



If you or your child is in danger of abuse or violence, UnitedHealthcare wants to help you keep where you live or where you are located private.

To start, send to us in writing:

- A valid Order of Protection issued by a court. (An Order of Protection is the paper you get from a court telling the person that he or she must stay away.); or
- A note that you or your child is in danger and that your location needs to be kept private; and
- Your address where we can send your health insurance information.

When you ask us to keep where you live private:

- We will send your (or your child's) information to you at the address you give us.
- On materials sent to anyone else, we will take out where you live; and
- On materials sent to anyone else, we will take out the name of any place or person you use for health care services.

We will look at the information you send us within 3 business days. **If you cannot wait, please call the number on the back of your ID card.** If where you live no longer needs to be kept private, send us a note.

Please send the information to:

United Healthcare StudentResources
Privacy Office
PO Box 809025
Dallas, TX 75380-9025

For additional resources you can refer to these non-affiliated websites which give a state by state listing of agencies and coalitions that may assist you.

www.justice.gov/ovw/local-resources
<http://nmedv.org/resources/coalitions.html>

NOTICE OF ABUSE OR VIOLENCE INFORMATION CONFIDENTIALITY PRACTICES

This notice describes the confidential abuse information practices of UnitedHealthcare StudentResources ("THE COMPANY"). Please review it carefully.

If you have any questions about this Notice, please contact our Privacy Office using the information provided at the end of this notice.

OUR COMMITMENT TO YOUR PRIVACY REGARDING CONFIDENTIAL ABUSE INFORMATION

We understand that Confidential Abuse or Violence Information (defined below) about you and your health is personal and we are committed to protecting that information. Before we can issue or to process a claim for benefits, we may obtain information about you and any other persons applying for insurance or covered under a claim. Some of that information may be Confidential Abuse or Violence Information that will come from you and/or from other sources. For example, we may receive information from a medical or medically related facility, including hospitals, clinics, or health care facilities; a physician or practitioner in the ordinary course of business.

Any Confidential Abuse Information collected by THE COMPANY **cannot** be used to:

- deny, refuse to issue, renew, reissue, cancel or otherwise terminate a policy;
- restrict or exclude coverage or policy benefits; or
- charge a higher premium for a policy.

Confidential Abuse or Violence Information includes information about the following:

- acts of domestic abuse or abuse status,
- the work or home address or telephone number of a victim of domestic abuse,
- the status of an applicant or insured as a
 - family member, employer, or associate of a victim of domestic abuse, or
 - a person with whom an applicant or insured is known to have a direct, close, personal, family, or abuse-related counseling relationship.

A **Protected Person** is:

- an individual who notifies The Company in writing that he or she is or has been a victim of abuse or violence and they are:
 - a present or proposed principal insured or certificate-holder;
 - a present or proposed policy-owner;
 - a present applicant;
 - a present claimant;
 - a covered person under the policy; or
- an individual or entity that provides shelter, advocacy, counseling or protection to victims of domestic abuse.

HOW WE MAY USE AND DISCLOSE CONFIDENTIAL ABUSE INFORMATION ABOUT YOU

THE COMPANY may disclose Confidential Abuse Information about a Protected Person:

- to a victim of domestic abuse or an individual specifically designated in writing by the victim;
 - to a health care provider for the direct provision of health care services;
 - to a licensed physician identified and designated by the victim of domestic abuse;
 - pursuant to an order of the Superintendent of Insurance or a court of competent jurisdiction, or as otherwise required by law;
 - to transfer information that includes Confidential Abuse Information that cannot reasonably be segregated without undue hardship or that is relevant to processing a claim, provided the recipient has agreed to be bound by the provisions of the applicable state laws in all respects and to be subject to enforcement of such laws, and the information is disclosed or transferred only:
 - 1) to a reinsurer that seeks to indemnify or indemnifies all or part of a policy covering a victim of domestic abuse and that cannot underwrite or satisfy its obligations under the reinsurance agreement without the information;
 - 2) to a party to a proposed or consummated sale, transfer, merger or consolidation of all or part of the business of THE COMPANY;
 - 3) to medical or claims personnel contracting with THE COMPANY, its parent or affiliated companies that have service agreements with THE COMPANY, but only when necessary to process an application or claim, perform THE COMPANY's duties under the policy or protect the safety or privacy of a victim of abuse or violence; or
 - 4) with respect to address and telephone number, to entities with which THE COMPANY transacts business when the business cannot be transacted without the address or telephone number.
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- to an attorney who needs the information to effectively represent THE COMPANY, who is notified of its obligations under the Act, and who will exercise due diligence to protect the information;
 - to any other entities deemed appropriate and authorized by law.

THE COMPANY, any person employed by or contracting with THE COMPANY, or any insurance support organization of THE COMPANY may disclose Confidential Abuse Information about a Protected Person:

- for the limited purpose of complying with legal obligations;
- when verifying a person's claim to be a victim of abuse or violence or to be suffering from an abuse-related medical condition; or
- when cooperating with a victim of abuse or violence in seeking protection from abuse or facilitating the treatment of an abuse-related medical condition.

Confidential Abuse or Violence Information used by an insurance support organization to prepare its report to THE COMPANY may be retained by the insurance support organization but may not be disclosed to other persons, without the written consent of the Protected Person, except as permitted above.

ACCESS TO CONFIDENTIAL ABUSE INFORMATION

If, after proper identification, a Protected Person submits a written request to THE COMPANY for access to Confidential Abuse Information about the Protected Person which is reasonably described by the Protected Person and reasonably locatable and retrievable, THE COMPANY will, within thirty (30) business days from the date such request is received:

- inform the Protected Person of the nature and substance of such Confidential Abuse Information by written or oral communication, as determined by THE COMPANY;
- permit the Protected Person to see and copy, in person, such Confidential Abuse Information pertaining to him or her or to obtain a copy of such Confidential Abuse Information by mail, whichever the Protected Person

- prefers, unless such Confidential Abuse Information is in coded form, in which case an accurate translation in plain language shall be provided in writing;
- disclose to the Protected Person the identity, if recorded, of those persons to whom THE COMPANY has disclosed such Confidential Abuse Information within two (2) years prior to such request and, if the identity is not recorded, the names of those insurers and insurance support organizations or other persons to whom such information is normally disclosed;
 - identify the person or governmental entity that provided the Confidential Abuse Information unless the person who provided it is an agent, the Protected Person, or an individual acting in a personal capacity rather than in a business or professional capacity; and
 - inform the Protected Person that he or she must submit all requests for correction, amendment or deletion of Confidential Abuse Information in writing.

The disclosure requirements described above may be satisfied by THE COMPANY, another insurer authorized to act on behalf of THE COMPANY, or an insurance support organization of THE COMPANY. These disclosure rights extend to all persons to the extent Confidential Abuse Information about them is received and maintained by THE COMPANY in connection with an insurance action. These disclosure rights do not extend to information about any person that relates to and is received in connection with or in reasonable anticipation of a claim or civil or criminal proceeding involving them.

CORRECTIONS, AMENDMENTS OR DELETIONS

Within thirty (30) business days from the date of receipt of a written request from a Protected Person to correct, amend or delete any Confidential Abuse Information about the Protected Person within its possession, THE COMPANY will either:

- correct, amend or delete the portion of the Confidential Abuse Information in dispute; or
- notify the Protected Person of:
 - its refusal to make such correction, amendment or deletion;
 - the reasons for the refusal; and
 - the Protected Person's right to file a Statement of Disagreement in writing.

The Statement of Disagreement may include:

- a concise statement setting forth what the Protected Person thinks is the correct, relevant or fair Confidential Abuse Information; and
- a concise statement of the reasons why the Protected Person disagrees with THE COMPANY's refusal to correct, amend or delete Confidential Abuse Information.

Upon receipt of the written Statement of Disagreement, THE COMPANY will file the statement with the disputed Confidential Abuse Information and provide a means by which anyone reviewing the disputed Confidential Abuse Information (including all subsequent disclosures of the Confidential Abuse Information) will be made aware of the Protected Person's statement and have access to it.

THE COMPANY will notify the Protected Person in writing and furnish the correction, amendment, fact of deletion, or a copy of the Statement of Disagreement to:

- any person specifically designated by the Protected Person who may have, within the preceding two (2) years, received such Confidential Abuse Information;
- any insurance support organization whose primary source of Confidential Abuse Information is insurers if the insurance support organization has systematically received such Confidential Abuse Information from THE COMPANY within the preceding three (3) years; provided, however, that the correction, amendment or fact of deletion need not be furnished if the insurance support organization no longer maintains Confidential Abuse Information about the Protected Person; and
- any insurance support organization that furnished the Confidential Abuse Information that has been corrected, amended or deleted.

These rights regarding Statements of Disagreement extend to all persons to the extent Confidential Abuse Information

about them is received and maintained by THE COMPANY in connection with an insurance action. These rights do not extend to information about any person that relates to and is received in connection with or in reasonable anticipation of a claim or civil or criminal proceeding involving them.

THE COMPANY may charge a reasonable fee to cover the costs incurred in providing a copy of Confidential Abuse Information to any person.

LOCATION INFORMATION CONFIDENTIALITY PROGRAM

THE COMPANY has a location information confidentiality program which is followed by all persons who have access to the location information of Protected Persons. This program includes:

- A system of internal control procedures for maintaining the confidentiality of the location information of Protected Persons, including provisions for regular internal review; and
- Procedures to be followed when any action is taken with respect to an application, policy, claim or other material involving a Protected Person, including procedures for the designation of a mailing address to be used by the insurer.

If THE COMPANY is required, pursuant to an order of the Superintendent or a court of competent jurisdiction or as otherwise required by law, to disclose the location information of a Protected Person, THE COMPANY will:

- Give the Protected Person notice of receipt of the order within ten (10) days of receipt of the order;
- Advise the person issuing the order that the Protected Person's location information is confidential and protected by the Act, and by the Confidential Abuse Information Rule (the "Rule"); and
- Continue to otherwise maintain the confidentiality of the location information.

If THE COMPANY elects to file suit against the person who committed domestic abuse against a Protected Person, THE COMPANY will:

- Give the Protected Person notice of intent to file suit at least thirty (30) days prior to the date suit is filed;
- Advise the court in which suit is filed that the Protected Person's location information is confidential and protected by the Act and the Rule; and
- Continue to otherwise maintain the confidentiality of the location information.

THE COMPANY may use your location information as necessary to provide you with information about other health-related products or services that are included in your insurance benefits, including communications about replacement of, or enhancements to, an insurance contract. For example, your name and address may be used to send you a newsletter about our organization and your insurance benefits. You may contact our Privacy Office to opt-out of receiving such materials.

THE COMPANY will not disclose your location information to third parties for marketing purposes without your written authorization.

These location information disclosure prohibitions shall not apply to location information disclosed to or utilized by insurance support organizations, including, but not limited to, index, fraud and medical information bureaus, which assist THE COMPANY with underwriting, claims settlement, detection or prevention of fraud, or detection or prevention of material misrepresentation or material nondisclosure.

You may contact THE COMPANY regarding your status as a Protected Person at:

Privacy Office

Student Insurance

2301 W. Plano Pkwy., 3rd Floor

Plano, Texas 75075

or

Privacy Office

Student Insurance

PO Box 809025

Dallas, Texas 75380-9025

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