

**John Hancock Life Insurance Company (U.S.A.)  
John Hancock Life & Health Insurance Company  
John Hancock Life Insurance Company of New York**

## **Notice of Protected Health Information Privacy Practices**

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**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.**

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### **We Respect Our Customers' Privacy**

Respect for our customers' privacy, including medical information, has long been highly valued at John Hancock. The trust of our customers is our most valuable asset, and the reason we are in business. We understand that the proper handling of medical information is critical to earning that trust.

This Notice describes your rights concerning your "**Protected Health Information**" ("PHI") under the Health Insurance Portability and Accountability Act ("HIPAA"). Protected Health Information is information that may identify you and that relates to (a) your past, present, or future physical or mental health or condition or (b) the past, present or future payment for your health care. We collect medical information from long-term care, medical, and certain life insurance customers who purchased a long-term care rider, and sometimes from their medical providers, to make decisions about issuing coverage, charging premiums, and paying claims. This notice will describe how we may use and disclose this Protected Health Information.

We are providing you with this notice in accordance with federal health privacy regulations that were issued as a result of HIPAA. We have obligations under that law to maintain the privacy of your medical information, which we take very seriously. We are required to:

- provide you with notice of our legal duties and privacy practices regarding your Protected Health Information. This notice is to satisfy this duty.
- provide you with a paper copy of this notice upon your request, even if you received it electronically.
- comply with the terms of our privacy notice that is in effect. We reserve the right to change this notice, and such change will apply to all medical information that we maintain. If we make a material change to this notice, we will send a revised notice to all long-term care, medical, and those life insurance clients who purchased a long-term care rider.

It is possible that you have received or will receive additional privacy notices from us. Those notices are provided in accordance with other laws and regulations, and describe our practices with respect to personal and financial information in addition to medical information.

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### **Your Authorization To Use and Disclose Protected Health Information**

We will not use or disclose your Protected Health Information without your written authorization unless the use or disclosure is described below in this notice. You have the right to revoke in writing at any time an authorization you give to us, by writing to us at the address listed at the end of this notice, but not if we have already acted in reliance on the authorization, nor if you provided the authorization in order to obtain your insurance coverage.

John Hancock does not sell or use your Protected Health Information for marketing purposes. We are required to inform you that uses and disclosures of Protected Health Information for marketing purposes (ie. communications to individuals about health-related products or services where the insurer would receive financial remuneration in exchange for making the communication from or on behalf of a third party whose product or service is being described), and disclosures that constitute a sale of Protected Health Information would require your prior authorization.

## **Use And Disclosure Of Protected Health Information without Your Written Authorization**

Below is a description of ways in which insurance companies, including John Hancock, are permitted to use and disclose the Protected Health Information we receive about you in connection with a long-term care insurance application, policy, certificate, or rider. These uses and disclosures, and those that are incidental to such uses and disclosures, are permitted by law without a signed authorization from you.

### **Use and disclosure for payment related purposes**

We are permitted to use and disclose your Protected Health Information for our payment related purposes or those of another insurer, health plan, or health care professional. Examples of our payment related purposes include obtaining premiums, providing reimbursement for health care, or determining or fulfilling our responsibility for coverage and benefits under your insurance policy or certificate.

For example, if you have a John Hancock long-term care insurance policy and present a claim for benefits, we may obtain medical records from your doctor to determine if you are eligible for benefits under the terms of the policy.

The payment-related uses and disclosures that are permitted include:

- determining eligibility for coverage;
- making claim decisions;
- care coordination activities;
- coordinating benefits with other insurers or payers;
- billing;
- claims management;
- collection activities;
- collecting reinsurance; and
- related health care data processing.

We may also disclose your name, address, date of birth, social security number, payment history, account number and the name and address of your health care provider(s) and/or health plan to consumer reporting agencies in connection with collection of premiums or reimbursement.

### **Use and disclosure for health insurance operations**

We are also permitted to use and disclose your Protected Health Information for purposes related to our health insurance operations, or the health insurance operations of another insurer or health plan with which you have coverage or have applied for coverage. Our health insurance operations may include underwriting, premium rating, and other activities related to the issuance, renewal or replacement of a long-term care or medical insurance policy, certificate or rider, or for reinsurance purposes.

For example, when you apply for insurance, we may collect Protected Health Information from your doctor to determine if you qualify for insurance.

We may also use and disclose such information:

- to conduct or arrange for medical review, legal services, or auditing, including fraud and abuse detection and compliance programs;
- for business planning and development, such as administration, development or improvement of methods of payment or coverage procedures;
- for business management and general administrative activities such as those that relate to compliance with HIPAA; customer service; providing data analyses for policyholders, plan sponsors or other customers (without disclosing the medical information to them); resolving internal grievances; sale, merger, transfer, or similar activities; or removing identifiers from medical information; or
- to offer an enhancement to or upgrade of your existing coverage.

If you are insured under a group long-term care insurance policy, we may also disclose your Protected Health Information to the sponsor of your benefit plan to report claims experience or for audit purposes.

## **Use and disclosure for public health, government, or similar activities**

We are permitted to disclose your Protected Health Information as described below, although we anticipate any such disclosure to be quite rare:

- to a legally authorized public health authority or cooperating foreign government official for public health purposes;
- to a public health or other appropriate government authority authorized to receive reports of child abuse or neglect;
- to a person subject to the jurisdiction of the Food and Drug Administration for purposes related to the quality, safety or effectiveness of FDA-regulated products or activities;
- if authorized by law, to a person who may have been exposed to or at risk of contracting a communicable disease or condition;
- to a government authority when there is reason to suspect abuse, neglect, or domestic violence;
- to a health oversight agency for authorized oversight activities; and
- to a coroner or medical examiner, a funeral director, or for organ or tissue donation purposes.

We may also use or disclose your Protected Health Information for: judicial or administrative proceedings; for law enforcement purposes; for research purposes; to avert a serious threat to health or safety; for specialized government functions; or for workers' compensation or similar purposes.

## **Disclosure to You and Individuals Involved in Your Care**

If you send us a written request, we will disclose your Protected Health Information that we have to you. We may disclose your Protected Health Information to your family member, friend, personal representative, or other individual you identify who is involved in your care or reimbursement for your care, but we will first give you an opportunity to give or withhold your consent, where possible. If you are not available to give your consent to such a disclosure, or in an emergency, we may disclose your Protected Health Information that is directly relevant to such person's involvement with your care or payment for such care.

We may also disclose your Protected Health Information for the treatment activities of a doctor or other health care professional.

## **Your Rights**

You have certain rights concerning the Protected Health Information we have about you in our records, as described below.

### ***Inspect and Copy***

You have the right to inspect and obtain a paper or electronic copy of your Protected Health Information maintained in our records, but not psychotherapy notes nor information we compile in anticipation of a claim or legal proceeding.

To make a request, please submit it in writing to the address at the end of this notice. If you would like to specify a particular form or format for the information, we will try to accommodate your request if it can readily be produced in that manner; otherwise, we will provide a paper copy or other form or format that we agree upon. If we would prefer to send you a summary or explanation of your Protected Health Information rather than the actual records, we may do so only with your consent.

We have a right to decline your request in limited situations, such as where a doctor or other health care professional has determined that substantial harm could be caused to you or another person by giving your Protected Health Information to you. In that situation, you would be given a right to have any such denials reviewed by a health care professional designated by us. In the unlikely event that we decline your request, we will give you a written explanation, and advise you of your rights to pursue a review of our decision.

If we do not maintain the Protected Health Information that you request, we will tell you where it is if we know.

### ***Request Confidential Communications***

You have the right to request that we send your Protected Health Information to you at a different address or by a means other than mail.

Any such request should be sent to us in writing to the address at the end of this notice, and should specify an alternative address or other means of contacting you.

### ***Amend***

You have the right to request that we amend your Protected Health Information in our records if you believe that it is inaccurate or incomplete. To make such a request, please submit it in writing to the address at the end of this notice, giving details of your request and why you are making it. We will respond to your request within 30 days after receiving your request.

If we accept your request, we will amend all appropriate records, and take steps to notify appropriate persons you identify as well as persons we know to have the erroneous medical information.

We may deny your request in certain circumstances, such as if the medical information or record you wish to be amended is accurate and complete, or it was not created by John Hancock (unless the creator is no longer available), or it relates to an anticipated claim or legal proceeding. In that case, we will tell you in writing why we declined your request, and describe your rights, which include (a) the right to submit a written statement of disagreement (subject to our right to prepare a rebuttal statement that we will give to you), which will become part of our records, and will be included with or summarized for future disclosures of the medical information, (b) the right to request that we provide your request for amendment and our denial with any future disclosures of the medical information, and (c) the right to file a complaint.

### ***Accounting of Disclosures***

You have the right to request an accounting of most disclosures we made of your Protected Health Information during the six years prior to the date the accounting is requested, subject to certain exceptions. To make such a request, please submit it in writing to the address at the end of this notice.

### ***Request Restrictions on Use and Disclosure***

You have the right to request that we restrict our use and disclosure of your Protected Health Information that otherwise would be permitted for purposes related to payment or our health insurance operations, or to your family, friends or others involved in your care or reimbursement for your care. We are not required to agree to such a restriction, and a restriction will not apply to disclosures to you or for certain public health or government purposes. If we agree to such a restriction, we will not use or disclose your medical information in violation of it except if you need emergency treatment, in which case we will request that your medical provider not further use or disclose it.

We may terminate the restriction upon your written request or with your agreement, or at our initiative, but only as it affects Protected Health Information created or received after we advise you of the termination.

### ***Complaints***

If you believe that your privacy rights have been violated and wish to make a complaint, you may send a written complaint including specific details to us. You may also submit a complaint to the United States Secretary of Health and Human Services. You can be assured that you will not be retaliated against by John Hancock if you file a complaint.

### ***Right to be Notified Following a Breach of Unsecured Protected Health Information***

You have the right to and will receive a notification if John Hancock or one of its business associates has a breach of information security involving your unsecured Protected Health Information.

### **Effective Date**

This Notice is effective May 31, 2013.

### **How to Contact Us**

We appreciate the value you place on your privacy rights. We want to hear from you if you have any concerns about John Hancock's commitment to protecting your privacy rights.

To make a request as described in the section entitled "Your Rights" please send your request in writing to:

John Hancock LTC  
Attn: Policyholder Services  
P.O. Box 55978  
Boston, MA 02205-5978

Be sure to include the following information in your request:

- your full name,
- address,
- date of birth,
- type of coverage (e.g., Long Term Care insurance policy or certificate, life insurance contract) and
- policy number if you purchased your policy or contract individually, or Group number and Reference ID number if you purchased a policy or certificate through your employer.

For further information regarding your policy, certificate, rider, or this Notice, please call us at:

Individual Long Term Care Insurance customers:	1-800-377-7311
Group Long Term Care Insurance customers:	1-800-525-4361
John Hancock Life Insurance customers:	1-800-387-2747
John Hancock Life Insurance Company of New York customers:	1-800-732-5543

JH-HIPAA Notice (Rev. 12/2018)