## **Notice of Insurance Information Practices**

# **What Information We Collect**

We may collect personal information about you in connection with your insurance application or policy, including:

- From you, through your insurance application, your interaction with our website and other electronic communications, and personal or phone interviews
- From persons or institutions other than yourself, including consumer-reporting agencies, insurance support organizations, and insurance companies
- From public records
- Through investigative means such as interviews or inspections

This may include, but is not limited to, information regarding your:

- Name, address, telephone number, driver's license number, social security number, date of birth, and other identifying information
- Character, habits, finances, occupation, and general reputation
- Medical history or treatment (as applicable to your coverage)
- Mode of living or other personal characteristics

# **How We May Disclose Your Information**

We may disclose personal or privileged information about you without your prior authorization under the following circumstances:

#### To Business or Professional Partners

- We may share your information with non-affiliated persons when necessary to carry out a business, professional, or insurance function on our behalf. This includes non-affiliated persons we may retain to store your information on our behalf.
- These recipients are required to maintain the confidentiality of the information and are limited in how they may use it.

#### **To Other Insurance Entities**

- We may disclose information to other insurance institutions, agents, or insurance support organizations if:
  - Necessary to detect or prevent fraud, material misrepresentation, or material nondisclosure; or
  - o Required to perform functions in connection with your insurance transaction.

## **To Medical Professionals or Institutions**

- Information may be disclosed for purposes such as:
  - Verifying your insurance coverage or benefits
  - o Informing you of medical conditions you may not be aware of
  - o Conducting audits of medical care services
- Only information reasonably necessary for these purposes will be disclosed.

## **To Insurance Regulatory Authorities**

• We may disclose information as required or permitted by insurance regulatory bodies for compliance and oversight purposes.

## To Law Enforcement or Governmental Authorities

We may disclose information:

- o To protect our interests in preventing or prosecuting fraud
- o If we reasonably believe illegal activities have been conducted by you

#### For Actuarial or Research Studies

- Your information may be used for actuarial analysis or research, provided:
  - You are not personally identified in reports
  - o Identifiable materials are destroyed or returned when no longer needed
  - o The recipients agree to the same confidentiality standards

# For Marketing of a Product or Service

- Your information may be disclosed for marketing purposes only if:
  - o It does not include medical record information, privileged information, or data about your character, habits, or reputation
  - You have not opted out
  - The recipient agrees to use it solely for marketing and not to disclose it further

#### **To Our Affiliates**

- We may share your information with affiliated entities solely for auditing or marketing of insurance products/services.
- Affiliates are bound by confidentiality agreements.

# **To Group Policyholders**

• We may provide group policyholders with information as necessary to report claims experience or conduct audits of our operations or services.

# **Your Rights**

You have the following rights provided by applicable law:

- Access You may request access to the personal information we have about you.
- **Correction** You may request correction, amendment, or deletion of inaccurate or incomplete information.

In order to exercise your privacy rights, please contact us at customerservice@citycomhealth.com.

# **Insurance Support Organizations**

Information obtained from a report prepared by an insurance support organization may be retained by that organization and disclosed to other persons.

#### **Contact Us**

Please contact us using the information below with any questions or concerns surrounding this policy:

### CityCom Insure, LLC.

315 North Main Street Jamestown, NY 14702

Attention: Compliance Department

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