

HIPAA NOTICE OF PRIVACY PRACTICES AND POLICIES

- RiverSource Life Insurance Company
- RiverSource Life Insurance Co. of New York (collectively referred to as "the Company" herein)

HOW WE COLLECT, USE, DISCLOSE AND PROTECT YOUR HEALTH INFORMATION

The Company is required by the Health Insurance Portability and Accountability Act ("HIPAA") to maintain the privacy of Protected Health Information ("PHI herein"), to provide you with notice of our legal duties and privacy practices with regard to PHI, and to notify you and any other affected individuals following a breach of unsecured PHI. You have received this notice because you are applying for or are the owner and/or insured for one or more insurance products covered by HIPAA. Protecting your privacy is a top priority and we value the confidence you have placed in us and we are committed to ensuring that the client information we maintain about you is safeguarded. We reserve the right to change our privacy practices, procedures, and terms of this notice as necessary. Any revisions made by the Company to this notice shall be effective immediately. If the Company makes a material change to the terms of this notice, an updated copy of the notice will be provided to all applicable insureds. You may also obtain a copy of the notice by mailing a request to the Company at the address listed below.

PHI

This notice describes how we protect the PHI we have about you that relates to your insurance products, and how we may use and disclose this information. We will only use or disclose your PHI for business purposes as described below.

Payment Purposes

We may use or disclose PHI for payment purposes. For example, we may use or disclose PHI to collect premiums, to determine eligibility or coverage, to adjudicate claims, to obtain payment under a reinsurance contract, or to pay claims directly to you or other people or entities on your behalf.

Health Care Operations

We may use and disclose PHI as necessary, and as permitted by law, for our insurance operations. These purposes include evaluating a request for insurance products and services, underwriting, enrollment, customer service and administering those products and services, and processing transactions requested by you.

Personal Representative

With your prior approval, we may disclose PHI to your Personal Representative, insurance agent, designated family, friends, and others, to assist the Company in underwriting your insurance application, processing claims or generally administering your insurance coverage.

Business Associates

We may provide PHI to one or more outside persons or organizations, including but not limited to, your financial advisor and our affiliate companies, to assist us with our business activities including, but not limited to, underwriting your insurance application, delivering your insurance policy to you, generally administering and servicing your insurance coverage and processing of claims. We require all such business associates to appropriately safeguard and protect the privacy of your PHI.

Authorized Disclosures

A **D.** **A**

We are permitted and sometimes required by law to use and disclose PHI without your authorization, including but not limited to, the following circumstances:

- For any purpose as required by law;
- For public health activities, such as required reporting of certain diseases;
- For government oversight or regulatory agency conducting audits, investigations and civil and/or criminal proceedings;
- For court or administrative ordered subpoenas, discovery requests, or qualified protective orders;
- For law enforcement officials as required by law;
- For funeral home directors, coroners and other government medical officials consistent with law;
- For members of the military or military veterans as required by armed forces services;
- For national security or intelligence activities as required by law; or,
- For the purposes of averting a serious threat to your health or safety or to the health or safety of another individual or the public.

HIPAA P **R**

R **I** **C** **PHI**

You have the right to obtain a copy and inspect specific items of your PHI for as long as we maintain it. We may deny your request to access certain PHI, as permitted or required by law. This includes psychotherapy and/or mental health notes and information collected by the Company in connection with, or in anticipation of litigation or use in an active civil, criminal or administrative action or proceeding. In the unlikely event we do not provide access to your information, we may inform you of your right to request review of this denial by a licensed health care professional designated by us. The Company requires requests for access to your PHI to be submitted in writing. Your request for access to your PHI should contain sufficient detail allowing us to properly identify the PHI that you wish to access. We may charge a reasonable fee for access to your PHI.

A **PHI**

You have the right to request an amendment of the PHI that we maintain about you if you believe that the information is incorrect. The Company is not legally obligated to make all requested amendments. However, we will give each request appropriate consideration. All requests for amendments must be made in writing and must specifically state the reasons for the requests.

A **D.** **PHI**

You have the right to request a list or accounting of certain disclosures of your PHI. The Company is not legally obligated to provide an accounting of every disclosure. However, we will give each request appropriate consideration. All such requests must be made in writing and state the period of time your request covers. This time period cannot be more than six years before the date of your request.

R **D.** **PHI**

You have the right to request restrictions on certain uses and disclosures of your PHI for treatment, payment, or health care and general insurance operations. All such requests must be made in writing and the Company is not legally required to agree to your restriction request.

C **C** **PHI**

You have the right to request that communications regarding your PHI be provided to you at an alternative location or by alternative means. We will accommodate any reasonable request if the normal method of disclosure would endanger you and that danger is adequately stated in your request. Any such request must be made in writing and sent to us at the address shown below.

P **R**

Your state may have additional laws relating to privacy rights.

C

If you believe your privacy rights have been violated, you may file a complaint with the Company or with the Secretary of the U.S. Department of Health and Human Services ("HHS" herein). The mailing address for HHS is:

200 Independence Ave. S.W.
Washington, DC 20201

All complaints must be submitted in writing. There will be no retaliation for the filing of a complaint.

H **C** **C**

If you have questions or need further assistance regarding the Notice, or wish to exercise any of the above-mentioned rights, you may contact the Company's Privacy Office at the address below:

RiverSource Life Insurance Company
70100 Ameriprise Financial Center
Minneapolis, MN 55474