

New England Life Insurance Company
Metropolitan Life Insurance Company

**HIPAA Notice of Privacy Practices for
Protected Health Information**

**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 refers to New England Life Insurance Company and Metropolitan Life Insurance, jointly and severally, by using the terms, “us,” “we,” or “our.”

This is your Health Information Privacy Notice. You have received this notice because you have health insurance coverage with us. (This includes health insurance originally issued by New England Mutual Life Insurance Company, which became the liability of Metropolitan Life Insurance Company upon their merger in 1996.) We strongly believe in protecting the confidentiality and security of information we collect about you.

This notice describes how we protect the Personal Health Information we have about you and that relates to the medical expense insurance coverage, and how we may use and disclose your Personal Health Information. For purposes of this notice, Personal Health Information (which we will refer to as “**PHI**”) includes individually identifiable information, which relates to your past, present or future health, treatment or payment for health care services. This notice also describes your rights with respect to your PHI and how you can exercise those rights.

We are required to provide this Notice to you by the Health Insurance Portability and Accountability Act (“HIPAA”). For additional information regarding our HIPAA Medical Information Privacy Policy, you may write to us directly at: New England Life Insurance Company/MetLife, P.O. Box 9172, Boston, MA 02116.

We are required by law to:

- maintain the privacy of your PHI;
- provide you this notice of our legal duties and privacy practices with respect to your PHI; and follow the terms of this notice.

We **protect** your PHI from inappropriate use or disclosure. Our employees, and those of companies that help us service your medical expense insurance, are required to comply with our

requirements that protect the confidentiality of PHI. They may look at your PHI only when there is an appropriate reason to do so, such as to administer our products or services.

We will **not disclose** your PHI to any other company for their use in marketing their products to you. However, as discussed below, we will use and disclose PHI about you for business purposes relating to your medical expense coverage.

The main reasons for which we may **use** and may **disclose** your PHI are to evaluate and process any claims for benefits you may make or in connection with other health-related benefits or services that may be of interest to you. The following describe these and other uses and disclosures, together with some examples.

- **For Payment:** We may use and disclose PHI to pay for the cost of health care services relating to your medical expense insurance coverage. For example, we may review PHI contained on claims to reimburse providers for services rendered. We may also disclose PHI to other insurance carriers to coordinate benefits with respect to a particular claim
- **For Health Care Operations:** We may also use and disclose PHI for insurance operations and business purposes. These purposes include administering those products or services, and processing claims transactions requested by you. We may also disclose PHI to Affiliates, and to non-affiliated business associates, if they need to receive PHI to provide a service to us and will agree to abide by specific HIPAA rules relating to the protection of PHI. Examples of business associates are: billing companies, data processing companies, or companies that provide general administrative services. PHI may be disclosed to a plan sponsor or plan administrator for audit or review purposes. PHI may be disclosed to reinsurers for underwriting, audit or claim review reasons. PHI may also be disclosed to a potential purchaser of a portion of our business in order to make an informed business decision regarding such prospective purchase.
- **Where Required by Law or for Public Health Activities:** We disclose PHI when required by federal, state or local law. Examples of such mandatory disclosures include notifying state or local health authorities regarding particular communicable diseases, or providing PHI to a governmental agency or regulator with health care oversight responsibilities. We may also release PHI to a coroner or medical examiner to assist in identifying a deceased individual or to determine the cause of death.
- **To Avert a Serious Threat to Health or Safety:** We may disclose PHI to avert a serious threat to someone's health or safety. We may also disclose PHI to federal, state or local agencies engaged in disaster relief as well as to private disaster relief or disaster assistance agencies to allow such entities to carry out their responsibilities in specific disaster situations.
- **For Health-Related Benefits or Services:** We may use PHI to provide you with information about benefits available to you under your current coverage or policy and, in limited situations, about health-related products or services that may be of interest to you.
- **For Law Enforcement or Specific Government Functions:** We may disclose PHI in response to a request by a law enforcement official made through a court order, subpoena, warrant, summons or similar process. We may disclose PHI about you to authorized federal

officials for intelligence, counterintelligence, and other national security activities authorized by law.

- **When Requested as Part of a Regulatory or Legal Proceeding:** If you are involved in a lawsuit or a dispute, we may disclose PHI about you in response to a court or administrative order. We may also disclose PHI about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the PHI requested. We may disclose PHI to any governmental agency or regulator with whom you have filed a complaint or as part of a regulatory agency examination.
- **Other Uses of PHI.** Other uses and disclosures of PHI not covered by this notice or permitted by the laws that apply to us will be made only with your written authorization or that of your legally authorized representative. If you authorize us to use or disclose PHI about you, you or your legally authorized representative may revoke that authorization, in writing, at any time, except to the extent that we have taken action relying on the authorization or if the authorization was obtained as a condition of obtaining your medical expense insurance coverage. You should understand that we will not be able to take back any disclosures we have already made with your authorization.

Your Rights Regarding PHI We Maintain About You

The following are your various rights as a consumer under HIPAA concerning your PHI. Should you have questions about a specific right, please write to us at the location listed in our discussion of that right.

Right to Inspect and Copy your PHI: In most cases, you have the right to inspect and obtain a copy of the PHI that we maintain about you. To inspect and copy PHI, you must submit your request in writing to Privacy Officer, New England Life Insurance Company/MetLife, P.O. Box 9172, Boston, MA 02116.

- To receive a copy of your PHI, you may be charged a fee for the costs of copying, mailing or other supplies associated with your request. However, certain types of PHI will not be made available for inspection and copying. This includes psychotherapy notes; and also includes PHI collected by us in connection with, or in reasonable anticipation of any claim or legal proceeding. In very limited circumstances we may deny your request to inspect and obtain a copy of your PHI. If we do, you may request that the denial be reviewed. The review will be conducted by an individual chosen by us who was not involved in the original decision to deny your request. We will comply with the outcome of that review.
- **Right to Amend Your PHI:** If you believe that your PHI is incorrect or that an important part of it is missing, you have the right to ask us to amend your PHI for as long as the information is kept by or for us. You must provide your request and your reason for the request in writing, and submit it to Privacy Officer, New England Life Insurance Company/MetLife, P.O. Box 9172, Boston, MA 02116. We may deny your request if it is not in writing or does not include a reason that supports the request. In addition, we may deny your request if you ask us to amend PHI that:

- is accurate and complete;
 - was not created by us, unless the person or entity that created the PHI is no longer available to make the amendment;
 - is not part of the PHI kept by or for us; or
 - is not part of the PHI which you would be permitted to inspect and copy.
- **Right to a List of Disclosures.** You have the right to request a list of the disclosures we have made of PHI about you. This list will not include PHI disclosures made for treatment, payment, health care operations, for purposes of national security, made to law enforcement or corrections personnel or made pursuant to your authorization or made directly to you. To request this list, you must submit your request in writing to Privacy Officer, New England Life Insurance Company/MetLife, P.O. Box 9172, Boston, MA 02116. Your request must state the time period from which you want to receive a list of disclosure. The time period may not be longer than six years and may not include dates before February 26, 2003. Your request should indicate in what form you want the list (for example, on paper or electronically). The first list you request within a 12 month period will be free. We may charge you for responding to any additional requests. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.
 - **Right to Request Restrictions.** You have the right to request a restriction or limitation on PHI we use or disclose about you for treatment, payment or health care operations, or that we disclose to someone who may be involved in your care or payment for your care, such as a family member or friend. While we will consider your request, **we are not required to agree to it.** If we do agree to it, we will comply with your request. To request a restriction, you must make your request in writing to Privacy Officer, New England Life Insurance Company/MetLife, P.O. Box 9172, Boston, MA 02116. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply (for example, disclosures to your spouse or parent). We will not agree to restrictions on PHI uses or disclosures that are legally required, or which are necessary to administer our business.
 - **Right to Request Confidential Communications.** You have the right to request that we communicate with you about PHI in a certain way or at a certain location if you tell us that communication in another manner may endanger you. For example, you can ask that we only contact you at work or by mail. To request confidential communications, you must make your request in writing to Privacy Officer, New England Life Insurance Company/MetLife, P.O. Box 9172, Boston, MA 02116, and specify how or where you wish to be contacted. We will accommodate all reasonable requests.
 - **Right to file a Complaint.** If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of the Department of Health and Human Services. To file a complaint with us, please contact Privacy Officer, New England Life Insurance Company/MetLife, P.O. Box 9172, Boston, MA 02116. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

ADDITIONAL INFORMATION

Changes to This Notice. We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for PHI we already have about you as well as any PHI we receive in the future. The effective date of this notice and any revised or changed notice may be found on the last page, on the bottom right hand corner of the notice. You will receive a copy of any revised notice from us by mail or by e-mail, but only if e-mail delivery is offered by us and you agree to such delivery.

Further Information: You may have additional rights under other applicable laws. For additional information regarding our HIPAA Medical Information Privacy Policy or our general privacy policies, please contact us at (617) 578-1030 or write to us at Privacy Officer, New England Life Insurance Company/MetLife, P.O. Box 9172, Boston, MA 02116.