

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Review it carefully.

Disclosures ::

This Notice has been revised and is effective as of September 23, 2013. You have received this Notice because you have applied for or have insurance coverage for long term care expenses provided by a rider attached to your Whole Life insurance policy (“LTC Coverage”) with Massachusetts Mutual Life Insurance Company (“MassMutual”).

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 LTC Coverage. This Notice describes how we safeguard the protected health information we have about you which relates to your LTC Coverage (“Protected Health Information”), and how we may use and disclose this information. Protected Health Information includes individually identifiable information which relates to your past, present or future health, treatment or payment for health care services. 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.

We reserve the right to change the terms of this Notice. Any such changes will apply to all Protected Health Information that we already have about you as well as any Protected Health Information that we may receive in the future. If we make a material change to the terms of the Notice, we will promptly send the revised Notice to you should you still maintain coverage with us when the revised Notice becomes effective.

Uses and Disclosures of Your Protected Health Information:

The following describes when we may use and disclose your Protected Health Information. Any uses and disclosures of your Protected Health Information other than for the purposes described in this Notice will be made only with your written authorization.

Uses and Disclosures with Your 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. Contact our HIPAA Privacy Administration office at the address below to obtain a form. You or your legal representative have 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 LTC coverage or paying a claim. In the event we have psychotherapy notes related to you, such information will only be disclosed with your written authorization.

Uses and Disclosures for Treatment. We may use and disclose your Protected Health Information as necessary for your treatment. For example, we may disclose at claim time your current health status to licensed health care practitioners to allow them to manage, coordinate and administer your treatment.

Uses and Disclosures for Payment. We may use and disclose your Protected Health Information as necessary for payment purposes. For example, when you present a claim for LTC 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 pay benefits under your policy.

Uses and Disclosures for Health Care Operations. We may use and disclose your Protected Health Information as necessary for our health care operations which may include underwriting, premium rating, and other activities related to the issuance, renewal or replacement of LTC 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, business planning and development regarding the management and operation of our LTC Coverage processes, or auditing, including fraud and abuse detection and compliance programs. Protected Health Information may also be disclosed for customer service, servicing our current and future customer relationship 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.

Uses and Disclosures to Family, Friends or Others Involved in Your Care. Unless you object, we may disclose your Protected Health Information to designated family, friends, personal representatives, or other individuals that you may identify as involved in your care or involved in the payment for your care. Should you become incapacitated or faced with of an emergency medical situation and not able to provide us with your written 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.

Uses and Disclosures with Business Associates. We may also disclose Protected Health Information to business associates, (entities that perform functions or activities on our behalf, or provide services to us that involve the use and disclosure of Protected Health Information), but only if the receipt of Protected Health Information is necessary for the business associate to provide a service to us and the business associate contractually agrees to protect the Protected Health Information according to HIPAA rules.

Other Uses and Disclosures. We are permitted or required by law to make the following uses or disclosures of your Protected Health Information without your authorization:

- Releasing Protected Health Information to state or local health authorities, as required by law, about particular communicable diseases, injury, birth, death, and for other required public health investigations;
- Releasing Protected Health Information to a governmental agency or regulator with health care oversight responsibilities;
- Releasing Protected Health Information to a coroner, medical examiner or funeral director to assist in identifying a deceased individual or to determine the cause of death;
- Releasing Protected Health Information to public health or other appropriate authorities, as required by law, when there is reason to suspect abuse, neglect, or domestic violence;
- Releasing Protected Health Information to the Food and Drug Administration (FDA) for purposes related to quality, safety or effectiveness of FDA-regulated products or activities;

- Releasing Protected Health Information if required by law to do so by a court or administrative ordered subpoena or discovery request, or for law enforcement purposes as permitted by law once we have met all administrative requirements of the HIPAA Privacy Rule. 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;
- Releasing Protected Health Information for certain research purposes when such research is approved by an institutional review board with established rules to ensure privacy;
- Releasing Protected Health Information if you are a member of the military as required by armed forces services;
- Releasing Protected Health Information to federal officials for intelligence, counterintelligence, and other national security activities authorized by law;
- Releasing Protected Health Information to worker's compensation agencies if necessary for your worker's compensation benefit determination;
- Releasing Protected Health Information to avert a serious threat to someone's health or safety, including the disclosure of Protected Health Information to government or disaster relief or assistance agencies to allow such entities to carry out their responsibilities to specific disaster situations.

Your Rights Regarding Your Protected Health Information

Right to Request Restrictions: You have the right to request restrictions on certain of our uses or disclosures of your Protected Health Information for treatment, payment or health care operations, or that we disclose to someone who may be involved in your care or payment for your care, like a family member, friend or personal representative. You should submit your submission request in writing to our HIPAA Privacy Administration office at the address below. While we will consider your request, we are not required to agree to your restriction. If we do agree to the restriction, we will not use or disclose your Protected Health Information as requested, but reserve the right to terminate the agreed to restriction if such termination is deemed 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 at a certain location if you inform us that disclosure of such information will otherwise endanger you. Such a request must be in writing and sent to the address listed below. 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 our HIPAA Privacy Administration office at the address below. Your request should indicate what format you want the records (paper or electronic format) and we will provide you with the information in that format, if it is readily producible in such format. You may also request that we transmit your Protected Health Information to another person, and we will do so, provided your signed, written request clearly designates the recipient and the recipient's contact information.

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 administrative claim or legal proceeding. We must inform you in writing of such a denial. If you are denied access to your Protected Health Information, you may request that the denial be reviewed by submitting a written request to our HIPAA Privacy Administration office at the address below. We reserve the right to charge a fee for the costs of copying, mailing or other supplies associated with your request. 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. In those circumstances that we may deny your request to inspect and obtain a copy of your Protected Health Information, you have the right to request a review of our denial.

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 that it is inaccurate or incomplete. Your request must be in writing and sent to our HIPAA Privacy Administrator office at the address below. If an amendment or correction request is accepted, we will amend or correct all appropriate records as well as 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 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, we will provide you with an explanation for our denial and any further rights you may have regarding your request to amend.

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. This list will not include disclosures made for payment or health care operations, made for purposes of national security, made to law enforcement or to corrections personnel or made pursuant to your authorization or made directly to you. To request this list, you must submit your request in writing to our HIPAA Privacy Administrator office at the address below. 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 prior to the date of your request. 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 the same 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 Receive Notice of Breach of Unsecured PHI. As required by law, MassMutual will notify you within 60 days following a breach of your unsecured PHI.

Right to File a Complaint: If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of the Department of Health and Human Services. To file a complaint with us, you must submit a written complaint to our HIPAA Privacy Administration office at the address below. You can be assured that you will not be retaliated against by MassMutual for filing a complaint.

For Further Information and Written Requests: For further information regarding this Notice or MassMutual's privacy practices, contact **Massachusetts Mutual Life Insurance Company, 1295 State Street, Springfield, Massachusetts 01111-0001, ATTN: Authorization Administrator –Underwriting Department.**