

The following "Notice of Privacy Procedures"
applies to policies covered by these state guaranty associations:

| | | |
|----------------------|----------------|---------------|
| Alabama | Louisiana | North Dakota |
| Alaska | Maine | Ohio |
| Arizona | Maryland | Oklahoma |
| Arkansas | Massachusetts | Oregon |
| California | Michigan | Pennsylvania |
| Colorado | Minnesota | Rhode Island |
| Connecticut | Mississippi | Tennessee |
| Delaware | Missouri | Texas |
| District of Columbia | Montana | Utah |
| Florida | Nebraska | Vermont |
| Georgia | Nevada | Virginia |
| Indiana | New Hampshire | Washington |
| Iowa | New Jersey | West Virginia |
| Kansas | New Mexico | |
| Kentucky | North Carolina | |

Notice of Privacy Procedures

LTC Reinsurance PCC

As you may be aware, Penn Treaty Network America Insurance Company and American Network Insurance Company were placed into liquidation on March 1, 2017. You have been identified as a policyholder of one of the above referenced companies. Your state guaranty association and certain other state guaranty associations established LTC Reinsurance PCC to assist them in discharging their statutory obligations to policyholders in connection with the above referenced companies.

What is this Notice?

This Notice of Privacy Procedures (“Notice”) describes the privacy policy and procedures of LTC Reinsurance PCC (the “Record Holder”) in the referenced health insurer insolvencies, including how your protected health information (“*PHI*”) may be used and disclosed and how you can get access to it. **Please review this Notice carefully.**

Any Questions?

Should you have any questions about the contents of this Notice, please contact our *Contact Person*. Please see the end of this Notice for contact information.

What will we do with your health information?

The Record Holder will seek to ensure that your *PHI* remains private and confidential by following the privacy procedures detailed in this Notice while it is in effect and, as required by law, will notify you in the event of any reportable security breach involving your *PHI* and take appropriate steps to mitigate the effects of any such breach. Your *PHI* will cease to be covered by the Record Holder’s privacy practices after you have been deceased for 50 years.

The Record Holder reserves the right to change its privacy procedures

The Record Holder reserves the right to change its privacy procedures and the terms of this Notice at any time; and to change its privacy procedures for the use and disclosure of *PHI* that we maintain, including *PHI* we created or received before we made the changes. **Before we make a significant change in its privacy procedures, we will revise this Notice and provide you with a new updated Notice.**

You may request a copy of our Notice at any time

For more information about our privacy procedures, or for copies of this Notice, please contact our *Contact Person*.

To the Covered Individual

The Record Holder may disclose your *PHI* to you or your authorized personal representative for any purpose. The Record Holder will disclose your *PHI* to you or your authorized personal representative upon written request.

For Treatment, Payment, and Health Care Operations

The Record Holder may use and disclose your *PHI* for purposes of treatment, payment, and health care operations. If we use or disclose your *PHI* for under-writing purposes, however, we will not use or disclose your genetic information for those purposes (except for Long Term Care Insurance).

To Family and Friends

We may disclose your *PHI* to a family member, friend, or other person to the extent necessary to help with your care or payment for health care if you agree or, if you are unavailable to agree, we determine that a medical emergency or other situation indicates that disclosure would be in your best interest. After your death, we may disclose your *PHI* to such persons to the extent relevant to their involvement in or payment for your care before your death, unless doing so would be prohibited by your written instructions or inconsistent with your expressed preferences.

To Our Business Associates

We may disclose the minimum necessary *PHI* to service providers, known as *business associates* who perform various functions on our behalf. We will take appropriate steps to ensure that the business associates will safeguard your *PHI*.

By Written Authorization

We may use or disclose your *PHI* if we have received a written authorization from you or your authorized personal representative (including uses and disclosures of psychotherapy notes, if applicable). You or your personal representative may revoke the authorization in writing at any time, but that revocation will not affect any permitted use or disclosure while the authorization was in effect.

Other

We may also use or disclose *PHI* (a) when we are required to do so by law; (b) for public health activities; (c) to appropriate authorities, if we believe you are a victim of abuse, neglect, or domestic violence; (d) to health oversight agencies authorized to

oversee the health care system or entities subject to government regulatory programs; (e) in response to a court or administrative order, subpoena, discovery request, or other lawful process, under certain circumstances; (f) to a law enforcement official for certain law enforcement activities; (g) to a medical examiner or coroner (and if legally authorized, a funeral director) for identification, to determine cause of death or to carry out other legally authorized duties; (h) to facilitate organ, eye or tissue donation and transplantation; (i) to prevent or lessen a serious and imminent threat to the health or safety of a person or the public; (j) to military authorities regarding Armed Forces personnel under certain circumstances; (k) to authorized federal officials for lawful intelligence, counterintelligence, and other national security activities; and (l) to the extent necessary to comply with laws relating to workers' compensation or similar programs.

You may make the following requests with respect to your health information:

Request to Inspect and Copy

You may request to view and receive copies of your *PHI* kept in our records (with some limited exceptions). We will provide the information to you in the format you request unless we determine that the request is unreasonable. You also have the right to obtain copies, in electronic format, of certain electronic health records used or maintained by the Record Holder. You must make a request in writing to obtain access to or get copies of your *PHI*. You may obtain a request form by contacting our *Contact Person*.

Request to Amend

You may request that we amend your *PHI*. Your request must be in writing, and it must explain why the information should be amended. We may deny your request under certain circumstances. Please contact the *Contact Person* for more information and procedures for amending your health information.

Request to Obtain List of Certain Disclosures

You may request a list of instances in which we disclosed your *PHI*, except disclosures for purposes of treatment, payment, health care operations and certain other activities. Even for those excepted disclosures, you have a right to an accounting of the disclosures if they are maintained in electronic form and were made during the three years immediately before your request. You may obtain a request form from our *Contact Person*.

Request for Restrictions on Use or Disclosures

You may request restrictions on the use or disclosure of your *PHI*. We may not agree to these additional restrictions, but if we do agree, we will abide by the agreement (except in an emergency).

Request for Confidential Communication

You may request that we communicate with you about your *PHI* by means other than the phone numbers or address contained in our records. You must inform us in writing that communication by other means or at other locations is required to avoid endangering you. We will accommodate your request if it is complete and reasonable.

Right to Have Paper Copy of this Notice

If you received this Notice on our web site or by electronic mail (e-mail), you are entitled to receive a paper copy of this Notice upon request.

Who should I contact if I have questions about these privacy procedures?

If you want more information about these privacy procedures or have questions or concerns about this Notice, please contact our *Contact Person*.

What if I have a complaint about these privacy procedures?

If you have a concern about our privacy procedures, or you disagree with a decision we make about your *PHI*, you may file a complaint with our *Contact Person*.

Will I be penalized if I file a complaint?

You will not be penalized if you choose to file a complaint

Contact Information

Contact Person: Penn Treaty, On Behalf of Covering Guaranty Associations
Attn: Legal Department
Address: 3440 Lehigh Street, Allentown, PA 18103
Office Telephone: 800-362-0700
Fax: 610-967-1098
E-mail: privacy@penntreaty.com

The following “Notice of Guaranty Association Privacy Procedures”
applies to policies covered by these state guaranty associations:

Hawaii

Idaho

South Carolina

Wyoming

Notice of Guaranty Association Privacy Procedures

Penn Treaty Network America Insurance Company and American Network Insurance Company

MULTI-STATE HEALTH INSURANCE INSOLVENCY

Effective Date: March 1, 2017

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.

INTRODUCTION

What is this Notice?

This Notice of Privacy Procedures (“Notice”) describes the joint privacy procedures of your State Guaranty Association (the “Association”) and certain other state guaranty associations that are working together in the referenced health insurer insolvencies, including how your protected health information (“*PHI*”) may be used and disclosed and how you can get access to it. **Please review this Notice carefully.**

Any Questions?

Should you have any questions about the contents of this Notice, please contact our *Contact Person*. Please see the end of this Notice for contact information.

GENERAL INFORMATION

What will we do with your health information?

To assist in coordinating their efforts in the health insurer insolvencies, the Association and the other participating state guaranty associations may share your *PHI* with each other for purposes of carrying out their joint payment and health care operations. The Association and other participating state guaranty associations will seek to ensure that your *PHI* remains private and confidential by following the privacy procedures detailed in this Notice while it is in effect and, as required by law, will notify you in the event of any reportable security breach involving your *PHI* and take appropriate steps to mitigate the effects of any such breach. Your *PHI* will cease to be covered by the Association’s privacy practices after you have been deceased for 50 years.

The Association reserves the right to change its privacy procedures.

The Association reserves the right to change its privacy procedures and the terms of this Notice at any time; and to change its privacy procedures for the use and disclosure of *PHI* that we maintain, including *PHI* we created or received before we made the changes. **Before we make a significant change in our privacy procedures, we will revise this Notice and provide you with a new updated Notice.**

You may request a copy of our Notice at any time.

For more information about our privacy procedures, or for copies of this Notice, please contact our *Contact Person*.

USES AND DISCLOSURES OF HEALTH INFORMATION

To the Covered Individual

The Association may disclose your *PHI* to you or your authorized personal representative for any purpose. The Association will disclose your *PHI* to you or your authorized personal representative upon written request.

For Treatment, Payment, and Health Care Operations

The Association may use and disclose your *PHI*, and may share it with other state guaranty associations as part of their joint efforts in this health insurance insolvency, for purposes of treatment, payment, and health care operations. If we use or disclose your *PHI* for underwriting purposes, however, we will not use or disclose your genetic information for those purposes (except for Long Term Care Insurance).

To Family and Friends

We may disclose your *PHI* to a family member, friend, or other person to the extent necessary to help with your care or payment for health care if you agree or, if you are unavailable to agree, we determine that a medical emergency or other situation indicates that disclosure would be in your best interest. After your death, we may disclose your *PHI* to such persons to the extent relevant to their involvement in or payment for your care before your death, unless doing so would be prohibited by your written instructions or inconsistent with your expressed preferences.

To Our Business Associates

We may disclose the minimum necessary *PHI* to service providers, known as business associates, who perform various functions on our behalf. We will take appropriate steps to ensure that the business associates will safeguard your *PHI*.

By Written Authorization

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Please see the back page.

Other

We may also use or disclose *PHI* (a) when we are required to do so by law; (b) for public health activities; (c) to appropriate authorities, if we believe you are a victim of abuse, neglect, or domestic violence; (d) to health oversight agencies authorized to oversee the health care system or entities subject to government regulatory programs; (e) in response to a court or administrative order, subpoena, discovery request, or other lawful process, under certain circumstances; (f) to a law enforcement official for certain law enforcement activities; (g) to a medical examiner or coroner (and if legally authorized, a funeral director) for identification, to determine cause of death or to carry out other legally authorized duties; (h) to facilitate organ, eye or tissue donation and transplantation; (i) to prevent or lessen a serious and imminent threat to the health or safety of a person or the public; (j) to military authorities regarding Armed Forces personnel under certain circumstances; (k) to authorized federal officials for lawful intelligence, counterintelligence, and other national security activities; and (l) to the extent necessary to comply with laws relating to workers' compensation or similar programs.

INDIVIDUAL REQUESTS

You may make the following requests with respect to your health information:

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Request to Amend

You may request that we amend your *PHI*. Your request must be in writing, and it must explain why the information should be amended. We may deny your request under certain circumstances. Please contact our *Contact Person* for more information and procedures for amending your health information.

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QUESTIONS AND COMPLAINTS

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Will I be penalized if I file a complaint?

You will not be penalized if you choose to file a complaint.

CONTACT INFORMATION

Contact Person: Penn Treaty, On Behalf of Covering Guaranty Associations
Attn: Legal Department
Address: 3440 Lehigh Street, Allentown, PA 18103
Office Telephone: 800-362-0700
Fax: 610-967-1098
E-mail: privacy@penntreaty.com