

**HANCOCK HOLDING COMPANY**  
**NOTICE OF HIPAA PRIVACY PRACTICES**  
(Amended and Restated September 23, 2013)

**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.**

A federal law called “HIPAA” may protect your health information that is developed and maintained by the group health plans maintained by Hancock Holding Company (referred to as the “Company”). The Plan is subject to HIPAA’s privacy, security, and breach requirements set forth in the final rule promulgated on January 25, 2013. This notice is intended to comply with that rule.

Under the law:

- Limitations are placed on the manner in which your protected health information can be stored;
- Limitations are placed on the persons who can have access to your protected health information and the purposes for which your health information can be used and disclosed; and
- You have rights to review your protected health information, to make amendments and corrections to the information, and to receive an accounting about its use.

Please review this notice carefully. You may obtain additional copies of this notice upon request. If you have any questions or want additional information, use the contact information provided at the end of this notice.

**1. What Health Information is Protected?**

Protected health information, or “PHI,” is health information that satisfies all of the following conditions:

- The information is created or received by a health care provider (a doctor or hospital), a health plan or your employer;
- The information relates to your physical or mental condition;
- The information identifies you or can be used to identify you in conjunction with other information; and
- The information is in the possession and control of the health plan.

In addition, PHI includes genetic information which includes information about your genetic tests or the genetic tests of your family members or the manifestation of a disease in one of your family members. Examples of PHI include an explanation of benefits, or EOB, information about your enrollment in the plan, an appeal filed to obtain additional benefits or dispute the denial of a claim, or a medical diagnosis of one of your family members. For example, the fact that your spouse is diagnosed with Type II diabetes is genetic information.

Not all of your health information is protected. Administration of the Company’s leave and employment policies may require you to furnish medical information, such as a medical certification for leave, a doctor’s certificate to determine eligibility for long term disability, or an injury report for workers’ compensation, but the

information is not treated as PHI. The Company usually obtains this information directly from you as a condition of receiving the benefit. Although the Company takes reasonable steps to ensure that this type of information is held, used and stored in a confidential manner, it is not precluded from using or disclosing the information in accordance with limitations imposed under applicable law.

**2. What are the Company’s group health plans that are subject to the HIPAA privacy and security standards?**

The Company presently maintains the following health plans (collectively referred to in this notice as the “Plan”), which are subject to the rules:

- Associate Health Protection Plan for Hancock Holding Company;
- Health Care Spending Accounts maintained under the Hancock Holding Company Cafeteria Plan;
- Hancock Holding Company Dental Plan;
- Hancock Holding Company Vision Service Plan;
- Hancock Holding Company Long-Term Care Plan;
- Associate Assistance Program; and
- Executive Health Program.

The dental plan, vision plan, long-term care plan, associate assistance program, and executive health plan are fully insured arrangements, and the Company does not receive PHI in connection with those plans. These plans are included in the notice for ease of HIPAA compliance. You should refer to the privacy notices issued by the insurers of these benefits for your rights in connection with these plans.

**3. How Can the Plan Use My Protected Health Information?**

**a. Disclosures to You.** The Plan will always disclose to you your protected health information. The Plan will also disclose your protected health information to an individual who has been designated by you as your personal representative, provided the Plan receives written notice of the designation and any supporting documents (*i.e.* power of attorney) or to someone who is deemed to be your representative under state law (such as the parent of a minor). The Plan does not have to disclose information to a personal representative if the Plan has a reasonable belief that:

- You have been, or may be, subjected to domestic violence, abuse, or neglect by such person; or
- Treating such person as your personal representative could endanger you; and
- In the exercise of professional judgment, it is not in your best interest to treat the person as your personal representative.

**b. Treatment, Payment, and Health Care Operations.** The Plan has the right to use and disclose your protected health information, without your consent, to facilitate medical treatment or services by providers and for all of its “payment” and “health care operations.” For this purpose:

- **Treatment** means the provision of medical treatment, diagnosis, and services by health care providers. For example, the Plan may disclose information about prior prescriptions to your health care provider.
- **Payment** means providing coverage and benefits. For example, the Plan may disclose your protected health information when a provider requests information regarding your eligibility for benefits or it may use your information to determine if a treatment that you received was medically necessary.
- **Health Care Operations** means the Plan’s business functions. These functions commonly include, but are not limited to, the amendment of Plan terms, auditing claims payment performance, quality assessment and improvement, and other business planning. For example, the Plan may use your protected health information to provide you with information about a disease management program, to respond to a customer service inquiry from you or in connection with fraud and abuse detection.

**c. Business Associates.** The Plan requires its third-party service providers to implement privacy standards similar to those applicable to the Plan. These third parties are called “business associates.” Under contractual agreements with the Plan, business associates can receive, create, maintain, use, and disclose your protected health information, without your consent, but only to assist the Plan with its payment and operations or other limited purposes. For example, the Plan may disclose your protected health information to a Business Associate to process your claims for medical benefits.

**d. Workers’ Compensation.** The Plan may disclose your protected health information, without your consent, to comply with workers’ compensation laws and other similar programs that provide benefits for work-related injuries or illnesses.

**e. Other Health Care Providers.** The Plan may use or disclose your protected health information, without your consent, to assist other health care providers in connection with their payment activities or health care operations. For example, the Plan may share your PHI with other insurers (such as Medicare) in order to coordinate benefits, if you or your family members have duplicate health insurance.

**f. Lawsuits and Other Legal Proceedings.** The Plan may disclose your protected health information in the course of any judicial or administrative proceeding or in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized). If certain conditions are met, the Plan may also disclose your protected health information in response to a subpoena or a discovery request.

**g. Other Disclosures Required by Law.** The Plan may use or disclose your protected health information, without your consent, to the extent required by federal, state, or local law, which include, but are not limited to:

- **Health Oversight Activities**, which are usually audits, investigations, inspections, licensure or disciplinary actions or civil, administrative, or criminal proceedings.
- **Abuse or Neglect** concerns or domestic violence provide a basis to disclose your protected health information to a governmental entity that is authorized to receive the information.
- **Law Enforcement** is authorized to receive your protected health information for its legitimate purposes.

- **Coroners, Medical Examiners, and Funeral Directors** can receive your protected health information if necessary to identify a deceased person or to determine a cause of death.
- **To Prevent a Serious Threat to Health or Safety**, your information can be disclosed, usually to prevent or lessen a serious and imminent threat to the health or safety of a person or the public.
- **Military** command authorities can obtain your protected health information if you are, or were, in the armed forces.
- **National Security and Protective Services** may receive your protected health information to conduct national security and intelligence activities and for the protection of the President and other authorized persons.
- **U.S. Department of Health and Human Services** is entitled to review your information for the purpose of determining whether the Plan is in compliance with HIPAA.

**h. Organ and Tissue Donation.** The Plan may disclose protected health information to organizations that handle organ, eye, or tissue donation and transplantation.

**i. Research.** The Plan may disclose your protected health information to researchers, subject to limitations.

**j. Plan Sponsor.** The Plan may disclose protected health information to certain associates of the Company for plan administration purposes. However, those associates will only use or disclose that information as necessary to perform plan administration functions or as otherwise required by HIPAA, unless you have authorized further disclosures. Your protected health information cannot be used for employment purposes without your specific authorization.

#### **4. What About Disclosures to My Family Members?**

If you are an unemancipated minor, the Plan may disclose your protected health information to your parents, without your consent.

If you are an adult or an emancipated minor, the Plan will not intentionally disclose your protected health information to a spouse or other family member without your consent. If you want to designate your spouse or a family member to receive your health information (for example, it may be prudent to let your parents receive your health information if you are away at school), you must sign an Authorization to Share Health Information. If you do not sign an authorization, your protected health information, such as your claims information, will be addressed in your name, but sent to the mailing address of the Company's associate.

Even if you do not sign an Authorization to Share Health Information, disclosure may sometimes occur when it is apparent under the circumstances that a spouse or family member must act as your personal representative and be involved in your medical treatment.

With only limited exceptions, the Plan will send all mail to the associate. This includes mail relating to the associate's spouse and other family members who are covered under the Plan, and includes mail with information on the use of the Plan benefits by the associate's spouse and other family members and information on the denial of any Plan benefits to the associate's spouse and other family members. If a person covered under the Plan has requested restrictions or confidential communications (see below under "What are My Rights Under HIPAA?"), and if the Plan has agreed to the request, the Plan will send mail as provided by the request for restrictions or confidential communications.

## 5. What About Other Uses and Disclosures of My PHI?

Other uses and disclosures of your protected health information can be made only with your written authorization. For example, in general and subject to specific conditions, the Plan will not use or disclose your psychiatric notes; the Plan will not use or disclose your protected health information for marketing; and the Plan will not sell your protected health information, unless you give us a written authorization. If you provide an authorization for a specific purpose, you can revoke the authorization by providing written notice. Your revocation will be effective prospectively, for future uses and disclosures of protected health information. Depending upon the circumstances, you may be requested to provide an authorization by your employer, by a health care provider, or by a business associate, such as Blue Cross and Blue Shield of Louisiana.

## 6. Is the Plan Subject to Other Restrictions Regarding the Use and Disclosure of PHI?

The Plan will not:

- use your genetic information for underwriting purposes, which includes determining whether you are eligible for benefits;
- directly or indirectly receive payment in exchange for your protected health information unless the Plan obtains a valid authorization from you; or
- provide “marketing communications” to you or permit such communications to be provided unless the requirements under HIPAA are satisfied.

## 7. What are My Rights Under HIPAA?

**a. Right to Request a Restriction.** You have the right to request a restriction or limitation on the use or disclosure of your protected health information, except to the extent the Plan uses or discloses PHI for payment of your claims or its health care operations. You also have a right to limit disclosures to family members or friends who are involved in your care or the payment for your care. For example, you could ask that the Plan not use or disclose information about a surgery that you had. The Plan is not required to agree to any restriction. If the Plan agrees to the restriction, it can stop complying with the restriction after providing notice to you.

To request restrictions, you must make your request in writing to the Privacy Official at the address below. In your request, 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.

**b. Right to Request Confidential Communications.** If you believe that a disclosure of all or part of your PHI may endanger you, you can request that the Plan communicate with you in an alternative manner or at an alternative location. For example, you may ask that all communications be sent to your work address, rather than your home address. The Plan will accommodate your request, provided it is reasonable.

To request confidential communications, you must make your request in writing to the Privacy Official at the address below. The Plan will not ask you the reason for your request. Your request must specify how or where you wish to be contacted.

**c. Right to Request Access.** You have the right to inspect and copy the PHI that may be used to make decisions about your benefits. Note that under federal law, you may not inspect or copy any of the following records: psychotherapy notes, information compiled in reasonable anticipation of, or use in, a civil,

criminal, or administrative action or proceeding, and protected health information that is subject to a law that prohibits access.

If the information you request is maintained electronically, and you request an electronic copy, the Plan will provide a copy in the electronic form and format you request, if the information can be readily produced in that form and format. If the information cannot be readily produced in that form and format, the Plan will work with you to come to an agreement on form and format. If you and the Plan cannot agree on an electronic form and format, the Plan will provide you with a paper copy.

To inspect and copy your protected health information, you must submit your request in writing to the address below. If you request copies, the Plan may charge you the actual cost it incurs. The Plan may deny your request to inspect and copy PHI in certain limited circumstances. If your request is denied, you may request review of that denial by submitting a written request to the Privacy Official.

**d. Right to Request an Amendment.** You have the right to request an amendment of your PHI if you believe that information is incorrect or incomplete. In certain cases, the Plan may deny your request for an amendment. If the Plan denies your request, you have the right to file a statement of disagreement. Your statement of disagreement will be linked with the disputed information and all future disclosures of the disputed information will include your statement.

To request an amendment, you must submit your request in writing to the Privacy Official at the address below. In addition, you must provide a reason that supports your request. The Plan may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, the Plan may deny your request if you ask to amend information that:

- is not part of the medical information kept by or for the Plan;
- was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- is not part of the information that you would be permitted to inspect and copy; or
- is already accurate and complete.

If the Plan denies your request, you have the right to file a statement of disagreement with the Plan and any future disclosures of the disputed information will include your statement.

**e. Right to Request an Accounting.** You have the right to request an accounting of certain disclosures the Plan has made of your PHI. The accounting will not include (1) disclosures for purposes of treatment, payment, or health care operations; (2) disclosures made to you; (3) disclosures made pursuant to your authorization; (4) disclosures made to friends or family in your presence or because of an emergency; (5) disclosures for national security purposes; and (6) disclosures incidental to otherwise permissible disclosures.

To request an accounting of disclosures, you must submit your request in writing to the Privacy Official at the address below. Your request must state the time period you want the accounting to cover, which may not be longer than six years before the date of the request. Your request should also indicate the form in which you would like the accounting (for example, paper or electronic). You are entitled to one accounting free of charge during a 12-month period. There may be a charge to cover the Plan's costs for additional requests within that 12-month period. The Plan will notify you of the cost involved and you may choose to withdraw or modify your request before any costs are incurred.

**f. Right to Receive Notice of a Breach.** In the event that PHI maintained by the Plan is unsecured based on standards set under federal law, the Plan will notify you within 60 days of (i) the date of discovery of any breach of your PHI or (ii) the date that there is reason to believe that there has been a breach of your PHI. The notice will include the circumstances of the breach, the date of the breach, the date of discovery of the breach, the type of information involved, steps you should take to protect yourself, and steps that the Plan is taking to mitigate the harm and protect against future breaches.

**g. Right to Receive Paper Copy of This Notice.** You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. To obtain a paper copy of this notice, contact the Privacy Official at the address below.

**h. Exercising your Rights.** Ordinarily, to exercise one of these rights you provide notice to the Company's privacy officer. Your notice must be in writing, specify which right you intend to exercise, describe the PHI that is affected, and either describe the limitations you wish to impose upon the use and disclosure of your PHI, the period for which an accounting is requested, the PHI you wish to correct or the circumstances giving rise to a need for confidential communications.

**i. Remedies.** If you believe the Plan has violated your privacy rights, you can complain to the Plan or to the Secretary of the U.S. Department of Health and Human Services. The Plan has designated a Privacy Official that can assist you if you have a complaint. Neither the Plan nor the Plan Sponsor will penalize you for filing a complaint.

## **8. Can the Plan Change Its Policies?**

Consistent with the provisions of HIPAA, the Plan reserves the right to change the provisions of this notice and make the new provisions effective for all protected health information that it maintains. If the Plan makes a material change to this notice, it will provide a revised notice to you.

## **9. Who Do I Contact?**

The Plan has designated a Privacy Official who administers the requirements of HIPAA. The Privacy Official receives your written notice when you limit the use of your PHI, request an accounting, or make an amendment. You may also contact the privacy official to get more information about your rights under HIPAA. The Company's privacy official is the Manager-Benefits, who may be contacted at:

Hancock Holding Company  
P.O. Box 4019  
Gulfport, MS 39502  
Telephone: 228-563-6530  
Facsimile: 228-563-5790