

Manning & Napier Benefits, LLC

Notice of Privacy Practices

Effective September 23, 2013

The privacy of your medical information is important to us. The Health Insurance Portability and Accountability Act, more commonly known as HIPAA, has certain privacy rules governing protected health information (“PHI”). This notice tells you about how we may use your PHI and about certain rights that you have.

Use and Disclosure of PHI

Federal law provides that we may use your PHI to obtain payment for services that have been provided to you. We do not need to give you any specific notice or obtain written authorization from you. For example, in assisting your health plan with a claim adjudication for medical benefits, we may assist with providing the health plan with a diagnosis code and a description of the services undergone during your visit to a medical provider.

Federal law provides that your PHI may be used for health care operations without further notice to you or written authorization by you. For example, our insurance brokers may use your name, address, and date of birth during attempts to assist you in procuring insurance benefits coverage.

We may use or disclose your PHI without further notice to you or specific written notice authorization by you, where:

1. Required by law;
2. Required for public health purposes;
3. Required by law to report child abuse;
4. Where required by a health oversight agency for oversight activities authorized by law;
5. Required by law in judicial or administrative proceedings;
6. Required by law enforcement purposes by a law enforcement official;
7. Required by a coroner or medical examiner;
8. Permitted by law to a funeral director;
9. Permitted by law for organ donation purposes;
10. Permitted by law to avert a serious threat to health or safety;
11. Permitted by law and required by military authorities if you are a member of the U.S. armed forces.

New York State law provides additional protection for information regarding HIV/AIDS. We follow New York State law with respect to such information.

We may contact you by mail or phone, at your residence or place of work, to provide information about benefits coverage. Unless you instruct us otherwise, we may leave a message for you on an answering device or with any person who answers the phone at your residence or place of work.

We may release PHI to a third party who is involved in your benefits coverage. For example, we may discuss your benefits coverage and claims with your health plan sponsor, health plan administrator, or employer.

You may make reasonable requests, in writing, for us to use alternative methods for communicating with you in a confidential manner.

Other uses or disclosures of your PHI will be made only with your written authorization. You have the right to revoke any written authorization that you give.

Right That You Have

You have the right to request restrictions on certain of the uses or disclosures described above. Except as stated below, we are not required to agree to such instructions.

You have the right to inspect and obtain copies of your PHI (a reasonable fee will be charged).

You have the right to request amendments to your PHI. Such requests must be in writing and must state the reason for the requested amendment. We will notify you as to whether we agree or disagree with the requested amendment. If we disagree with any requested amendment, we will further notify you of your rights.

You have the right to request an accounting of any disclosures we make of your PHI, except for: disclosures we make to you, or to carry out treatment, payment or health care operations, or as requested by your written authorization, or as permitted or required under 45 CFR 164.502, or for emergency or notification purposes, or for national security or intelligence purposes as permitted by law, or to correctional facilities or law enforcement officials as permitted by law (or for public health purposes after being de-identified or limited to remove personally identifiable information), or disclosures made after April 14, 2003.

You have the right to obtain a paper copy of this notice from us.

Obligations That We Have

We are required by law to maintain the privacy of protected health information and to provide individuals with notice of our legal duties and privacy practices.

We are required to abide by the terms of this notice as long as it is in effect.

We reserve the right to revise this notice and to make a new notice effective for all protected health information we maintain. Any revised notice will be posted on this website and copies will be available in our offices.

If you feel your privacy rights may have been violated, you have the right to file a complaint with the Secretary of the Department of Health and Human Services of the United States. You may also file a complaint with us.

If you would like further information about our privacy policies or have any questions or concerns, please contact our privacy office at:

Privacy Office
Manning & Napier Benefits, LLC
295 Woodcliff Drive
Fairport, NY 14450
(585) 598-7171

No retaliatory action will be taken against you for any complaint you may make.