

Allianz Life Insurance Company of New York  
Home Office: New York, NY  
Administrative Office  
5701 Golden Hills Drive  
Minneapolis, MN 55416-1297  
800.950.5872

## HIPAA PRIVACY NOTICE

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### OVERVIEW

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.

Allianz Life Insurance Company of New York is committed to maintaining the confidentiality of your private medical information. This notice is provided to you in accordance with the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), the American Recovery and Reinvestment Act of 2009, and accompanying regulations (the "Privacy Rule"). It describes the legal obligations for a closed line of insurance products underwritten by Allianz Life of NY and administered by a third party. (The closed line of products is referred to collectively in this notice as "we," "our," "us," or the "Covered Entity"). The Privacy Rule requires that we use and disclose your health information only as described in this notice. This notice only applies to health-related information received by or on behalf of the Covered Entity programs listed below.

This notice applies to individuals who participate in any of the following programs under the closed line of business:

- Long-term care
- Hospital income
- Major medical conversions

Third parties perform the Covered Entity's actions and obligations; Allianz Life of NY employees perform only limited Covered Entity functions.

### Protected Information

Federal law requires us to have a special policy for safeguarding certain medical information called "protected health information." Protected Health Information (PHI) is health information (including genetic information) received or created in the course of administering the Covered Entity, that can be used to identify you and that relates to:

- your physical or mental health condition.
- the provision of health care to you.
- payment for your health care.

Your medical and dental records, your claims for medical and dental benefits, and the explanation of benefits (EOB) sent in connection with payment of your claims are all examples of PHI.

If Allianz Life of NY obtains your health information in another way, then Allianz Life of NY will safeguard that information in accordance with other applicable laws, but such information is not considered PHI subject to this notice. Similarly, health information obtained by a non-health-related benefits program is not protected under this notice. This notice does not apply in those situations because the health information is not received or created in connection with the Covered Entity. If you would like to see information on our privacy practices for such information, please visit our website at [www.allianzlife.com/New-York/Customer-service/Privacy](http://www.allianzlife.com/New-York/Customer-service/Privacy).

The remainder of this notice generally describes our rules with respect to your PHI received or created by the Covered Entity.

## **Your Rights**

**When it comes to your PHI, you have certain rights.** This section explains your rights and some of our responsibilities to help you.

### **Get a copy of health and claims records**

- You can ask to see or obtain a copy of your health and claims records and other PHI we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

### **Ask us to correct health and claims records**

- You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

### **Request confidential communications**

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will consider all reasonable requests, and we must say “yes” if you tell us you would be in danger if we do not.

### **Ask us to limit what we use or share**

- You can ask us not to use or share certain PHI for treatment, payment, or our operations.
- We are not required to agree to your request, and we may say “no” if it would affect your care.

### **Get a list of those with whom we have shared PHI**

- You can ask for a list of the times we’ve shared your PHI for six years prior to the date you ask, who we shared it with, and why.

- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one report of this information each year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

### **Get a copy of this privacy notice**

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly. If you have a disability that prevents or limits your ability to access this HIPAA Privacy Notice, please contact us at the address below or email us at [privacy@allianzlife.com](mailto:privacy@allianzlife.com). We will work with you to provide this HIPAA Privacy Notice in an alternate format.

### **Choose someone to act for you**

- If you have given someone medical or general power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your PHI.
- We will make sure the person has this authority and can act for you before we take any action.

### **File a complaint if you feel your rights are violated**

- You can complain if you feel we have violated your rights by contacting us using the information on the last page of this document.
- You can file a complaint with the U.S. Department of Health and Human Services Office by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1.877.696.6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).
- We will not retaliate against you for filing a complaint.

### **Your Choices**

**For certain PHI, you can tell us your choices about what we share.** If you have a clear preference for how we share your PHI in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share PHI with your family, close friends, or others involved in payment for your care.
- Share PHI in a disaster relief situation.

*If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your PHI if we believe it is in your best interest. We may also share your PHI when needed to lessen a serious and imminent threat to health or safety.*

We will not use or disclose your PHI for the following purposes without your written authorization:

- Marketing.
- Sale of your protected health information.

*Example: We will not provide your information to third parties for advertising, marketing, or other commercial uses without your written permission.*

## **Our Uses and Disclosures**

We typically use or share your PHI in the following ways.

### **Help manage the health care treatment you receive**

We may use your PHI and share it with professionals who are treating you.

*Example: We might disclose PHI about your prior prescriptions to a pharmacist to determine if prior prescriptions contraindicate a pending prescription.*

### **Operate the Covered Entity**

- We may use and disclose your PHI for Covered Entity operations. These uses and disclosures are necessary to run the Covered Entity.
- We may use medical information in connection with conducting quality assessment and improvement activities; enrollment, premium rating, and other activities relating to Covered Entity coverage; submitting claims for stop-loss (or excess-loss) coverage; conducting or arranging for medical review, legal services, audit services, and fraud and abuse detection programs; business planning and development such as cost management; and business management and general Covered Entity administrative activities.
- In no event will we use or disclose PHI that is genetic information for underwriting purposes. In addition to rating and pricing a group insurance policy, this means the Covered Entity may not use genetic information for setting deductibles or other cost-sharing mechanisms, determining premiums or other contribution amounts, or applying preexisting condition exclusions.

*Example: We may disclose your PHI to another health plan or health care provider who has a relationship with you for their operations activities if the disclosure is for quality assessment and improvement activities, to review the qualifications of health care professionals who provide care to you, or for fraud and abuse detection and prevention purposes.*

### **Pay for your health services**

We may use and disclose your PHI as we pay for your health services.

*Example: We share information about you with your plan to coordinate payment for your dental work.*

### **Administer your plan**

We may disclose your PHI to Allianz Life Insurance Company of North America, as the Covered Entity sponsor, for plan administration purposes, as permitted by law.

*Example: Your company contracts with us to provide a plan, and we provide your company with certain statistics to explain the premiums we charge.*

### **Other ways we may use or share your PHI**

We are allowed or required to share your PHI in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your PHI for these purposes. If we have substance use disorder patient records about you, subject to 42 CFR part 2, we cannot use or share information in those records in civil, criminal, administrative or legislative investigations or proceedings against you without (1) your consent or (2) a court order and a subpoena.

For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

### **Help with public health and safety issues**

We can share PHI about you for certain situations such as:

- Preventing disease.
- Helping with product recalls.
- Reporting adverse reactions to medications.
- Reporting suspected abuse, neglect, or domestic violence.
- Preventing or reducing a serious threat to anyone's health or safety.

### **Do research**

We can use or share a "limited data set" of your PHI for certain health research.

### **Comply with the law**

We will share PHI about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

### **Respond to organ and tissue donation requests and work with a medical examiner or funeral director**

- We can share PHI about you with organ procurement organizations.
- We can share PHI with a coroner, medical examiner, or funeral director when an individual dies.

### **Address workers' compensation, law enforcement, and other government requests**

We can use or share PHI about you:

- For workers' compensation claims.
- For law enforcement purposes or with a law enforcement official.
- With health oversight agencies for activities authorized by law.
- For special government functions such as military, national security, and presidential protective services.

### **Respond to lawsuits and legal actions**

We can share PHI about you in response to a court or administrative order, or in response to a subpoena.

## **Communicate with service providers**

We may enter into agreements with entities or individuals to provide services (for example, claims processing services) to the Covered Entity. These service providers, called “business associates,” may create, receive, have access to, use, and/or disclose (including to other business associates) PHI in conjunction with the services they provide to the Covered Entity, provided that we have obtained satisfactory written assurances that the business associates will comply with all applicable Privacy Rules.

## **Our Responsibilities**

- We are required by law to maintain the privacy and security of your PHI.
- We must notify you promptly following discovery of a breach. A breach occurs if unsecured PHI is acquired, used or disclosed in a manner that is impermissible under the Privacy Rules, unless there is a low probability that the PHI has been compromised.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your PHI other than as described here unless you provide written authorization. If you authorize use or sharing, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: [www.hhs.gov/hipaa/for-individuals/notice-privacy-practices/index.html](http://www.hhs.gov/hipaa/for-individuals/notice-privacy-practices/index.html).

## **Changes to the Terms of this Notice**

We can change the terms of this notice, and the changes will apply to all the information we have about you that is covered by this notice. We will provide a copy to you and the new notice will be available on our website or upon your request.

## **Compliance with State Privacy Laws**

State law may further limit the permissible ways the Covered Entity uses or discloses your PHI.

**Revised Date:** May 27, 2026

### **Privacy Officer Contact Information:**

Allianz Life Insurance Company of New York  
Home Office: New York, NY  
Administrative Office  
Attn: Data Privacy Officer  
PO Box 59060  
Minneapolis, MN 55459-0060  
800.950.5872  
[www.allianzlife.com/new-york](http://www.allianzlife.com/new-york)