



## NOTICE OF PRIVACY PRACTICES

This Notice is effective February 18, 2010

**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**

### WE ARE REQUIRED BY LAW TO PROTECT MEDICAL INFORMATION ABOUT YOU

We are required by law to protect the privacy of medical information about you and that identifies you. This medical information may be information about health care we receive about you or payment for medical reviews and/or examinations provided to you. It may also be information about your past, present, or future medical condition.

We are also required by law to provide you with this Notice of Privacy Practices explaining our legal duties and privacy practices with respect to medical information. We are legally required to follow the terms of this Notice. In other words, we are only allowed to use and disclose medical information in the manner that we have described in this Notice.

We may change the terms of this Notice in the future. We reserve the right to make changes and to make the new Notice effective for all medical information that we maintain. If we make changes to the Notice, we will

- Post the new Notice on our website and in our waiting area.
- Have copies of the new Notice available upon request (you may always contact our Privacy Officer at 800-241-6103, extension 229 to obtain a copy of the current Notice).

This Notice will

- Discuss how we may use and disclose medical information about you.
- Explain your rights with respect to medical information about you.
- Describe how and where you may file a privacy-related complaint.

If, at any time, you have questions about information in this Notice or about our privacy policies, procedures or practices, you can contact our Privacy Officer at 800-241-6103, extension 229.

### **WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU IN SEVERAL CIRCUMSTANCES**

As an aviation insurance firm, we do not provide treatment, but we use and disclose protected health information about patients regularly. This section of our Notice explains in some detail how we may use and disclose medical information about you in order to review, process and pay your disability claim or claims and obtain payment for services regarding your medical condition. We may also use and disclose protected health information when we decide to give you insurance or when we renew or replace your insurance. We will also comply with any state or federal law that is more restrictive as to our uses and disclosures of protected health information. For more information about any of these uses or disclosures, or about any of our privacy policies, procedures or practices, contact our Privacy Officer at 800-241-6103, extension 229.



**USES & DISCLOSURES THAT  
DO NOT REQUIRE YOUR WRITTEN AUTHORIZATION**

We may not make all of the uses and disclosures listed here, but federal law permits use or disclosure of your information without your permission.

- When we disclose your information to you
- To third party non-Harvey Watt & Company business associates that perform services for us or on our behalf, such as vendors.
- Where disclosure is required by law.
- To a public health authority authorized by law to collect or receive your information to prevent or control disease, injury or disability or when reviewing reports of child abuse or for the conduct of other authorized public health activities and responsibilities.
- To a health oversight agency for such activities
- For judicial and administrative proceedings.
- To a law enforcement official for a law enforcement purpose.
- To a medical examiner for the purpose of identifying a deceased person, determining the cause of death, or other duties authorized by law.
- To organ donor organizations in order to aid in such donations.
- For certain research purposes authorized by and subject to federal law.
- To avert a serious threat to health or safety.
- To government officials regarding military personnel and certain domestic and foreign government officials for certain functions authorized by federal law.
- To comply with workers' compensation and other similar programs.
- To make certain marketing communications and for certain fundraising purposes.

**NEED FOR AUTHORIZATION**

We will not make any uses or disclosures other than those mentioned above without your permission. You may withdraw such permission in writing. Your withdrawal will not be effective 1) if we took action relying on your permission before it was withdrawn, or 2) if we obtained your permission as a condition of issuing you insurance, for the processing an insurance claim, and the law allows us to contest a claim under the policy or the policy itself. To withdraw your authorization, please write to our Privacy Officer at the address listed at the end of this Notice. If you wish additional information, you should write to our Privacy Officer at the address listed at the end of this Notice.

**YOUR RIGHTS UNDER THIS NOTICE**

You have a right to request your PHI not be used or disclosed for treatment, payment or operations. The request must be in writing to our Privacy Officer at the address listed at the end of this Notice. The request should include 1) The information you want restricted, 2) Whether the restriction is for use, disclosure or both, and 3) To whom you want the restriction to apply. Harvey W. Watt & Co. may deny your request for this restriction. You will be notified, in writing, if this is the case.

You have the right to request that Harvey W. Watt & Co. communicate with you in a certain way or at a certain location. Harvey W. Watt & Co. will grant your request, if reasonably able to do so. Your request should be sent in writing to our Privacy Officer at the address listed at the end of this Notice. The request should include 1) The alternate way or address that you want us to use when contacting you and 2) The



reason for this alternate method of contact. Harvey W. Watt & Co. will contact you, in writing, if we are unable to grant your request.

You have the right to see and obtain a copy of your PHI contained in the designated record set. There may be a fee to copy and mail the requested information. You will be notified of the fee prior to incurring the charge. The designated record set at Harvey W. Watt & Co. contains your application for insurance, copies of information related to the application review, copies of bills if submitted by providers, case management and utilization review information and any medical record information received from providers and used in the underwriting or benefit analysis process.

Under certain circumstances, Harvey W. Watt & Co. may have the right to deny you access to your designated record set. You will be notified in writing if one of those circumstances exists at the time of your request. You may file an appeal with our Privacy Officer at the address listed at the end of this Notice if you are not satisfied with our decision.

You have the right to request an amendment to the PHI contained in the designated record set. You need to submit your request in writing to our Privacy Officer at the address listed at the end of this Notice. Please include the reason for requesting this change. If Harvey W. Watt & Co. received this information from a provider, we may not be able to honor your request for the amendment. You will need to make your request for amendment to the provider who created the information.

You have the right to request an accounting of the people or organizations Harvey W. Watt & Co. has disclosed your PHI to for reasons other than treatment, payment or operations. Your request must indicate the time period being requested. The time period can be no longer than six (6) years and cannot be for disclosures prior to April 14, 2003. You need to send your written request to our Privacy Officer at the address listed at the end of this Notice.

You may have additional right available under your state's laws and regulations.

**HARVEY W. WATT & COMPANY'S DUTIES  
UNDER THIS NOTICE**

Harvey W. Watt & Company reserves the right to change the terms of this Notice. The change will be effective for all protected health information (PHI) maintained by Harvey W. Watt & Company. We will mail a revised notice at least 30 days prior to the effective date of the revised Notice.

You may review and print a copy of our most current Notice of Privacy Practices by visiting our Web site at [www.harveywatt.com](http://www.harveywatt.com) or you may request a hard copy by calling our office at 1-800-241-6103, ext 229.

If you believe your privacy rights have been violated, you may file a complaint with our Privacy Officer or with the Secretary of Health and Human Services.

When you contact us in writing, you should include your name, address and policy or claim number. Send all questions or requests, such as the ones detailed in this Notice to:

Harvey W. Watt & Company  
ATTN: Privacy Officer  
P.O. Box 20787  
Atlanta, GA 30320

Telephone Number: 800-241-6103, extension 229

The effective date of this Notice is February 18, 2010.