



Chris D. Callen Insurance Agent

CHRIS D. CALLEN INSURANCE AGENT'S NOTICE OF PRIVACY PRACTICES

“Helping Professionals Nationwide”

128 County Line Road West, Suite B ♦ Westerville, Ohio 43082

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We recommend using overnight mail service when returning your documentation.

FACTS**WHAT DOES Benefits Advisory Group dba ChrisD.Callen, Insurance Agent DO WITH YOUR PERSONAL INFORMATION?**

Why?	Financial companies choose how they share your personal information. Federal law gives consumers the right to limit some but not all sharing. Federal law also requires us to tell you how we collect, share, and protect your personal information. Please read this notice carefully to understand what we do.
What?	The types of personal information we collect and share depend on the product or service you have with us. This information can include: <ul style="list-style-type: none"> ■ Social Security number and Tax ID numbers ■ Medical Information and Personal Information Contained On An Insurance Application ■ Your Family History and Medical Information About Your Immediate Family
How?	All financial companies need to share clients personal information to run their everyday business. In the section below, we list the reasons financial companies can share their clients personal information; the reasons BAG Inc / Chris D. Callen, Insurance Agent(CDCIA) chooses to share; and whether you can limit this sharing.

Reasons we can share your personal information	Does BAG inc / CDCIA share?	Can you limit this sharing?
For our everyday business purposes— such as to process your transactions, maintain your account(s), respond to court orders and legal investigations, or report to credit bureaus	Yes	No
For our marketing purposes— to offer our products and services to you	Yes	Yes
For joint marketing with other financial companies	No	Yes
For our affiliates' everyday business purposes— information about your transactions and experiences (Affiliates Refers To Insurance Companies & Thier Representatives)	Yes	No
For our affiliates' everyday business purposes— information about your creditworthiness Affiliates Refers To Insurance Companies & Thier Representatives)	Yes	No
For nonaffiliates to market to you	No	Yes

To limit our sharing	<ul style="list-style-type: none"> ■ Call 614-899-2541 —our menu will prompt you through your choice(s) or ■ Visit us online: www.cdcallen.com <p>Please note:</p> <p>If you are a <i>new</i> customer, we can begin sharing your information 1 days from the date we sent this notice. When you are <i>no longer</i> our customer, we continue to share your information as described in this notice.</p> <p>However, you can contact us at any time to limit our sharing.</p>
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Questions?	Call 614-899-2541 or go to www.cdcallen.com
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Who we are

Who is providing this notice?

Benefits Advisory Group, Inc dba Chris D. Callen, Insurance Agent
128 County Line Rd. W., Ste. B, Westerville, OH 43082

What we do

How does BAG, Inc / CDCIA protect my personal information?

To protect your personal information from unauthorized access and use, we use security measures that comply with federal law. These measures include computer safeguards and secured files and buildings.

Password Protected Emails, Encrypted Computers, Secure Office Environment, Encrypted Paperless Filing (No File Cabinets)

How does BAG, Inc / CDCIA collect my personal information?

We collect your personal information, for example, when you

- Complete A Questionnaire or Complete An Application
- Discuss On Telephone or Send To Us In Email Format
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Information Collected Is Shared With An Insurance Company Or Any Of It's Representatives / Others You Choose With Written Authority By You

Why can't I limit all sharing?

Federal law gives you the right to limit only

- sharing for affiliates' everyday business purposes—information about your creditworthiness
- affiliates from using your information to market to you
- sharing for nonaffiliates to market to you

State laws and individual companies may give you additional rights to limit sharing.

What happens when I limit sharing for an account I hold jointly with someone else?

If All Parties Sign An Application Of Insurance We Will Have The Right To Discuss Any Information On That Application With Any Party

Definitions

Affiliates

Companies related by common ownership or control. They can be financial and nonfinancial companies.

- **We Own No Other Companies With Which To Share Your Information.**

Nonaffiliates

Companies not related by common ownership or control. They can be financial and nonfinancial companies.

- *Any Insurance Company Or Their Representatives Where We Have A Signed Application Or Form By You*

Joint marketing

A formal agreement between nonaffiliated financial companies that together market financial products or services to you.

- *We Do Not Participate In Joint Marketing With Any Other Firm*

Other important information

We Use A Information Release Form That You May Sign That Will Allow Us To Discuss Your Personal Information, To Include Medical And Financial, With Any Advisor, Family Member Or Work Associate That You List On The Form. This Form Will Allow Us The Ability To Discuss Your Personal Information With Anyone Designated On The Form.

Our Office Is HIPPA Compliant & Have Taken All Necessary Steps As Required By The HITECH ACT-2010

HIPAA Statement

CHRIS D. CALLEN, INSURANCE AGENT
128 COUNTY LINE RD, W., STE. B, WESTERVILLE, OH 43082
(800) 288-6578 / cdcallen@cdcallen.com

HEALTH INSURANCE NOTICE OF PRIVACY PRACTICES – Ver. 3/28/12

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.

This Notice gives you information required by the privacy provisions of the Health Insurance Portability and Accountability Act of 1996 and its implementing regulations (HIPAA Privacy Rules) about the duties and privacy practices of Chris D. Callen, Insurance Agent & its Ohio Corporation, Benefits Advisory Group, Inc, and its employees, to protect the privacy of your medical information that we maintain as an issuer of health insurance policies that provide medical care benefits. We sent this Notice to you because our records show that we provide health care benefits to you under an individual or group health insurance policy that provides medical care benefits.

This Notice applies to the designated health care components Chris D. Callen, Insurance Agent & its Ohio Corporation, Benefits Advisory Group, Inc. and its employees that use and disclose your medical information to provide medical care benefits to you under health insurance policies. We use the terms health and health care in this Notice to refer to the medical care benefits we provide to you. This Notice does not apply to the information that our non-health care components maintain about you as an issuer of life, disability, accident, indemnity or any other non-health insurance policy.

THE EFFECTIVE DATE OF THIS NOTICE IS JUNE 24, 2010. We are required to follow the terms of this Notice until we replace it. We reserve the right to change the terms of this Notice at any time. If we make changes to this Notice, we will revise it and send a new Notice to all persons to whom we are required to give the new Notice. We reserve the right to make the new changes apply to all your medical information maintained by us before and after the effective date of the new Notice.

Purposes for which We May Use or Disclose Your Medical Information Without Your Consent or Authorization Or With Your Consent & Authorization Where Noted

We may use and disclose your medical information for the following purposes:

- Health Care Providers' Information Collection Purposes. For example, we may request your medical information from your doctor, in order to expedite an application for insurance that you have submitted with our agency.
- Insurance Company For Underwriting Purposes. For example we may disclose medical or other confidential information about you to a prospective life or health insurer for the purpose of obtaining an insurance policy at your request. The submission of a signed application by you provides us the authorization needed to

discuss your confidential information with an insurance carrier.

- Trusted Advisors. For example, we may use or disclose your medical information with a trusted advisor (attorney, CPA, Financial Planner, etc) in order to expedite the processing of your request for application of insurance. However we must have your written approval to disclose information to these sources.
- To Business Associates. We may disclose your medical information to business associates we use to assist us in obtaining insurance on your behalf. Each of our business associates must agree in writing to ensure the continuing confidentiality and security of your medical information. Business Associates will also include respectable and well established firms that we contract with to maintain our firm's computer hardware and software systems. These firms will have access to our computers as needed to repair and update software as needed. These firms may access data either in-house or online as needed to repair or update our systems. At no time will any of these firms have access codes to open any client data files. All firms that have access to our computer systems have signed HIPAA business associate agreement that bind them to confidentiality and non-disclosure of any client information. Also they have submitted us a copy of a business owner's insurance policy showing that they maintain liability insurance.

We may also use and disclose your medical information as follows:

- To comply with legal proceedings, such as a court or administrative order or subpoena.
- To law enforcement officials for limited law enforcement purposes.
- To a family member, friend or other person, for the purpose of helping you with your insurance application process. We must however have your written permission to talk to any of these persons.
- To your personal representatives appointed by you or designated by applicable law.
- To a coroner, medical examiner about a deceased person.
- To avert a serious threat to your health or safety or the health or safety of others.
- To a governmental agency authorized to oversee the health care system or government programs.
- To federal officials for lawful intelligence, counterintelligence and other national security purposes.
- To public health authorities for public health purposes.
- To appropriate military authorities, if you are a member of the armed forces.

Potential Impact of State Law

In some situations, the HIPAA Privacy Rules do not preempt (or take precedence over) state privacy laws that give you greater privacy protections. As a result, the privacy laws of a particular state might impose a privacy standard under which we will be required to operate (for example, a state privacy law relating to disclosures of medical information of minors).

Uses and Disclosures with Your Permission

We will not use or disclose your medical information for any other purposes unless you give us your written authorization to do so. If you give us written authorization to use or disclose your medical information for a purpose that is not described in this Notice, then, in most cases, you may revoke it in writing at any time. Your revocation will be effective for all your medical information we maintain, unless we have taken action in reliance on your authorization.

Your Rights

You may make a written request to us to do one or more of the following concerning your medical information that we maintain:

- To put additional restrictions on our use and disclosure of your medical information. We do not have to agree to your request.
- To communicate with you in confidence about your medical information by a different means or at a different location than we are currently doing. We do not have to agree to your request unless such confidential communications are necessary to avoid endangering you. Your request must specify the alternative means or location.
- To see and get copies of your medical information. In limited cases, we do not have to agree to your request.
- To correct your medical information. In some cases, we do not have to agree to your request.
- To receive a list of disclosures of your medical information that we and our business associates made for certain purposes for the last 6 years (but not for disclosures before JUNE 24, 2004).
- To send you a paper copy of this Notice if you received this Notice by email or on the Internet.

If you want to exercise any of these rights described in this Notice, please contact the Contact Office (below). We will give you the necessary information and forms for you to complete and return to the Contact Office. In some cases, we may charge you a nominal, cost-based fee to carry out your request.

Complaints

If you believe we have violated your privacy rights, you have the right to complain to us or to the Secretary of the U.S. Department of Health and Human Services. You may file a complaint with us at our Contact Office (below). We will not retaliate against you if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

Contact Office