

## **Mitchell Insurance Agency Notice of Privacy Policies and Procedures**

At Mitchell Insurance Agency serving and protecting our customers comes first. To ensure that our customers' privacy and security is properly protected, Mitchell Insurance Agency has developed privacy policies and procedures which are set forth below. These policies and procedures apply to any nonpublic information that we collect about our customers. We also apply these same standards of protections to our former customers. Please feel free to contact us if you have any questions regarding these policies and procedures.

### **OUR PRIVACY POLICIES AND PRACTICES**

#### **Information We Collect:**

A. Categories of Information Collected and Sources From Which We Collect it

We collect nonpublic personal information about you from the following sources:

- Information we receive from you on applications or other forms.
- Information about your transactions with our affiliates, others or us.
- Information we receive from a consumer-reporting agency.
- Information we receive from medical records or medical professionals.

Unless it is specifically stated otherwise in an amended Privacy policy Notice, no additional information will be collected about you.

B. Persons From Whom Information is Collected

- We may collect nonpublic personal information from individuals other than those proposed for coverage. Information obtained from the report prepared by the third party may be retained by the third party and disclosed to other persons.

#### **Information We may Disclose to Third Parties:**

In the course of our general business practices, we may disclose the information that we collect (as described above) about you or others without your permission to the following types of institutions for the reasons described:

- To a third, party if the disclosure will enable that party to perform a business, professional or insurance function for us.
  - To an insurance institution, agent, or insurance support organization in order to detect or prevent criminal activity, fraud or misrepresentation in connection with an insurance transaction.

- To an insurance institution, agent, or insurance support organization for either this agency or the entity to whom we disclose the information to perform a function in connection with an insurance transaction involving you.
- To an insurance regulatory authority, law enforcement, or other governmental authority in order to protect our interests in prevention of prosecuting fraud, or if we believe that you had conducted illegal activities or for other lawful purposes.

### **Your Right to Access and Amend your Personal Information:**

You have the right to request access to the personal information that we have record about you. Your right includes the right to know the source of the information and the identity of the persons, institutions or types of institutions to whom we have disclosed such information within two (2) years prior to your request. Your right includes the right to view such information and copy it in person, or request that a copy of it be sent to you by mail (for which we may charge you a reasonable fee to cover our costs). Your right also includes the right to request corrections, amendments or deletions of any information in our possession. The procedures that you must follow to request access to or an amendment of your information are as follows:

To obtain access to your information: You should submit a request in writing to [insert name or title and address of person to whom request should be sent.] The request should include your name, address, social security number, telephone number, and the recorded information to which you would like access. The request should state either you would like access in person or a copy of the information sent to you by mail. Upon receipt of your request, we will contact you within 30 business days to arrange providing you with access in person or the copies that you have requested.

To correct, amend, or delete any of your information: You should submit a request in writing to [insert name or title and address of person to whom request should be sent] The request should include your name, address, social security number, telephone number, the specific information in dispute, and the identity of the document or record that contains the disputed information. Upon receipt of your request, we will contact you within 30 business days to notify you either that we have mad the correction, amendment or deletion, or that we refuse to do so and the reasons for the refusal, which you will have an opportunity to challenge.

### **Our Practices Regarding Information Confidentiality and Security:**

We restrict access to non-public personal information about you to those employees who need to know that information in order to provide products or services to you. We maintain physical, electronic, and organizational safeguards to protect information about you.