As required by law: We must disclose your PHI when required to do so by applicable federal or state law.

Judicial and administrative proceedings: If you are involved in a lawsuit or a legal dispute, we may disclose your PHI in response to, a court or administrative order, subpoena, discovery request, or other lawful process.

Public health: We may disclose your PHI to federal, state, or local authorities, or other entities charged with preventing or controlling disease, injury, or disability for public health activities. These activities may include the following: disclosures to report reactions to medications or other products to the U.S. Food and Drug Administration or other authorized entity; disclosures to notify individuals of recalls, exposure to a disease, or risk for contracting or spreading a disease or condition.

Health oversight activities: We may disclose your PHI to an oversight agency for activities authorized by law. These oversight activities include audits, investigations, and inspections, as necessary for our licensure and for government monitoring of the health care system, disease prevention and health promotion programs, and compliance with federal and applicable state law.

United States Department of Health and Human Services: Under federal law, we are required to disclose your PHI to the U.S. Department of Health and Human Services to determine if we are in compliance with federal laws and regulations regarding the privacy of health information.

Although we may not engage in the following activities, under federal or state law or regulations:

We are likely to use or disclose your PHI for the following purposes:

1. Treatment: We do not ourselves engage in treatment, although we may be included in the coordination of treatment activities for individuals by health care providers. Patient Contacts. We may contact you to provide treatment-related services, such as coordination of doctor’s visit, coordination of transport, and other health related benefits and services that may be of interest to you.

2. Payment: We may contact your insurer, payer, or other agent and share your PHI with that entity to determine whether it will pay for your treatment and the amount payment. We may also contact you about your payment or balance due for treatment-related or other services rendered to you by Generali Global Assistance Inc.

3. Health care operations: Your PHI may be used to monitor the effectiveness of our services.

OTHER SPECIAL CIRCUMSTANCES:

We are permitted under federal and applicable state law to use or disclose your PHI without your permission only when certain circumstances may arise, as described below.

We are likely to use or disclose your PHI for the following purposes:

Business associates: We provide some services through other companies termed “business associates.” Federal law requires us to enter into business associate contracts to safeguard your PHI as required by Generali Global Assistance Inc. and by law.

Individuals involved in your care or payment for care: We may disclose your PHI to a friend, personal representative, or family member involved in your medical care. For example, if we can reasonably infer that you are, we may provide your PHI and related information to your caregiver on your behalf.

Disclosures to parents or legal guardians: If you are a minor or under a legal guardianship, we may release your PHI to your parents or legal guardians when we are permitted or required under federal and applicable state law.

Worker’s compensation: We may disclose your PHI to the extent authorized and necessary to comply with laws relating to worker’s compensation or similar programs established by law.

Law enforcement: We may disclose your PHI for law enforcement purposes as required by law or in response to a court order, subpoena, or similar process; to identify or locate a suspect, fugitive, material witness, or missing person; about a death resulting from criminal conduct; about crimes on the premises or against a person on our property, for your health and safety, or to report a crime, the location, victims, or the identity, description, or location of the perpetrator of a crime.

You have the following rights with respect to your PHI:

• Obtain a paper copy of the Notice upon request. To obtain a copy of this Notice at any time, please find it in the footer of this website or contact the Generali Global Assistance Inc. Compliance Office.
• Inspect and obtain a copy of your PHI. You have the right to access and copy your PHI contained in the designated record set, which includes billing records. To inspect or copy your PHI, submit a written request to Generali Global Assistance Inc. Compliance Office.
• Amend your PHI. If you are or become an inmate of a correctional institution, you may request an amendment to correct or remove information about you that you believe is incorrect or irrelevant, except when the correction would negatively affect other individuals.
• Request communications of PHI by alternative means or at alternative locations. You have the right to request that we communicate with you in a certain way or at a certain location. For example, you may request that we contact you only by writing at a specific address. To make such a request, contact the Compliance Office.
• Request restrictions on certain uses and disclosures of PHI. You have the right to request a restriction or limitation on our use or disclosure of your PHI by submitting a written request to the Generali Global Assistance Inc. Compliance Office. Requests must identify: (i) what information you want to restrict, (ii) what restrictions you would like to make, and (iii) why the information needs to be restricted. We will respond to your request in writing within 60 days (with a possible 30 extension). In our response, we will either: (i) agree to the requested restriction, or (ii) inform you of our denial, explain our reason, and outline appeal procedures. If denied, you have the right to file a statement of disagreement with the decision. We will provide a rebuttal to your statement and maintain the record with the restriction for as long as we maintain the PHI.
• Request communications of PHI by alternative means or at alternative locations. You have the right to request that we communicate with you in a certain way or at a certain location. For example, you may request that we contact you only by writing at a specific address. To make such a request, contact the Compliance Office.

Contact Generali Global Assistance Inc. Compliance Office at 4330 East-West Highway, Suite 1000, Bethesda MD 20814. Call us at (240) 330-1000. Our email address is compliance.office@generalliglobal.com. All requests for PHI must include patient’s full name, date of birth, and address.

Complaints: If you believe your privacy rights have been violated, you can file a complaint with the Generali Global Assistance Inc. Compliance Office at the address above or the Secretary of the United States Department of Health and Human Services. All complaints must be submitted in writing. You will not be penalized in any way for filing a complaint.

Changes to this Notice: We reserve the right to change our privacy practices. If we do, we will issue a revised Notice. We reserve the right to make the revised Notice effective no sooner than 30 days after we file the revised Notice with the Department of Health and Human Services. You will be notified of any changes to this Notice. You also have the right to file a complaint with the Secretary of the United States Department of Health and Human Services. All complaints must be submitted in writing. You will not be penalized in any way for filing a complaint.

Effective Date: This Notice is effective as of April 14, 2003.