



We are providing this Notice to you on behalf the following entities: Unum Life Insurance Company of America, Unum Insurance Company, First Unum Life Insurance Company, Provident Life and Accident Insurance Company, Provident Life and Casualty Insurance Company, Colonial Life & Accident Insurance Company, The Paul Revere Life Insurance Company, Starmount Managed Dental of California, and Starmount Life Insurance Company. These companies offer one or multiple of the following plans: *long term care, expense-based cancer, hospital confinement, dental, vision, or intensive care policies, certain medical coverages, and other health plans\* that are subject to HIPAA.*

## Our Responsibilities

We are required by law to protect the privacy and security of your health information. We must follow the duties and privacy practices described in this Notice and give you a copy of it. We are also required by law to notify you of any breach of unsecured PHI, and to abide by the terms of this Notice currently in effect. This Notice describes our uses and disclosures of protected health information (“PHI”) about you, and your rights and our legal obligations concerning your PHI. PHI is information that may identify you and that relates to (a) your past, present, or future physical or mental health or condition or (b) the past, present or future payment for your health care.

It may be necessary to change the terms of this Notice in the future. We reserve the right to make changes and to make the new notice effective for all PHI that we maintain about you, including PHI we created or maintained in the past. If we maintain a website for your particular health plan, we will post the revised notice on your health plan website. If we make a change to this Notice, a revised notice or information about the material change will be provided to each policyholder then covered by a health plan subject to this Notice in our next annual distribution.

If the Notice is not posted to your particular plan’s website, the revised notice, or information about the material change and how to obtain the revised notice, will be provided to each policy holder then covered by the plan within 60 days of the material revision to the notice.

## Uses and disclosures of PHI for which written authorization is not required:

### Uses and disclosures for treatment, payment or operations

- *For treatment* — We may use and disclose PHI about you for treatment purposes. While we are not a health care provider (a doctor, for example) and do not engage in “treatment” of individuals, we may nonetheless use or disclose health information to aid in your treatment or the coordination of your care. For example, we may disclose information to your physicians or hospitals to help them provide medical care to you.
- *For payment* — We may use and disclose PHI about you to obtain premiums or to determine or fulfill our responsibility to provide you with insurance coverage or benefits under your policy. For example, we may use or disclose PHI about you in order to determine whether you are eligible for coverage or to decide your claim for benefits under your policy.
- *For health care operations* — We may use and disclose PHI about you in order to operate our business. For example, we may use PHI about you in order to underwrite your insurance policy.

## Uses and disclosures in special circumstances

### *Public health activities*

We may disclose PHI about you for public health purposes, including to notify public health authorities of public health risks, such as potential exposure to a communicable disease, or to report child abuse or neglect.

### *Health oversight activities*

We may disclose PHI about you to a health oversight agency for oversight activities, including for investigations relating to possible insurance fraud.

### *Judicial and administrative proceedings*

We may disclose PHI in the course of a judicial or administrative proceeding, such as in response to a subpoena, discovery request or other lawful process if certain requirements are met.

### *Law enforcement*

We may disclose PHI to law enforcement, for purposes such as reporting a crime on our premises or in an emergency. We may also disclose to law enforcement or a correctional facility PHI relating to inmates as necessary for health, safety and security.

### *Victims of harm*

We may use or disclose PHI about you in certain circumstances, including when required by law or if we believe it is necessary to prevent or lessen serious harm (abuse, neglect, or domestic violence) to you or to other potential victims.

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\*Subject to some exceptions, a “health plan” under HIPAA is an individual or group plan that provides or pays the cost of medical care.

## Uses and disclosures in special circumstances (cont.)

### *Serious threat to health/safety*

We may use or disclose PHI when it is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public, or in the event of an emergency or natural disaster.

### *Specialized government functions*

We may use or disclose PHI about you for certain government functions, including but not limited to military and veterans' activities and national security and intelligence activities.

### *Workers' compensation*

We may disclose PHI about you in order to comply with workers' compensation laws.

### *Research*

We may use or disclose PHI for research purposes, such as for research concerning the efficacy of certain treatments, if certain requirements are met.

### *Plan sponsors/group health plan*

We may disclose PHI to the plan sponsor of a group health plan for plan administrative functions if the plan documents contain certain provisions concerning restrictions on how the plan sponsor may use or further disclose PHI.

### *Related benefits and services*

We may contact you to inform you of benefits or services related to your policy that may be of interest to you.

### *Decedents*

We may disclose PHI in certain circumstances, including to law enforcement officials, a coroner, medical examiner, or funeral director to permit them to carry out their legal duties.

### *Donation/transplantation*

We may use or disclose PHI for the purpose of facilitating organ, eye or tissue donation and transplantation.

### *Business associates*

We may disclose PHI to our business associates, such as our third-party administrators, accountants, or attorneys. Our business associates sign a written agreement concerning appropriate uses and disclosures of PHI.

### *Involvement in individual's care*

We may in certain circumstances disclose PHI about you to a family member, close personal friend or other person identified by you if directly relevant to that person's involvement with your care or payment related to your health care.

### *Genetic information*

We will not use or disclose PHI that is genetic information for underwriting purposes for all health plans excluding long term care.

### *Disclosures required by law*

We will use and disclose PHI about you when we are required to do so by federal, state, or local law.

## Uses and disclosures of PHI made only with your written authorization

We will not sell your PHI without your express written authorization to do so. With certain limited exceptions, we will not use or disclose psychotherapy notes nor use or disclose PHI for marketing purposes without your authorization.

Other uses and disclosures of PHI about you not described in this Notice will be made only with your written authorization, unless otherwise permitted or required by law as described in this Notice. You may revoke your written authorization, at any time, in writing, except to the extent we have taken action in reliance on that written authorization before you revoked it. You may not revoke your authorization to the extent that other law provides us with the right to contest a claim under the policy or the policy itself, if the authorization was obtained as a condition of obtaining insurance coverage.

## Restrictions on Uses and Disclosures

Federal and state laws provide special protections for, and may restrict the use or disclosure of, certain kinds of PHI. For example, additional protections may apply in some states to genetic, mental health, biometric, minors, prescriptions, reproductive health, drug and alcohol abuse, rape and sexual assault, sexually transmitted disease and/or HIV/AIDS-related information. In these situations, we will comply with the more stringent applicable laws pertaining to such use or disclosure.

## Your rights

### *Right to a paper copy of this notice*

An electronic copy of this Notice is available at [unum.com/privacy](http://unum.com/privacy), [starmountlife.com](http://starmountlife.com) or [coloniallife.com](http://coloniallife.com). If you would like to have a paper copy of this Notice, send a written request to the Unum Privacy Officer.

### *Inspection and copying*

You have the right to access and copy certain of your information, such as claims and case management records. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other permitted supplies associated with your request. Requests for access to or copies of your PHI must be made in writing and submitted to the Privacy Officer. If we maintain your health information electronically, you will have the right to request that we send a copy of your health information in an electronic format to you and may have the right to request that we send a copy to a third party that you identify. In some cases, you may receive a summary of this health information. This may include a reasonable fee for creating and sending the summary. We may deny your request to inspect and/or copy PHI in certain limited circumstances; however, you may request a review of our denial in certain cases.

## **Your rights (cont.)**

### ***Amendment***

You may ask us to amend certain PHI about you if you believe it is incorrect or incomplete. Such requests must be made in writing to the Privacy Officer and must state the specific PHI to be amended and include a reason for the request. We may deny your request if your request and a reason supporting the request are not submitted in writing, or for limited other reasons.

### ***Alternative contact information***

You have the right to request to receive communications of PHI about you from us in a certain manner or at a certain location, so long as the request is reasonable under the circumstances and you clearly state that the disclosure of all or part of the requested information could endanger you.

For example, you may prefer to have mail from us sent to your work address rather than to your home. Submit requests for an alternative method of contact in writing to the Privacy Officer.

### ***Requesting restrictions***

You have the right to request restrictions on certain of our uses or disclosures of PHI about you. We are not required to agree to your request.

If we do agree, however, we are bound by our agreement except in emergencies or other limited circumstances. Your

request must be made in writing to the Privacy Officer and clearly describe (a) the information you wish restricted; (b) whether you are requesting to limit our use, disclosure or both; (c) for what purposes you are requesting restrictions on use/disclosure; and (d) to whom you want the limits to apply.

### ***Accounting***

You have the right to request an accounting of certain disclosures of PHI. An accounting is a list of certain disclosures we have made of PHI about you other than disclosures you authorized, disclosures made for treatment, payment or operations, and other disclosures for which federal law does not require us to provide an accounting. The request must be made in writing and submitted to the Privacy Officer. The first request for an accounting that you make within a

12-month period is free; however, we may charge you for additional requests within the same 12-month period. We will notify you of the costs of the additional requests, and you may withdraw your request before incurring any costs.

### ***Complaints***

If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of Health and Human Services. All complaints to us must be submitted in writing to the Privacy Officer. We will not retaliate against you for filing such a complaint.

In order to exercise any of your rights or make a complaint to us as described in this Notice, please write to:

Privacy Officer  
Unum Group  
2211 Congress Street, B267  
Portland, ME 04122

For further information or questions about matters covered by this Notice, please contact the Privacy Office at the above address. Unum customers may also call 1-800-227-4165. Colonial Life & Accident customers please call 1-800-325-4368.