

Privacy Notice

This notice is being sent to you in order to ensure our compliance with the Health Insurance Portability and Accountability Act of 1996. ING Employee Benefits supports the effort to protect patient confidentiality and the security of individual 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 this information carefully.

This notice is effective April 14, 2003 and applies to the following coverages*: Cancer Insurance and Dental Insurance.

1. Statement of Our Duties

We are committed to maintaining the privacy of your personal health information and complying with all state and federal privacy laws. The purpose of this Privacy Notice is to inform you of our privacy practices and legal duties. We are required to:

- maintain the privacy of protected health information;
- provide you with this notice of our legal duties and privacy practices with respect to your health information;
- abide by the terms of this notice;
- notify you if we are unable to agree to a requested restriction on how your information is used or disclosed;
- accommodate reasonable requests that you may make to communicate health information by alternative means or at alternative locations; and
- obtain your written authorization to use or disclose your health information for reasons other than those identified in this notice and permitted under law.

We reserve the right to change our information practices and to make the new provisions effective for all protected health information we maintain. In the event of changes, a revised notice will be provided to you by mail.

2. Statement of Your Rights

You have a right to know how we may use or disclose your personal health information. This notice informs you of those uses and disclosures. There are certain uses and disclosures of your personal health information that we are permitted or required to make by law without your permission. For all other uses and disclosures, we first must obtain your permission. In addition, you have the following rights:

- The right to request that we place additional restrictions on our uses and disclosures of your personal health information. However, we are not obligated to agree to impose any such additional restrictions.
- The right to access, inspect and copy the protected information pertaining to you that we maintain in our files about you, and the right to have us correct or amend any information that we create in error. Requests to access or amend your health information should be sent to the contact person and address provided in Section Eight of this Privacy Notice.
- The right to receive an accounting of the disclosures of your personal health information that we make for purposes other than activities related to your treatment, or our payment functions or other health care operations.
- The right to request that you receive communications of personal health information in a confidential manner.

3. Information We Collect About You

We collect the following categories of information about you from the following sources:

- Information that we obtain directly from you, in conversations or on applications or other forms that you complete.
- Information that we obtain as a result of our transactions with you.
- Information that we obtain from your medical records or from medical professionals.
- Information that we obtain from other entities, such as health care providers or other insurance companies, in order to service your policy or carry out other insurance-related needs.

4. Permissible Uses and Disclosures of Protected Information

- **To Carry Out Treatment Functions.** We may use or disclose your health information without your permission in order for health care providers to provide you with treatment.
- **To Carry Out Payment Functions.** We may use or disclose your health information without your permission to carry out activities relating to reimbursing you for the provision of health care, obtaining premiums, determining coverage, and providing benefits under the policy of insurance that you are purchasing. Such functions may include reviewing health care services with respect to medical necessity, coverage under the policy, appropriateness of care, or justification of charges.

• **To Carry Out Certain Operations Relating To Your Benefit Plan.**

We also may use or disclose your protected health information without your permission to carry out certain limited activities relating to your health insurance benefits, including reviewing the competence or qualifications of health care professionals, conducting quality assessment activities, amending, replacing or adding benefits, and placing contracts for stop loss or reinsurance coverage.

• **In Situations Permitted Or Required By Law.**

We also may use or disclose your protected health information without your written permission for other purposes permitted or required by law, including the following:

- As authorized by and to the extent necessary to comply with workers compensation or other no-fault laws.
- To a health oversight agency for activities including audits or civil, criminal or administrative proceedings.
- To a public health authority for purposes of public health activities (such as to the Food and Drug Administration to report consumer product defects).
- To a law enforcement official for law enforcement purposes or in response to a court order or in the course of any judicial or administrative proceeding.
- To organ procurement organizations, or to other entities for approved research purposes.

- To a government authority, including a social service or protective services agency, authorized to receive reports of abuse, neglect or domestic violence.

• **For Purposes For Which We Have Obtained Your Written Permission.**

All other uses or disclosures of your protected health information will be made only with your written permission, and any permission that you give us may be revoked by you at any time.

5. Complaints About Misuse of Health Information

You may complain either directly to us or to the Secretary of Health and Human Services if you believe that your rights with respect to our protection of your health information have been violated.

You may file a complaint with us by submitting a complaint in writing to the address shown in Section Eight of this Privacy Notice. Please include as many details (such as names and dates) as possible. You will not be retaliated against in any way for filing a complaint.

6. Our Practices Regarding Confidentiality and Security

We restrict access to nonpublic personal information about you to those employees who need to know that information in order to provide products or services to you. We maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard your nonpublic personal information.

7. Our Policy Regarding Dispute Resolution

Any controversy or claim arising out of or relating to our privacy policy, or the breach thereof, shall be settled by arbitration in accordance with the rules of the American Arbitration Association, and judgment upon the award rendered by the arbitrator(s) may be entered in any court having jurisdiction thereof.

8. Contact Person For Filing a Complaint or Obtaining Further Information

If you have any questions or complaints, please contact:

Phil Ricker
HIPAA Privacy Officer
ING Employee Benefits
Mail Station 6693
20 Washington Avenue South
Minneapolis, MN 55401

This privacy notice applies to the following ING Companies:
ING Employee Benefits*

* Products and services provided by ReliaStar Life Insurance Company and ReliaStar Life Insurance Company of New York.