



## **New York Confidentiality Protocols for Victims of Domestic Violence and Endangered Individuals**

New York Insurance Law § 2612 provides that if any person covered by an insurance policy delivers to the insurer a valid order of protection against the policy owner or other person covered by the policy, then the insurer is prohibited, for the duration of the protective order, from disclosing to the policyholder or other person, the address and telephone number of the insured, or of any person or entity providing covered services to the insured. The parent or guardian of a covered child may assert this right on behalf of the child, and the disclosure prohibitions will extend to the parent or guardian.

New York Insurance Law § 2612 also requires accident and health insurers, including long-term care and salary protection policies, to accommodate a reasonable request made by a person covered by an insurance policy to receive communications of claims-related information by alternate means or at alternate locations if the person clearly states that disclosure of the information could endanger the person. The parent or guardian of a covered child may request to receive alternate means of communication for the child.

Without the express consent of the person making the request, an insurer may not disclose: (1) the name, address, telephone number or other personal information of the person requesting the accommodation or child residing with such person; (2) the nature of the services provided to the impacted individual; or (3) the name or address of the person or entity providing services to the impacted individual.

### **To Request Confidentiality**

You may submit a Protective Order or written request for confidential handling of health information to the company. The request must supply the following information:

- The manner in which you wish to receive confidential communications and specification of an alternative address or other information necessary to deliver information in the requested manner;
- The information, or type of information, to be communicated in the confidential manner requested (this may be limited to a particular illness or treatment or to all exchanges of protected health information);
- If applicable, the time period for which the request applies;
- If confidential handling of billing matters is also requested, the manner in which payment of premium will be made.

#### Requests should be addressed to:

Bankers Conseco Life Insurance Company  
Administrative Office  
111 East Wacker Drive Suite 2100  
Chicago, IL 60601-4508

*A confidentiality request may be revoked at any time by mailing a letter of instruction to the address above.*

For further information on domestic violence services, contact the New York State Domestic and Sexual Violence Hotline.

Hotline: (800) 942-6906

In NYC: (800) 621-HOPE (4673) or dial 311

Website: <http://www.opdv.ny.gov/help/dvhotlines.html>

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