



Sentry Insurance Company Long Term Care Plans

NOTICE OF 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.

You are receiving this Notice of Privacy Practices (“Notice”) because you are insured by a Long Term Care Plan issued by Sentry Insurance Company or Sentry Life Insurance Company (the “Plan”) in which you participate. The Plan is required by law to maintain the privacy of your Protected Health Information. The Plan is also required to give you a notice which describes its privacy practices, its legal duties and your rights concerning such information, and its duty to notify you of a breach of unsecured PHI.

The term “Protected Health Information,” or “PHI,” means individually identifiable data that the Plan has created or received about your past, present, or future health or condition; the provision of healthcare to you; or the payment for this healthcare, regardless of form (oral, written, or electronic). Reference to “us,” “we,” or “our” throughout this Notice means the Plan. Reference to “you” throughout this Notice means yourself or your personal representative.

SECTION 1. PERMISSIBLE USES AND DISCLOSURES OF PHI

The Plan may use and disclose to others your PHI without your written authorization for the following purposes. The amount of PHI used or disclosed will be limited to the minimum necessary amount for these purposes, unless otherwise required or permitted by law:

- **Treatment.** The Plan may disclose your PHI to health care providers who request it for treatment purposes. Treatment includes the provision, coordination, or management of healthcare and related services by one or more healthcare providers.

- **Payment.** The Plan may use or disclose your PHI for payment purposes, which include but are not limited to actions to make coverage determinations and payment, including billing, claims management, subrogation, plan reimbursement, reviews for medical necessity and appropriateness of care, and utilization review and pre-certifications. For example, we may tell a doctor whether you are eligible for coverage or what percentage of the bill the Plan may pay.
- **Healthcare operations.** The Plan may use or disclose your PHI for payment for healthcare operations, which include but are not limited to underwriting, premium rating, and other insurance activities relating to creating or renewing insurance contracts. It also includes conducting or arranging for medical review, legal services and auditing functions including fraud and abuse compliance programs, business planning and development, business management, and general administrative activities. For example, our business associate may use information about your claims to refer you to a disease management program, project future benefit costs, or audit the accuracy of its claims processing functions. However, we will not use any PHI that is genetic information for underwriting purposes.
- **When required by law.** The Plan may use and disclose your PHI to the extent required to comply with applicable law.
- **Legal proceedings.** After certain conditions have been satisfied, we may disclose your PHI when required for judicial or administrative proceedings. Your PHI may be disclosed in response to a court or administrative order, subpoena, discovery request, or other lawful process if certain conditions are met and the required assurances are received.



- **Workers' compensation:** The Plan may disclose your PHI when authorized by and to the extent necessary to comply with workers' compensation or other similar programs established by law.
- **Business associates.** The Plan may disclose your PHI to business associates that assist the Plan in administrative, billing, claims, and other matters. Each business associate must agree in writing to ensure the confidentiality and security of your PHI.
- **Health-related benefits or services.** The Plan may use PHI to provide you with information about Plan benefits, treatment reminders or alternatives, or other healthcare services or benefits.
- **Public health reasons.** The Plan may disclose your PHI for public health reasons, including for the prevention or control of disease, injury, or disability, to report child abuse or neglect; to report reactions to medications or problems with medical products; to the FDA for activities related to the quality, safety, or effectiveness of an FDA-regulated product or activity; to notify individuals of recalls of products they may be using; to notify appropriate authorities of suspected abuse, neglect, or domestic violence; or to alert a person who may have been exposed to a disease.
- **Health oversight activities.** We may disclose PHI to a government agency that is legally responsible for oversight of the healthcare system or for ensuring compliance with the rules of government benefit programs, such as Medicare or Medicaid, or other regulatory programs that need health information to determine compliance.
- **Law enforcement officials.** Plan may disclose your PHI in response to a law enforcement official's request, such as information to identify or locate a suspect, fugitive, material witness, or missing person, or if you are the victim of a crime.
- **Research.** We may disclose PHI for research purposes, subject to strict legal restrictions.
- **Deceased individuals.** The Plan may disclose the PHI of a deceased individual to a coroner, medical examiner, or funeral director to carry out their duties as authorized by law.
- **Organ donations.** We may disclose PHI to facilitate organ donations and transplants.
- **Inmates.** We may disclose an inmate's PHI to provide healthcare, or to protect health and safety.
- **Health or safety.** The Plan may disclose your PHI to prevent or lessen a serious and imminent threat to the health and safety of you, the public, or another person. Any such disclosure would only be to a person reasonably able to prevent or lessen the threat.
- **Military and national security.** The Plan may use and disclose PHI if you are a member of the armed forces as required by military command authorities. The Plan may also disclose PHI to federal authorities if necessary for national security or intelligence activities authorized by law.
- **To you.** Upon your request, the Plan is required to give you access to your PHI in order to inspect and copy it.
- **Government audits.** The Plan may use and disclose your PHI as required by the Secretary of the U.S. Department of Health and Human Services to investigate or determine the Plan's compliance with the privacy regulations.
- **Individuals involved in your care.** The Plan may disclose PHI to a family member or other person we reasonably believe to be involved in your care or payment for your care. If you are present, the Plan will give you the opportunity to object before it makes such disclosures. If you are unavailable, incapacitated, or are in an emergency, the Plan may disclose limited information to these persons if the Plan determines disclosure is in your best interest. The Plan may also disclose PHI to an entity authorized by law or its charter to assist in disaster relief efforts.

SECTION 2. USES AND DISCLOSURES OF PHI REQUIRING YOUR AUTHORIZATION

Uses or disclosures of your PHI not described above will be made only with your written authorization. Additionally, most uses and disclosures of psychotherapy notes (where appropriate), uses and disclosures of PHI for marketing purposes, and disclosures that constitute a sale of PHI require your written authorization. You may revoke your authorization at any time, but only in writing. Once we receive your written revocation, it will only be effective for future uses and disclosures. It will not be effective for any information that may have been used or disclosed in reliance upon a written authorization prior to receiving your written revocation.

SECTION 3. STATEMENT OF INDIVIDUAL RIGHTS

You have the following rights described below with respect to your PHI. You may exercise your rights through a personal representative who will be required by the Plan to produce evidence, such as a valid power of attorney or court order, of his or her authority to access your PHI or act on your behalf. The Plan reserves the right to deny access to your personal representative. To exercise your rights, please submit your request via one of the contact methods listed in Section 5 below.



- **Right to Inspect and Copy PHI:** You have the right to inspect and copy certain PHI about you in a designated record set. If the information is maintained electronically and you request an electronic copy, we will provide a copy in the electronic form and format you request, if the information can be readily produced in that form and format. If it cannot, we will work with you to come to an agreement on form and format. If we cannot agree on an electronic form and format, we will provide you with a paper copy. If you request a copy of your PHI we may charge a reasonable, cost-based fee.
- **Right to Request Confidential Communications:** You have the right to request that we communicate with you about PHI by alternative means or at an alternative location. Reasonable requests informing the Plan that disclosure of your PHI could endanger you will be accommodated.
- **Right to be Notified of a Breach:** You have the right to be notified if we (or a Business Associate) discover a breach of your unsecured PHI. We will provide such notification to you without unreasonable delay but in no event later than 60 days after we discover the breach.

You will be required to complete a written form to request access to your PHI. If access is denied, you will be provided with a written denial setting forth the basis for the denial, a description of how you may exercise those review rights, and a description of how you may complain to the Secretary of the U.S. Department of Health and Human Services.

- **Right to Request Amendment of PHI:** You have the right to request that the Plan amend your PHI or a record about you in a designated record set for as long as the PHI is maintained in the designated record set.

You will be required to complete a written form to request amendment of your PHI and must provide a reason to support the request. If the request is denied in whole or in part, we must provide you with a written explanation of the basis for denial. You may then submit a written statement disagreeing with the denial, which will be included with any future disclosures of your PHI.

- **Right to Receive an Accounting of PHI Disclosures:** At your request, the Plan will also provide you with an accounting of disclosures by the Plan of your PHI during the six years prior to the date of your request. However, such accounting need not include PHI disclosures made (1) to carry out treatment, payment, or healthcare operations; (2) to you about your own PHI; (3) prior to the compliance date; or (4) based on your written authorization.

If you request more than one accounting within a 12-month period, the Plan may charge a reasonable, cost-based fee for each subsequent accounting.

- **Right to Request Restrictions on PHI Uses and Disclosures:** You may request that we restrict uses and disclosures of your PHI to carry out treatment, payment, or healthcare operations, or to restrict uses and disclosures to family members, relatives, friends, or other persons identified by you who are involved in your care or payment for your care. However, we are not required to agree to your request.

SECTION 4. THE PLAN'S DUTIES

The Plan is required by law to maintain the privacy of PHI and to provide individuals (participants and beneficiaries) with notice of legal duties and privacy practices with respect to PHI, and to notify affected individuals following a breach of unsecured PHI.

This revised Notice of Privacy Practices is effective as of May 1, 2024, and we must comply with the terms of this Notice as long as it is in effect. However, we reserve the right to change its privacy practices and to apply the changes to any PHI received or maintained by us prior to that date.

If we make material modifications to this Notice, we will provide you with a copy of our revised Notice of Privacy Practices by posting it to our website, by mailing it to your last-known address on file, or via email with your consent.

SECTION 5. YOUR RIGHT TO OBTAIN INFORMATION OR FILE A COMPLAINT

You have the right to receive a paper copy of this Notice at any time, even if you have agreed to receive this Notice electronically. To obtain a paper copy of this Notice, exercise a right under the Statement of Individual Rights, request information or ask a question regarding this Notice, or complain that your privacy rights have been violated, please contact us using one of the following methods:

- Complete an online request form by [clicking here](#);
- Call us toll-free at 877-788-4012;
- Email us at privacy@sentry.com; or
- Mail us at:
Sentry Insurance Company
Attention: Privacy Office
1800 North Point Drive
Stevens Point, WI 54481.

You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services. Visit www.hhs.gov for more information. The Plan will not retaliate against you for filing a complaint.