

IOWA BANKERS BENEFIT PLAN & IOWA BANKERS INSURANCE AND SERVICES, INC.

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 IT CAREFULLY.

This notice is provided to participants of Iowa Bankers' Benefit Plan ("Plan") and describes how the Plan and Iowa Bankers Insurance and Services ("IBIS"), as the administrator of the Plan, may use and disclose your protected health information. This notice also explains your rights and our obligations with respect to your protected health information. Throughout this notice references to "us", "we" or "our" shall refer to the Plan and/or IBIS.

Protected Information. In the course of paying for health care services provided to you, information regarding your health care may be originated and/or received by us. Information which can be used to identify you and which relates to your past, present or future medical condition, receipt of health care or payment for health care ("Protected Information") is protected by federal and state law.

Our Responsibilities. Federal law imposes certain obligations and duties upon us as a health plan with respect to your Protected Information. Specifically, we are required to:

- Provide you with notice of our legal duties and the health plan's policies regarding the use and disclosure of your Protected Information;
- Maintain the confidentiality of your Protected Information in accordance with state and federal law;
- Honor your requested restrictions regarding the use and disclosure of your Protected Information, if required by law to do so;
- Allow you to inspect and copy your Protected Information during our regular business hours;
- Act on your request to amend Protected Information within sixty (60) days and notify you of any delay which would require us to extend the deadline by the permitted thirty (30) day extension;
- Accommodate reasonable requests to communicate Protected Information by alternative means or methods; and
- Abide by the terms of this notice.

How Your Protected Information May be Used and Disclosed. Generally, your Protected Information may be used and disclosed by us only with your express written authorization. However, there are some exceptions to this general rule. The following are ways in which we may use or disclose your Protected Information without your written authorization.

Treatment, Payment, or Health Care Operations.

Treatment Purposes. We may use or disclose your Protected Information for treatment purposes. It may be necessary for us to communicate with health care providers providing treatment to you to facilitate that treatment. For example, your health care provider may request information regarding whether a particular treatment will be covered. Such information may be necessary for your provider to determine which course of treatment to prescribe.

Payment Purposes. Your Protected Information may also be used or disclosed for payment purposes. It is necessary for us to use or disclose Protected Information so that we may properly pay for treatment and services provided by your health care providers. For example, we may disclose information regarding co-payments over the phone to your spouse if necessary to facilitate payment of health care services provided to you. In addition, we may disclose information to other group health plans of which you are a participant of if such information is necessary for their payment purposes. For example, we may disclose information to another group health plan of which you are a participant for their coordination of benefits or determination of whether they are liable for payment of a particular service.

Health Care Operations. Your Protected Information may also be used for health care operations, which are necessary for the management of the health plan and for proper payment of claims. For example, we may disclose information to our accountant if necessary for auditing purposes. We may at times remove information, which could identify you from your record so as to prevent others from learning who the specific patients are. In addition, we may release your Protected Information to another individual or entity covered by the federal privacy regulations that has a relationship with you for their fraud and abuse detection or compliance purposes, quality assessment and improvement activities, or review, evaluation or training of health care professionals or students.

Plan Administration Functions. Information may also be disclosed to your employer as a Plan sponsor but only as necessary for plan administration functions. For example, information regarding the processing of your claim may be disclosed to your employer. If information is shared with your employer as a Plan sponsor, your employer will also be required to abide by the federal laws and regulations with respect to your Protected Information and may not use your Protected Information for employment purposes.

Authorized by Law. We may also use or disclosure your protected health information without your authorization as permitted or required by law. Examples include: public health activities, health oversight activities, judicial and administrative proceedings, abuse reporting, law enforcement, organ donation, medical examiners and coroners, and research purposes. Information will only be used/disclosed without your authorization as permitted by the applicable state or federal law.

More Stringent Laws. Some of your Protected Information may be subject to other laws and regulations and afforded greater protection than what is outlined in this Notice. For instance, HIV/AIDS, substance abuse, and mental health information are often given more protection. In the event your Protected Information is afforded greater protection under federal or State law, we will comply with the applicable law.

Your Rights. Federal law grants you certain rights with respect to your Protected Information. Specifically, you have the right to:

- Receive notice of our policies and procedures used to protect your Protected Information;
- Request that certain uses and disclosures of your Protected Information be restricted; *provided, however*, if we may release the information without your consent or authorization, we have the right to refuse your request;
- Access to your Protected Information; *provided, however*, the request must be in writing and may be denied in certain limited situations;
- Request that your Protected Information be amended;
- Obtain an accounting of certain disclosures by us of your Protected Information for the past six years;
- Revoke any prior authorizations or consents for use or disclosure of Protected Information, except to the extent that action has already been taken; and
- Request communications of your Protected Information are done by alternative means or at alternative locations.

Important Contact Information. This notice has been provided to you as a summary of how we will use your Protected Information and your rights with respect to your Protected Information. If you have any questions or for more information regarding your Protected Information, please contact our Privacy Officer at 1-800-258-1415.

If you believe your privacy rights have been violated, you may file a complaint with our office by contacting our Privacy Officer at 1-800-258-1415. You may also file a complaint with the Secretary of Health and Human Services. There will be no retaliation for the filing of a complaint.

Effective Date. This notice becomes effective on April 14, 2003. Please note, we reserve the right to revise this notice at any time. A current notice of our privacy practices may be obtained by contacting our office at 1-800-258-1415. If any revision to this notice is material, we will provide you a copy within 60 days of the revision.