



**HIPAA Notice of Privacy Practices for Protected Health Information for the Following Products:**

- Long-Term Care Insurance
- Nursing Home Care Insurance
- Accelerated Benefit Rider for Chronic Care Illness
- Long-Term Care Rider for Chronic Care Illness
- Qualified Long Term Care Insurance Rider (collectively referred to as “LTC” herein)

**This Notice applies to Protected Health Information associated with the above-named products issued by the following companies:**

- RiverSource Life Insurance Company
- RiverSource Life Insurance Co. of New York (collectively referred to as “the Company” herein)

**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.**

The Company is required by the Health Insurance Portability and Accountability Act (“HIPAA”) to maintain the privacy of Personal Health Information (“PHI” herein) and to provide you with notice of our legal duties and privacy practices with regard to PHI. You have received this notice because you are the owner and/or insured for one or more of the products listed above. Protecting your privacy is a top priority and we value the confidence you have placed in us and we are committed to ensuring that the client information we maintain about you is safeguarded. We reserve the right to change our privacy practices, procedures, and terms of this notice as necessary. Any revisions made by the Company to this notice shall be effective immediately. If the Company makes a material change to the terms of this notice, an updated copy of the notice will be provided to all applicable insureds. You may also obtain a copy of the notice by mailing a request to the Company at the address listed below.

**Uses and Disclosures of Your PHI**

This notice describes how we protect the PHI we have about you that relates to your LTC coverage, and how we may use and disclose this information. We will only use or disclose your PHI for business purposes related to your LTC coverage. The following describes these and other uses and disclosures.

**For Payment**

We may use or disclose PHI for payment purposes. For example, we may use or disclose PHI to collect premiums, pay claims directly to you or other people or entities on your behalf.

**For Health Care and General Insurance Operations**

We may use and disclose PHI as necessary, and as permitted by law, for our insurance operations. These purposes include evaluating a request for LTC insurance products or services, administering those products and services, and processing transactions requested by you.

**To Your Personal Representative**

With your prior approval, we may disclose PHI to designated family, friends, and others, to assist the Company in underwriting your insurance application, processing claims or generally administering your insurance coverage.

**To Business Associates**

We may provide PHI to one or more outside persons or organizations to assist us with our business activities including, but not limited to, the underwriting of your insurance application and evaluation of claims. We require all such business associates to appropriately safeguard and protect the privacy of your PHI.

**Your Authorization**

Other uses and disclosures of PHI not covered by this notice and permitted by laws that apply to us will be made only with your written authorization or that of your legal representative. You have the right to revoke that authorization in writing. We will honor your revocation request beginning with the day we receive the revocation request. The request will not apply to use or disclosure of PHI prior to receipt of the revocation.

**Additional Uses and Disclosures Without Your Authorization**

We are permitted and sometimes required by law to use and disclose PHI without your authorization, including but not limited to, the following circumstances:

**Do not submit to corporate office**  
**Copy - Insured      Copy - Owner**

- For any purpose as required by law;
- For public health activities, such as required reporting of certain diseases;
- For matters regarding possible child abuse or neglect as required by law;
- For government oversight or regulatory agency conducting audits, investigations and civil and/or criminal proceedings;
- For court or administrative ordered subpoenas, discovery requests, or qualified protective orders;
- For law enforcement officials as required by law;
- For funeral home directors, coroners or other government medical officials consistent with law;
- For members of the military or military veterans as required by armed forces services;
- For national security or intelligence activities as required by law;
- For the purposes of averting a serious threat to your health or safety or to the health or safety of another individual or the public; or,
- For workers compensation agencies and similar programs if necessary for your workers' compensation benefit determination.

## **Your HIPAA Privacy Rights**

### **Right to Inspect and Copy Your PHI**

You have the right to obtain a copy and inspect specific items of your PHI for as long as we maintain it. We may deny your request to access certain PHI, as permitted or required by law. This includes psychotherapy and/or mental health notes and information collected by the Company in connection with, or in anticipation of litigation or use in an active civil, criminal or administrative action or proceeding. The Company requires requests for access to your PHI to be submitted in writing. Your request for access to your PHI should contain sufficient detail allowing us to properly identify the PHI that you wish to access. We may charge a reasonable fee for access to your PHI.

### **Amendments to Your PHI**

You have the right to request an amendment of the PHI that we maintain about you if you believe that the information is incorrect. The Company is not legally obligated to make all requested amendments. However, we will give each request appropriate consideration. All requests for amendments must be made in writing and must specifically state the reasons for the request.

### **Accounting for Disclosures of Your PHI**

You have the right to request a list or accounting of certain disclosures of your PHI. The Company is not legally obligated to provide an accounting of every disclosure. However, we will give each request appropriate consideration. All such requests must be made in writing. The accounting will not include disclosures made prior to the enactment of the applicable portion of HIPAA.

### **Restrictions on Uses and Disclosures of Your PHI**

You have the right to request restrictions on certain uses and disclosures of your PHI for treatment, payment, or health care and general insurance operations. All such requests must be made in writing and the Company is not legally required to agree to your restriction request.

### **Confidential Communication of PHI**

You have the right to request that communications regarding your PHI be provided to you at an alternative location or by alternative means. We will accommodate any reasonable request if the normal method of disclosure would endanger you and that danger is adequately stated in your request. Any such request must be made in writing and sent to our Privacy Office at the address shown below.

### **State Specific Privacy Rights**

Your state may have additional laws relating to privacy rights.

### **Complaints**

If you believe your privacy rights have been violated, you may file a complaint with the Company or with the Secretary of the U.S. Department of Health and Human Services ("HHS" herein). The mailing address for HHS is:  
200 Independence Ave. S.W.

Washington, DC 20201

All complaints must be submitted in writing. There will be no retaliation for the filing of a complaint.

### **How to Contact the Company**

If you have questions or need further assistance regarding this Notice, or wish to exercise any of the above-mentioned rights, you may contact the Company's Privacy Office at the address below:

RiverSource Life Insurance Company

Attn: Privacy Office

70100 Ameriprise Financial Center - H15/1613

Minneapolis, MN 55474

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**Copy - Insured      Copy - Owner**