

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 is a HIPAA Privacy Notice from KMG America Corporation and pertains to its affiliates: Kanawha Insurance Company and Kanawha HealthCare Solutions, Inc.

Protecting your medical history is an important part of how we do business. This notice explains our privacy practices and procedures. The Health Insurance Portability and Accountability Act of 1996 (HIPAA) contains patient privacy regulations and rights that apply to health care providers and health plans.

Uses and Disclosures

We receive information about you from (but not limited to) the following:

- Information you provided on your enrollment forms/applications;
- Medical records submitted during the underwriting process;
- Claims submitted for benefits; and
- Medical records requested to review medical necessity and possible pre-existing conditions.

We use information about you for (but not limited to) the following reasons:

- To determine eligibility;
- To process a claim request;
- To review medical necessity for pre-authorizations;
- To make determinations for pre-existing conditions; and
- To make underwriting, pre-enrollment determinations.

We disclose information about you without an authorization for the following reasons:

- To business associates for the purpose of meeting contractual requirements such as: Stop-loss or Reinsurance carrier, provider network, pharmacy network, data aggregation;
- To you, as the person about whom the information applies (this does not include your spouse or dependents age 18 and older);
- To the health care provider who supplied the information;
- To your Health Plan Sponsor, agent or broker, if permitted or authorized;
- To the parent or legal guardian of a minor child;
- To regulatory agencies as required by law;
- To Public Health or Law Enforcement agencies, Coroners or Medical Examiners, and Worker's Compensation purposes (as permitted under the regulation); and
- To an Insurance Support agency such as the Medical Information Bureau.

Individual Rights

Individuals have the following rights under the HIPAA regulation:

- The right to inspect and obtain copies of your protected health information (subject to the cost of copying and mailing charges);
- The right to request an amendment to your protected health information (Kanawha has the right not to agree to the request);
- The right to receive a list of any disclosures of your protected health information (Limited to six (6) years of information, not to including information disclosed prior to the April 14, 2003 HIPAA compliance date or information disclosed by us based on a valid authorization);
- The right to request a restriction on certain uses and disclosures of your protected health information (Kanawha has the right not to agree to a requested restriction);
- The right to receive confidential communications regarding your protected health information;
- The right to revoke an authorization except those given on an enrollment application; and
- The right to a duplicate copy of this Privacy Notice upon request.

Covered Entity's Duties

Health plans are considered covered entities under the HIPAA Privacy regulation. Therefore, Kanawha is required by law to perform certain duties. The following is a list of some, but not all of these responsibilities.

- Provide and maintain a Privacy Notice;
- Designate a Privacy Official;
- Abide by the Federal and State privacy regulations for protecting and securing protected health information;
- Not use or disclose protected health information other than as permitted under the law without your authorization; and
- Require our business associates and employees to comply with the privacy regulations.

Complaints or Inquiries

Individuals may send any complaint or inquiry about our privacy policy to us. A written inquiry or complaint may be sent to the contact address below. Please include your name and account information. There will be no retaliation for any complaint received by our company. If you feel your privacy rights have been violated, you may send a complaint to us as well as to the Secretary of the United States Department of Health and Human Services.

Also, if you would like a written listing of any disclosures of your protected health information, or you would like to request an amendment of the protected health information created by Kanawha, you may send a written request to the contact address below with your name and account information.

Contact Information

Complaints and inquiries should be addressed to:

Kanawha Insurance Company
Attention: Corporate Privacy Official
Post Office Box 610
Lancaster, SC 29721

To request a copy of this HIPAA Privacy Notice, please contact our Customer Service Department at the phone number listed on your identification card, or send a written request to the address above.

Commitment

We at Kanawha are committed to providing excellent service while protecting your health information from unauthorized uses or disclosures.

Mission

Our mission is to develop a foundation of trust with our clients as a provider of quality insurance related products and services.

Amend

This Privacy Notice will be amended as required to remain compliant with any changes in State and/or Federal law. You will receive a new Privacy