

Dear StayWell Member:

*This is your Health Information Privacy Notice from StayWell Insurance. You have received this notice because of your health insurance coverage with us. Please read it carefully. This notice refers to StayWell Insurance by using the terms "us", "we", or "our".*

*This notice describes how we ensure the privacy of your protected health information (PHI) and how we may use and disclose this information. PHI includes individually identifiable information, which relates to your past, present or future health, treatment or payment for health care services. This notice also describes your rights with respect to the PHI and how you can exercise those rights.*

*At StayWell, we are committed to protecting the confidentiality of the sensitive information we collect on our members. Because we respect the individual's right to privacy, we have always placed high priority on the information that is provided.*

*We are required to send this Notice to you by the Health Insurance Portability and Accountability Act (HIPAA) of 1996.*

*You may submit questions by writing to us at:*

StayWell Insurance  
520 Route 8  
Maite, GU 96910

## PRIVACY POLICY STATEMENT

We are required by law to:

- maintain the privacy of your PHI;
- provide you this notice of our legal duties and privacy practices with respect to your PHI; and
- follow the terms of this notice.

We protect your PHI from inappropriate use or disclosure. Our employees, and those of companies that help us service your StayWell insurance, are required to comply with our requirements that protect the confidentiality of PHI. They may view your PHI only when there is an appropriate reason to do so, such as to administer our products or services.

We will not disclose your PHI to any other company for their use in marketing their products to you. However, as described below, we will use and disclose PHI about you for business purposes relating to your health insurance coverage.

The main reasons for which we may use and may disclose your PHI are to evaluate and process any requests for coverage and claims for benefits you may make or in connection with other health-related benefits or services that may be of interest to you.

The following describe these and other uses and disclosures, together with some examples.

- **For Treatment:** We may use and disclose your PHI to coordinate or manage your health care and any related services. In addition, we may share your PHI with referring physicians, clinical and pathology laboratories, pharmacies, or other health care personnel providing you treatment.
- **For Payment:** We may use and disclose PHI to pay for benefits under your health insurance coverage. For example, we may review PHI contained on claims to reimburse providers for services rendered. We may also disclose PHI to other insurance carriers to coordinate benefits with respect to a particular claim. Additionally, we may disclose PHI to a health plan or an administrator of an employee welfare benefit plan for various payment related functions, such as eligibility determination, audit and review or to assist you with your inquiries or disputes.
- **For Health Care Operations:** We may also use and disclose PHI for our insurance operations. These purposes include evaluating a request for health insurance products or services, administering those products or services, and processing transactions requested by you. We may also disclose PHI to affiliates, and to business associates outside StayWell Insurance, if they need to receive PHI to provide a

service to us and will agree to abide by specific HIPAA rules relating to the protection of PHI. Examples of business associates are billing companies, data processing companies, or companies that provide general administrative services. PHI may be disclosed to reinsurers for underwriting, audit or claim review reasons. PHI may also be disclosed as part of a potential merger or acquisition involving our business in order to make an informed business decision regarding any such prospective transaction.

- **Where Required by Law or for Public Health Activities:** We disclose PHI when required by federal, state or local law. Examples of such mandatory disclosures include notifying local health authorities regarding particular communicable diseases or providing PHI to a governmental agency or regulator with health care oversight responsibilities. We may also release PHI to a coroner or medical examiner to assist in identifying a deceased individual or to determine the cause of death.
- **To Avert a Serious Threat to Health or Safety:** We may disclose PHI to avert a serious threat to someone's health or safety. We may also disclose PHI to federal, state or local agencies engaged in disaster relief as well as to private disaster relief or disaster assistance agencies to allow such entities to carry out their responsibilities in specific disaster situations.
- **For Health-Related Benefits or Services:** We may use PHI to provide you with information about benefits available to you under your current coverage or policy and, in limited situations, about health-related products or services that may be of interest to you.
- **For Law Enforcement or Specific Government Functions:** We may disclose PHI in response to a request by a law enforcement official made through a court order, subpoena, warrant, summons or similar process. We may disclose PHI about you to federal officials for intelligence, counterintelligence, and other national security activities authorized by law.
- **When Requested as Part of a Regulatory or Legal Proceeding:** If you or your estates are involved in a lawsuit or a dispute, we may disclose PHI about you in response to a court or administrative order. We may also disclose PHI about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the PHI requested. We may disclose PHI to any governmental agency or regulator with whom you have filed a complaint or as part of a regulatory agency examination.

- **For our marketing purposes:** Your Personal Identification Information (PII) including your name, contact information and home address may be used to offer other StayWell, or Island Home Insurance Company products to you including products and services not directly related to health insurance.
- **Other Uses of PHI:** Other uses and disclosures of PHI not covered by this notice and permitted by the laws that apply to us will be made only with your written authorization or that of your legal representative. If we are authorized to use or disclose PHI about you, you or your legally authorized representative may revoke that authorization, in writing, at any time, except to the extent that we have taken action relying on the authorization or if the authorization was obtained as a condition of obtaining your health insurance coverage. You should understand that we will not be able to take back any disclosures we have already made with authorization.

### Your Rights Regarding Personal Health Information We Maintain About You

The following are your various rights as a consumer under HIPAA concerning your PHI. Should you have questions about a specific right, please write to the administrator of your health insurance coverage.

- **Right to Inspect and Copy Your PHI:** In most cases, you have the right to inspect and obtain a copy of the PHI that we maintain about you. To inspect and obtain a copy of your PHI, you must submit your request in writing. To receive a copy of your PHI, you may be charged a fee for the costs of copying, mailing or other supplies associated with your request. However, certain types of PHI will not be made available for inspection and copying. This includes psychotherapy notes; and also includes PHI collected by us in connection with, or in reasonable anticipation of any claim or legal proceeding. In very limited circumstances we may deny your request to inspect and obtain a copy of your PHI. If we do, you may request that the denial be reviewed. The review will be conducted by an individual chosen by us who was not involved in the original decision to deny your request. We will comply with the outcome of that review.
- **Right to Amend Your PHI:** If you believe that your PHI is incorrect or that an important part of it is missing, you have the right to ask us to amend your PHI while it is kept by or for us. You must provide your request in writing. We may deny your request if it is not in writing or does not include a reason that

supports the request. In addition, we may deny your request if you ask us to amend PHI that:

- o is accurate and complete.
  - o was not created by us, unless the person or entity that created the PHI is no longer available to make the amendment.
  - o is not part of the PHI kept by or for us; or
  - o is not part of the PHI, which you would be permitted to inspect and copy.
- **Right to Request Restrictions:** You have the right to request a restriction or limitation on PHI we use or disclose about you for treatment, payment or health care operations, or that we disclose to someone who may be involved in your care or payment for your care, like a family member or friend. While we will consider your request, we are not required to agree to it. If we do agree to it, we will comply with your request. To request a restriction, you must make your request in writing. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclose or both; (3) to whom you want the limits to apply (for example, disclosures to your spouse or parent). We will not agree to restrictions on PHI uses or disclosures that are legally required, or which are necessary to administer our business.
  - **Right to a List of Disclosures:** You have the right to request a list of disclosures we have made of PHI about you. This list will not include disclosures made for treatment, payment, and health care operations, for purposes of national security, made to law enforcement or to corrections personnel or made pursuant to your authorization or made directly to you. To request this list, you must submit your request in writing. Your request must state the time period from which you want to receive a list of disclosures. The time period may not be longer than six years and may not include dates before February 26, 2003. Your request should indicate in what form you want the list (for example, on paper or electronically). The first list you request within a 12-month period will be free. We may charge you for responding to any additional requests. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.
  - **Right to Request Confidential Communications:** You have the right to request that we communicate with you about PHI in a certain way or at a certain location if you tell us that communication in another manner may endanger you. For example, you can ask that we only contact you at work or by mail. To

request confidential communications, you must make your request in writing and specify how or where you wish to be contacted. We will accommodate all reasonable requests.

- **Right to File a Complaint:** If you believe your privacy rights have been violated, you may file a complaint with us. Please contact StayWell Insurance HIPAA Privacy Officer, 520 Route 8 Maite, GU 96910. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

**ADDITIONAL INFORMATION**

Changes to This Notice: We reserve the right to change the terms of this notice at any time. We reserve the right to make the revised or changed notice effective for PHI or PII we already have about you as well as any PHI or PII we receive in the future. You will receive a copy of any revised notice by mail. Upon receipt of any revised privacy policy notice, you must notify the company in writing of your intention to limit the information we share, especially for the express purpose of marketing our products and services to you. If you previously opted not to receive marketing materials via the opt-out check box within your initial enrollment application, you must inform the company in writing no later than 30 business days upon receipt of this notice or by filling out the form included in this privacy policy statement indicating your choice and mailing or delivering to the following address:

**StayWell Insurance  
520 Route 8  
Maite, GU 96910**

**Effective Date of This Notice:**  
February 1, 2024

**FROM:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Member Name: \_\_\_\_\_  
Member ID: \_\_\_\_\_

By checking this box, I prefer not to receive marketing and or promotional material from StayWell Insurance.

StayWell Guam, Inc  
520 Route 8  
Maite, GU 96910  
Attn: Enrollment Department