

NOTICE OF PRIVACY PRACTICES

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.
PLEASE REVIEW CAREFULLY.**

Our Legal Duty

This notice is required by law to tell you how AmFirst Insurance Company (“AmFirst”) protects the confidentiality of your health care information in our possession. Protected Health Information (PHI) is defined as any individually identifiable information regarding a patient's medical/dental history; mental or physical condition; or treatment. Some examples of PHI include your name, address, telephone and/or fax number, electronic mail address, social security number or other identification number, date of birth, date of treatment, treatment records, x-rays, enrollment and claims records. AmFirst may receive, use and disclose your PHI to administer your benefit plan or as permitted or required by law. Any other disclosure of your PHI is prohibited.

We must follow the privacy practices described in this notice. However, we may change this notice and make the new notice effective for all of your PHI we maintain. If we make any substantive changes to our privacy practices, we will promptly change this notice and redistribute to you within 60 days of the change to our practices. You may also request a copy of this notice from the privacy official at the plan headquarters which provides your benefits (refer to the Contact section at the end of this notice). You should receive a copy of this notice at the time of enrollment in an AmFirst program, and we will notify you of how you can receive a copy of this notice every three years.

Permitted Uses and Disclosures of Your PHI

We are permitted to use or disclose your PHI without prior authorization for the following purposes. These permitted uses and/or disclosures include disclosures to you, uses and/or disclosures for purposes of health care treatment, payment of claims, billing of premiums, and other health care operations. If your benefit program is sponsored by your employer, we may provide PHI to your employer for purposes of administering your benefits. We may disclose PHI to third parties which perform services for AmFirst in the administration of your benefits. These parties are required by law to sign a contract agreeing to protect the confidentiality of your PHI. Your PHI may be disclosed to an affiliate performing services for AmFirst in the administration of your benefits. These affiliates have implemented privacy policies and procedures and comply with applicable federal and state law.

We are also permitted to use and/or disclose your PHI to comply with a valid authorization, to notify or assist in notifying a family member, another person, or a personal representative of your condition, to assist in disaster relief efforts, and to report victims of abuse, neglect, or domestic violence. Other permitted uses and/or disclosures are for purposes of health oversight by government agencies, judicial, administrative, or other law enforcement purposes, information

about decedents to coroners, medical examiners and funeral directors, for research purposes, for organ donation purposes, to avert a serious threat to health or safety, for specialized government functions such as military and veterans' activities, for workers compensation purposes, and for use in creating summary information that can no longer be traced to you.

Additionally, we may use and disclose your medical information without your permission, for health care operations which include:

- Health care quality assessment and improvement activities
- Reviewing and evaluating health care provider and health plan performance, qualifications and competence, health care training programs, health care provider and health plan accreditation, certification, licensing and credentialing activities
- Conducting or arranging for medical reviews, audits, and legal services, including fraud and abuse detection and prevention
- Underwriting and premium rating our risk for health coverage, and obtaining stop-loss and similar reinsurance for our health coverage obligations (although we are prohibited from using or disclosing any genetic information for these underwriting purposes)
- Business planning, development, management, and general administration, including customer service, grievance resolution, claims payment and health coverage improvement activities, de-identifying medical information, and creating limited data sets for health care operations, public health activities, and research

Examples of Uses and Disclosures of Your PHI for Treatment, Payment or Healthcare Operations

Such activities may include but are not limited to: processing your claims, collecting enrollment information and premiums, reviewing the quality of health care you receive, providing customer service, resolving your grievances, and sharing payment information with other insurers. Additional examples include the following.

- Uses and/or disclosures of PHI in facilitating treatment.
For example, we may use or disclose your PHI to determine eligibility for services requested by your provider.
- Uses and/or disclosures of PHI for payment.
For example, we may use and disclose your PHI to bill you or your plan sponsor.
- Uses and/or disclosures of PHI for health care operations.
For example, we may use and disclose your PHI to review the quality of care provided by our network of providers.

Disclosures AmFirst Must Make Without an Authorization

We are required to disclose your PHI to you or your authorized personal representative (with certain exceptions), when required by the U. S. Secretary of Health and Human Services to investigate or determine our compliance with law, and when otherwise required by law.

We must disclose your PHI without your prior authorization in response to the following:

- Court order
- Order of a board, commission, or administrative agency for purposes of adjudication pursuant to its lawful authority
- Subpoena in a civil action
- Investigative subpoena of a government board, commission, or agency
- Subpoena in an arbitration
- Law enforcement search warrant
- Coroner's request during investigations

Disclosures AmFirst Makes with Your Authorization

AmFirst will not use or disclose your PHI without prior authorization if the law requires your authorization. You can later revoke the authorization in writing to stop any future use and disclosure. The authorization will be obtained from you by AmFirst or by a person requesting your PHI from AmFirst.

Individual Rights

You have the right to request an inspection of and obtain a copy of your PHI. You may access your PHI by contacting AmFirst at the address listed below. You must include your name, address, telephone number and identification number and the PHI you are requesting. AmFirst may charge a reasonable fee for providing you copies of your PHI. AmFirst will only maintain the PHI we obtain or utilize in providing your health care benefits. Most PHI, such as treatment records or X-rays, is returned by AmFirst to the provider after we have completed our review of the information. You may need to contact your health care provider to obtain the PHI AmFirst does not possess.

You may not inspect or copy PHI compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, or PHI otherwise not subject to disclosure under federal or state law. In some circumstances, you may have a right to have this decision reviewed. Please contact AmFirst at the address listed below if you have questions about access to your PHI.

You have the right to request a restriction of your PHI. You have the right to ask AmFirst to limit how we use and disclose your PHI. We will consider your request but are not legally required to accept it. If we accept your request, we will put any limits in writing and abide by them except in emergency situations. You may not limit the uses and disclosures we are legally required or allowed to make.

You have the right to correct or update your PHI. You may request an amendment of PHI about you for as long as we maintain this information. In certain cases, we may deny your request for an amendment. If we deny your request for amendment, you have the right to file a statement of disagreement. We may prepare a rebuttal to your statement and provide you with a copy of any such rebuttal. If your PHI was sent to us by another entity, we may refer you to that entity to amend your PHI. For example, we may refer you to your provider to amend your treatment chart or to your employer, if applicable, to amend your enrollment information. Please contact AmFirst at the address listed below if you have questions about amending your PHI.

You have the right to request or receive confidential communication from us by alternative means or at a different address. We will agree to a reasonable request if you tell us that disclosure of your PHI could endanger you. You may be required to provide a statement of possible danger, a different address, another method of contact, or information as to how payment will be handled. Please make this request in writing to AmFirst at the address listed below.

You have the right to receive an accounting of certain disclosures we have made, if any, of your PHI. This right does not apply to disclosures for purposes of treatment, payment, or health care operations or for information disclosed after a valid authorization was received from you. Additionally, we do not need to account for disclosures made to you, to family members or friends involved in your care, or for notification purposes. We do not need to account for disclosures made for national security reasons or certain law enforcement purposes, disclosures made as part of a limited data set, incidental disclosures, or disclosures made prior to April 14, 2003. Please contact AmFirst at the address listed below if you would like to receive an accounting of disclosures or if you have questions about this right.

You have the right to receive this notice by E-Mail. You have the right to receive a copy of this notice by e-mail. Even if you have agreed to receive notice via e-mail, you also have the right to request a paper copy of this notice.

Nonpublic Personal Financial Information

Except as explained below, AmFirst restricts access to nonpublic personal information about an individual to our employees, who need to know what information or products and services to provide. We maintain physical, electronic, and procedural safeguards which comply with federal and state regulations to guard nonpublic personal information.

We collect nonpublic personal information about you, submitted by you, on applications or other forms and information about your transactions with us, our affiliates or others.

We may disclose all the information we collect as described above.

We may share this information with affiliated companies and nonaffiliated third parties to perform services or functions on our behalf. Otherwise, we do not disclose any nonpublic personal information about our customers or former customers to anyone, except as permitted

by law. When we make disclosures of nonpublic personal information, except for those disclosures permitted by law, we require non-affiliated third parties to protect the confidentiality of such information and to use it solely for the purpose for which we disclosed the information.

Questions & Complaints

For more information about our privacy practices or if you have questions or concerns, please contact us using the information at the end of this notice.

You may submit a complaint to us or to the U. S. Secretary of Health and Human Services if you believe AmFirst has violated your privacy rights. You may file a complaint by notifying AmFirst at the address listed below. We support your right to the privacy of your medical information. We will not retaliate in any way if you chose to file a complaint with us or U.S. Secretary of Health and Human Services.

You may contact AmFirst at the address and telephone number listed below for further information about the complaint process or any information contained within this notice.

AmFirst Insurance Company
Attn: Privacy Officer
Post Office Box 14067
Jackson, MS 39236-4067
800-800-1397

This notice is effective on and after January 1, 2024.