

## **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.**

You have received this Notice because you have applied for, or currently have, insurance coverage or an annuity ("Coverage"), that contains benefit provisions subject to the federal privacy regulations that were issued as a result of the Health Insurance Portability and Accountability Act, as amended ("HIPAA"), such as a dental plan, vision plan, or a life or annuity product with a long-term care policy (including a long-term care rider). This is Coverage that has been or will be issued by or through one of the Lincoln Financial Group insurance companies\* ("Company"). Some insurance coverage and annuities (e.g., disability plans) are not subject to this Notice. If you have questions as to whether this Notice applies to you, please contact us using the contact information below. This Notice sometimes refers to the Company by using the terms "us," "we," or "our." We value our relationship with you and are committed to protecting the confidentiality and security of information we collect about you, especially health information.

We collect, use and disclose information about you to evaluate and process any requests for Coverage and claims for benefits you may make regarding your Coverage. This Notice describes how we protect the individually identifiable health information we have about you which relates to your Coverage ("Protected Health Information"), and how we may use and disclose this information. Protected Health Information includes individually identifiable information that relates to your past, present or future health condition in relation to payment for health care services or treatment for a health condition. This Notice also describes your rights with respect to the Protected Health Information and how you can exercise those rights.

We are required by law to maintain the privacy of your Protected Health Information; to provide you this Notice of our legal duties and privacy practices with respect to your Protected Health Information; and to follow the terms of this Notice.

The Company reserves the right to change this Notice at any time. We can make any changes effective for Protected Health Information we already have about you, as well as any Protected Health Information we receive in the future. If the revised Notice contains material changes, we will send you the revised Notice, as well as post it on the Company internet sites.

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## **Uses and Disclosures of Your Protected Health Information**

The following describes when we may use and disclose your Protected Health Information with your written authorization and without your authorization:

**Authorization:** Except as described below, we will not use or disclose your Protected Health Information for any reason unless we have a signed authorization from you or your legal representative to use or disclose your Protected Health Information. For example, we will not share your information for marketing purposes (other than face-to-face communications or for promotional gifts of nominal value) or allow for the sale of your information without your authorization. An authorization to use or disclose any psychotherapy notes we may have will specifically state that it is an authorization for psychotherapy notes. You or your legal representative has the right to revoke an authorization in writing, 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 Coverage.

**Treatment:** We may use and disclose your Protected Health Information for your treatment. For instance, a doctor or health facility involved in your care may request Protected Health Information that we hold about you in order to make decisions about your care.

**Payment of Claims:** We may use and disclose your Protected Health Information to obtain premiums and pay for benefits under your Coverage. For example, when you present a claim for benefits, we may obtain medical records from the doctor or health facility involved in your care to determine if you are eligible for benefits under the insurance policy and to reimburse you for services provided. Other payment-related uses and disclosures that are permitted and we may engage in include: making claim decisions, coordinating benefits with other insurers or payers, utilization review activities including precertification and preauthorization of services, billing, premium and claims management, collection activities, obtaining payment under a contract for reinsurance, and related health care data processing.

**Health Care Operations:** We may use and disclose your Protected Health Information for our insurance operations. Our insurance operations may include underwriting, enrollment, premium rating, and other activities related to the issuance, renewal or replacement of Coverage, or for reinsurance purposes. For example, when you apply for insurance, we may collect medical information from your doctor (health care provider) or a medical facility that provided you health care services to determine if you qualify for insurance. We may also use and disclose Protected Health Information to conduct or arrange for medical review, legal

services, contract for reinsurance, business planning and development, or auditing, including fraud and abuse detection and compliance programs. Protected Health Information may also be disclosed for business management and general administrative activities, including customer service, servicing our current and future customer relationships as permitted by law, resolution of internal grievances and as part of a potential sale, transfer, merger, or consolidation in order to make an informed business decision regarding any such prospective transaction. Protected Health Information may also be disclosed for the health care operations of the entity that receives the information, as long as the entity has a relationship with you and the Protected Health Information pertains to such relationship. For group plans, Protected Health Information may be collected from or disclosed to (1) your Plan Sponsor for purposes of obtaining coverage or administering your Plan or (2) any other health plan maintained by your employer to facilitate claims payments under the plan. If we use or disclose Protected Health Information for underwriting purposes, the Protected Health Information used or disclosed for that purpose will not include information that constitutes genetic information except when permitted by law.

**Business Associates:** We may also disclose Protected Health Information to affiliated or non-affiliated business associates of ours, but only if the business associate's receipt of Protected Health Information is necessary to provide a service to us and the business associate agrees to protect the Protected Health Information in accordance with, and use it only as allowed by, HIPAA. Examples of business associates are: billing companies, data processing companies, auditors, claims processing companies and companies that provide general administrative services.

**Uses and Disclosures to Family, Friends or Others Involved in Your Care:** Unless you object or direct us otherwise, we may disclose your Protected Health Information to a designated member of your family, friend, or other individual that you may identify as involved in your care or involved in the payment for your care. Should you become incapacitated, deceased, or be in an emergency medical situation and not able to provide us with your approval, we may disclose Protected Health Information about you that is directly relevant to such person's involvement in your care or payment for such care.

**Whistleblowers:** We strive to comply with all applicable laws and encourage our workforce and business associates to speak up if they have concerns about our business practices. If a member of our workforce believes in good faith that we have engaged in unlawful or unprofessional conduct or that our services, care, or conditions could endanger someone, we allow that person to disclose Protected Health Information to (i) a health oversight agency or public health authority authorized to investigate the conduct or (ii) an attorney retained by the workforce member or business associate for purposes of determining legal options with respect to the aforementioned conduct.

**Workforce Member Crime Victims:** We may disclose Protected Health Information to a law enforcement official when our workforce member is the victim of a criminal act, provided the Protected Health Information is about the suspected perpetrator and the information is limited.

**Where Required by Law, for Public Health or Similar Activities:** We may also disclose Protected Health Information where required or permitted by law, for public health or similar activities, the protection of you or others, legal proceedings and other reasons as provided in the HIPAA regulations. Examples of disclosures that may be required or permitted by law include releasing Protected Health Information:

- To state or local public health authorities who are authorized to collect information to prevent or control disease, injury or disability or receive reports of child abuse or neglect;
- To a governmental agency or regulator with health care oversight responsibilities. These oversight activities include audits, investigations, inspections, licensure or disciplinary actions and other activities necessary for the government to monitor the health care system, government programs such as Medicare and Medicaid and compliance with civil rights laws;
- To a coroner or medical examiner to assist in identifying a deceased individual or to determine the cause of death or to a funeral director;
- To authorized governmental authorities when abuse, neglect or domestic violence is reasonably suspected;
- To a person subject to the jurisdiction of the Food and Drug Administration (FDA) for purposes related to the quality, safety or effectiveness of such FDA-regulated product or activity;
- If required by law to do so by a court or administrative tribunal, for law enforcement purposes as permitted by law, and to comply with a subpoena or discovery request. When a subpoena or discovery request is not accompanied by an order of a court, we will not disclose Protected Health Information until we have received satisfactory assurance that the individual who is the subject of the requested Protected Health Information has been notified of the request or a qualified protective order has been secured. We may disclose Protected Health Information to any governmental agency or regulator with whom you have filed a complaint or as part of a regulatory agency examination;
- To law enforcement to identify or locate a suspect, fugitive, material witness or missing person; if an individual is the victim of suspected victim of a crime, but only under certain conditions; if the individual dies and we suspect that death resulted from criminal conduct;

- For certain research purposes when the information has been completely deidentified or when such research is approved by an institutional review board with established rules to ensure privacy or by a privacy board with members who have appropriate professional competency with privacy rights;
- If you are a member of the Armed Forces, your Protected Health Information may be used or disclosed for activities deemed necessary by appropriate military command authorities, but only under certain circumstances;
- To federal officials for intelligence, counterintelligence, and other national security activities authorized by law or for the conduct of investigations or the provision of protective services to the President, foreign heads of state, or others;
- To worker's compensation agencies if necessary for your worker's compensation benefit determination;
- To avert a serious threat to a person's or the public's health or safety, including the disclosure of Protected Health Information to government or private disaster relief or assistance agencies to allow such entities to carry out their responsibilities to specific disaster situations;
- To organizations that manage organ procurement or organ, eye or tissue transplant or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplant;
- To a correctional institution or law enforcement official if necessary (1) for the provision of health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety, security, and good order of the correctional institution.

**State Law Restrictions:** State laws may be more stringent and may prohibit certain uses and disclosures identified in this Notice. When state law is more protective of your privacy, we will follow that state law. For example, some state laws require additional protection for records related to mental health treatment, drug and alcohol treatment, and HIV-related information. If you have a question about how we comply with your state's laws, please contact us using the information below.

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## Required Disclosures

The following is a description of two specific disclosures of your Protected Health Information that we are required to make.

**Government Audits:** We are required to disclose your Protected Health Information to the Secretary of the United States Department of Health and Human Services when the Secretary is investigating or determining our compliance with HIPAA.

**Disclosures to You:** When you request, we are required to disclose to you the portion of your Protected Health Information that contains medical records, billing records, and any other records used to make decisions regarding your health care benefits. We are also required, when requested by you, to provide you with an accounting of most disclosures of your Protected Health Information if the disclosure was for reasons other than for payment, treatment, or health care operations, and if the Protected Health Information was not disclosed pursuant to your individual authorization. Please refer to the further description of your right to receive an accounting below. When permitted by applicable law, we may also contact you for case management or care coordination purposes to provide information about treatment alternatives or other health-related benefits or services that may be of interest to you.

## YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION

You have the following rights as a consumer under HIPAA concerning the Protected Health Information we have about you in our records. Any request to exercise your rights as described below should be made in writing and sent to **Lincoln Financial Group, Attn: Corporate Privacy Office, 1301 South Harrison Street, Fort Wayne IN 46802**. Also, should you wish to terminate a request for a restriction that has been accommodated, such termination request must also be in writing and sent to the same address listed above. Your request to exercise the rights described below should include the following information: your full name, address, and policy number. Except as otherwise noted below, we generally will respond to these requests within 30 days.

**Right to Request Restrictions:** You have the right to request that we restrict or limit our use or disclosure of your Protected Health Information that would otherwise be permitted for purposes related to treatment, payment or our health care operations, including disclosure to someone who may be involved in your care or payment for your care, like a family member, or friend. While we will consider your request, we are not required to agree to your restriction. If we do agree to the restriction, we will restrict the use or disclosure of your Protected Health Information as requested except when you require emergency treatment, and your Protected Health Information is required to provide the emergency treatment. We reserve the right to terminate the agreed to restriction if we deem appropriate. In your request to restrict use and disclosure, 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 Protected Health Information 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 Protected Health Information in a certain way or using a certain address or email address, if you make such a request in writing, send it to the address provided above, and clearly state that the disclosure of the information could endanger you. Your request must specify how or where you wish to be contacted. We will accommodate all reasonable requests.

**Right to Inspect and Copy Your Protected Health Information:** In most instances, you have the right to inspect and obtain a copy of the Protected Health Information that we maintain about you. Your request must be in writing and sent to the address provided above. We will deny inspection and copying of certain Protected Health Information, for example psychotherapy notes and Protected Health Information collected by us in connection with, or in reasonable anticipation of, any legal claim or legal proceeding. We reserve the right to charge a fee for the costs of copying, mailing or other supplies associated with your request. In those limited circumstances that we deny your request to inspect and obtain a copy of your Protected Health Information, you may have the right to request a review of our denial. Your request to review our denial should be submitted in writing and sent to the address provided above. If the information you request is maintained electronically and you request an electronic copy, we will provide a copy in the electronic form and format you request, if the information can be readily produced in that form and format. If the information cannot be readily produced in that form and format, we will work with you to come to an agreement on an alternative electronic form and format. If we cannot agree on an electronic form and format, we will provide you with a paper copy. If your request for a copy of your Protected Health Information is in writing, signed by you, clearly identifies a designated person to whom you would like the Protected Health Information disclosed and the address of that designated person, we will transmit a copy of the Protected Health Information directly to that designated person unless we reasonably believe that the designated person has engaged, is engaged or will engage in exploitation of your Protected Health Information.

**Right to Amend Your Protected Health Information:** You have the right to request that we amend your Protected Health Information in our records if you believe it is inaccurate or incomplete. Your request must be in writing and sent to the address provided above. Your request must provide your reason(s) for seeking the amendment or correction. We will act on your request no later than 60 days after the receipt of the request, by requesting an extension, granting the amendment, in whole or in part, or denying the request, in whole or in part. We may request a single 30-day extension, to agree to accept the request, in whole or in part, or deny the request to amend Protected Health Information, in whole or in part. If an amendment or correction request is accepted, we will amend or correct all appropriate records as well as make reasonable efforts to notify others to whom we have disclosed the erroneous Protected Health Information. We may deny your request if you ask us to amend Protected Health Information that is accurate and complete; was not created by us, unless the creator of the Protected Health Information is no longer available to make the amendment; is not part of the Protected Health Information kept by or for us; or is not part of the Protected Health Information which you would be permitted to inspect and copy. If we deny your request, in whole or in part, the notice of denial will explain the basis for the denial. You have the right to file a statement of disagreement with us and any future disclosures of your Protected Health Information will include your statement. If you do not file a statement of disagreement, you may request that we provide your request for amendment and our denial with any future disclosures of the Protected Health Information that is the subject of the amendment.

If we are informed by another organization of an amendment to your Protected Health Information, we must amend the Protected Health Information in your record.

**Right to Receive an Accounting of Disclosures of Your Protected Health Information:** You have the right to request an accounting or list of disclosures we have made of your Protected Health Information in the past six (6) years. This list will not include disclosures:

- For treatment;
- For payment or health care operations;
- To law enforcement, for national security or intelligence purposes;
- To department of corrections personnel;
- Pursuant to your authorization;
- Incidental to a permitted disclosure;
- As part of a limited data set;
- To certain persons involved in an individual's care or payment for that care;
- or directly to you.

To request this list, you must submit your request in writing to the address provided above. Your request must state the time period from which you want to receive a list of disclosures. The time period may not be longer than six years. Your request should indicate in what form you want the accounting (e.g., paper or electronic). The first list you request within a 12-month period will be free. We reserve the right to charge you for responding to any additional requests within that 12-month period. 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 be Notified of a Breach:** You have the right to be notified in the event that we (or our business associate) discover a breach of your unsecured Protected Health Information.

**Right to a Paper Copy of this Notice:** You have the right to obtain a paper copy of this Notice upon request, even if you agreed to receive this Notice electronically.

**Right to File a Complaint:** If you believe your privacy rights have been violated, you may file a complaint with us, by sending it to the address listed below. You may also file a complaint with the U.S. Department of Health and Human Services (“HHS”) Office of Civil Rights. If you send your complaint to HHS by mail or fax, you should send it to the regional office of the HHS Office of Civil Rights covering the area where the potential violation occurred. You can find more information about how to file a complaint with HHS, including the addresses of the regional offices of the HHS Office of Civil Rights on the HHS website: <http://www.hhs.gov/ocr/privacy/hipaa/complaints/index.html> or complaints may be sent to HHS by email to: [OCRComplaint@hhs.gov](mailto:OCRComplaint@hhs.gov). The Company supports your right to protect the privacy of your Protected Health Information. No action will be taken against you for filing a complaint.

**For Further Information:** For further information regarding this Notice or the Company's privacy practices, please contact **Lincoln Financial Group, Attn: Corporate Privacy Office, 1301 South Harrison Street, Fort Wayne IN 46802, or call 1-877-275-5462.**

**Effective Date:** This Notice is effective November 12, 2022.

\*This information applies to the following Lincoln Financial Group companies:

- First Penn-Pacific Life Insurance Company
- Lincoln Life & Annuity Company of New York
- The Lincoln National Life Insurance Company