.

OUR PRACTICES REGARDING CONFIDENTIALITY AND SECURITY

We restrict access to nonpublic personal information about you to those employees who need to know that information in order to provide products or services to you. We maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard your nonpublic personal information.

OUR POLICY REGARDING DISPUTE RESOLUTIONS

Any controversy or claim arising out of our relating to our privacy policy, or the breach thereof, shall be settled by arbitration in accordance with the rules of the American Arbitration Association, and judgment upon the award rendered by the arbitrator(s) may be entered in any court having jurisdiction thereof.

CONTACT PERSON FOR FILING COMPLAINT OR OBTAINING FURTHER INFORMATION

If you want to file a complaint or have questions or need further assistance regarding this Notice, you may contact PIOPAC Fidelity's Privacy Office by writing to: PIOPAC Fidelity, Attn: Patricia M. Lum, 1132 Bishop Street, Suite 2101, Honolulu, Hawaii 96813, or by calling (808) 792-5248, for outer island, call (800) 777-0284 ext. 248.