

AMEX Assurance Company
American Express® Travel Insurance

NOTICE OF HEALTH INFORMATION PRIVACY PRACTICES

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.

This Notice of Health Information Privacy Practices describes how we may use and disclose your protected health information to administer your American Express Travel Insurance coverage, and for other purposes that are permitted or required by law. It also sets out our legal obligations concerning your protected health information. Additionally, this Notice describes your rights to access and control your protected health information. We are required to provide this Notice to you pursuant to the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and state law.

This Notice applies only to certain health-related products covered by our company and its affiliated entities. “Health-related products” are individual or group products that provide, or pay the cost of, medical care. These include major medical policies, dental and vision products, Medicare supplemental insurance and long-term care policies that have a health care reimbursement component. This Notice does not apply to certain products (such as a life insurance or disability insurance policy) that may involve some use or disclosure of health information, but whose primary function is not the reimbursement of the costs of health care.

Protected health information is individually identifiable health information, including demographic information, created or received by a health care provider, a health plan, your employer, or a health care clearinghouse and that relates to: (i) your past, present, or future physical or mental health or condition; (ii) the provision of health care to you; or (iii) the past, present, or future payment for the provision of health care for you.

If you have any questions or want additional information about the Notice or the policies and procedures described in the Notice, please contact: Attn: Card Products, AMEX Assurance Company HIPAA Compliance, 18850 N 56th St, AZ08-02-02, Phoenix, AZ 85054 or call 1-800-228-6855, to reach a Client Service associate.

Effective Date

This notice became effective on April 14, 2003 and was amended on August 1, 2017.

Our Responsibilities

We are required by law to maintain the privacy of your protected health information. We are obligated to provide you with a copy of this Notice of our legal duties and our privacy practices with respect to protected health information. And we must abide by the terms of this Notice. We reserve the right to change the provisions of our Notice and make the new provisions effective for all protected health information that we maintain. If we make a material change to our Notice, we will mail a revised Notice to the address that we have on record for you.

Primary Uses and Disclosures of Protected Health Information

The following is a description of how we are most likely to use and/or disclose your protected health information. Where state law provides additional restrictions on how we can use and disclose information, we will follow applicable state laws.

Payment and Health Care Operations

We have the right to use and disclose your protected health information for all activities that are included within the definitions of “payment” and “health care operations” as set out in 45 C.F.R. § 164.501 (this provision is a part of what is known as “the HIPAA Privacy Regulations”). We have not listed in this Notice all of the activities included within these definitions, so please refer to 45 C.F.R. §164.501 for a complete list.

Payment

We will use or disclose your protected health information to fulfill our responsibilities for coverage and providing benefits under your policy. For example, we may disclose your protected health information when a provider requests information regarding your eligibility for coverage under our health plan, or we may use your information to determine if a treatment that you received was medically necessary.

Health Care Operations

We will use or disclose your protected health information to support our business functions. These functions include, but are not limited to: quality assessment and improvement, reviewing provider performance, licensing, business planning, and business development. For example, we may use your information (i) to respond to a customer service inquiry from you, (ii) to review the quality of medical services being provided to you, or (iii) to conduct audits or medical review of claims activity.

Business Associates

We contract with individuals and entities (known as “business associates”) to perform various functions on our behalf or to provide certain types of services. The functions they provide include administering claims and policy service support. To perform these functions or to provide the services, business associates may receive, create, maintain, use, or disclose protected health information, but only after we require the business associates to agree in writing to contract terms designed to appropriately safeguard your information.

Other Possible Uses and Disclosures of Protected Health Information

We may disclose your protected health information for other purposes, which are permitted by law. Those purposes may include:

- **As Required by Law.** We may use or disclose protected health information to the extent such use or disclosure is required by law and the use or disclosure complies with and is limited to the relevant requirements of such law.
- **Judicial or Administrative Purposes.** We may disclose protected health information for judicial or administrative purposes, such as a response to a court order, search warrant, or subpoena.
- **Law Enforcement Purposes.** We may disclose your protected health information to a law enforcement official for certain purposes (e.g., providing limited information to locate a missing person or report a crime).
- **Specialized Government Functions.** We may disclose your protected health information to a government benefit program for which health information is relevant to beneficiary eligibility.

Required Disclosures of Your Protected Health Information

The following is a description of disclosures that we are required by law to make.

Government Audits

We are required to disclose your protected health information to the Secretary of the U.S. Department of Health and Human Services (HHS) when the Secretary is investigating or determining our compliance with the HIPAA Privacy Regulations.

Disclosures to You

We are required to disclose to you most of your protected health information in a “designated record set” when you request access to this information. Generally, a “designated record set” contains medical and billing records, as well as other records that are used to make decisions about your health care benefits.

Other Uses and Disclosures of Your Protected Health Information

Personal Representatives

We will disclose your protected health information to individuals authorized by you, or to an individual designated as your personal representative, attorney-in-fact, etc., so long as we receive sufficient documentation for us to determine that such person has the authority to act on your behalf. We are not required to disclose information to a personal representative, however, if we have a reasonable belief that (i) you have been, or may be, subjected to domestic violence, abuse, or neglect by such person, (ii) treating the person as your personal representative could endanger you, or (iii) in the exercise of professional judgment, it is not in your best interest to treat the person as your personal representative.

Authorizations

Other uses and disclosures of your protected health information that are not described above will be made only with your written authorization. If you provide us with such an authorization, you may revoke the authorization in writing, and this revocation will be effective for future uses and disclosures of protected health information. However, the revocation will not be effective for information that we already have used or disclosed in reliance on your authorization.

Your Rights

You have the following rights with respect to your protected health information.

Right to Request a Restriction

You have the right to request a restriction on the protected health information we use or disclose about you for payment or health care operations. You also have the right to request a limit on the protected health information that we disclose to someone who is involved in your care, such as a family member or friend.

We are not required to agree to any restriction that you may request. If we do agree to the restriction, we will comply with the restriction unless the information is needed to provide service to you under the policy in the event of an emergency, or unless you have revoked the restriction.

Any request for a restriction must be in writing. In your request tell us: (1) the information whose disclosure you want to limit and (2) how you want to limit our use and/or disclosure of the information.

Right to Request Confidential Communications

If you believe that a disclosure of all or part of your protected health information may endanger you, you may request in writing that we communicate with you regarding your information in an alternative manner or at an alternative location.

In your request tell us: (1) the parts of your protected health information about which you want us to communicate with you in an alternative manner or at an alternative location and (2) that the disclosure of all or part of the information in a manner inconsistent with your instructions would put you in danger.

Right to Inspect and Copy

You have the right to inspect and copy your protected health information that is contained in a “designated record set”. Generally, a “designated record set” contains medical and billing records, as well as other records that are used to make decisions about your health care benefit. However, you may not inspect or copy psychotherapy notes or certain other information that may be contained in a designated record set.

To inspect and copy your protected health information that is contained in a designated record set, you must submit your request in writing. If you request a copy of the information, we may charge a fee for the costs of copying, mailing, or other supplies associated with your request. Within 30 days of receiving your request, we shall: (1) provide you access to the protected health information; (2) disclose to you the identity of those persons to whom protected health information was disclosed during the 2 years prior to such request or, if unknown, the names of those persons to whom such information is normally disclosed; and (3) provide you with a summary of the procedures by which you may request correction, amendment or deletion of the protected health information. If we do not maintain the protected health information that is the subject of your request, and we know where the requested information is maintained, we will inform you where to direct the request for access.

We may deny your request to inspect and copy your protected health information in certain limited circumstances. If you are denied access to your information and you request that the denial be reviewed, we will review your request.

Right to Amend

If you believe that your protected health information is incorrect or incomplete, you may request in writing that we amend your information. Your request should include the reason the amendment is necessary.

In certain cases, we may deny your request for an amendment. For example, we may deny your request if the information you want to amend is not maintained by us, but by another entity. If we deny your request, you may have the right to file a statement of disagreement with us. Your statement of disagreement will be linked with the disputed information and all future disclosures of the disputed information will include your statement.

Right of an Accounting

You have a right to request in writing an accounting of most disclosures of your protected health information that are for reasons other than payment or servicing your policy. Within no later than 60 days after we receive your accounting request, we will provide you with the accounting requested or extend the time to provide the accounting by no more than 30 days. An accounting will include the date(s) of the disclosure, to whom we made the disclosure, a brief description of the information disclosed, and the purpose for the disclosure.

Your request may be for disclosures made up to 6 years before the date of your request. The first accounting list you request within a 12-month period will be free. For additional accounting lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at the time before any costs are incurred.

Right to a Paper Copy of This Notice

You have the right to a paper copy of this Notice. 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, you are still entitled to a paper copy. You may obtain such a copy by requesting one from our Client Service Department at 1-800-228-6855.

Complaints

If you believe that we have violated your privacy rights, you may file a complaint with us, the applicable state department of insurance or with the Secretary of HHS. You may file a complaint with us by writing to: Attn: Card Products, AMEX Assurance Company HIPAA Compliance, 18850 N 56th St, AZ08-02-02, Phoenix, AZ 85054.

Complaints filed directly with the Secretary of HHS must: (1) be in writing; (2) contain the name of the entity against which the complaint is lodged; (3) describe the relevant problems; and (4) be filed within 180 days of the time you become aware of the problem.

We will not penalize or in any other way retaliate against you for filing a complaint with the Secretary, state department of insurance or with us.