

Sample Privacy Notice

This notice explains why and how [Agency Name] may collect, use, and share your personal information.

Please read this notice carefully.

1. Authority to Collect Your Information

[Insert Agency Name]'s collection, use and disclosure of your personal information is defined and authorized by law, including Virginia Code section 38.2-6509, 45 CFR section 155.220(c) and (d,) and standards established under 45 CFR section 155.260.

2. Types of PII Collected

[Insert Agency Name] collects personal information from you to assess your eligibility for coverage and financial assistance, and to help you enroll in appropriate insurance plans.

Specifically, we may ask you for:

- **Contact details:** Such as your name, email address, mailing address, and phone number.
- **Personal and demographic information:** Including your Social Security Number, date of birth, gender, marital status, and dependents.
- **Employment information:** Such as employer name and contact information, and proof of income for eligibility for financial assistance programs, including certain federal income tax credits.
- **Healthcare information:** Such as medical providers or prescription drugs you use to help you select a plan that meets your needs.
- **Other information:** For example, citizenship or immigration status, household income, family size, Social Security Numbers of family members.

3. How We Use Your Information

We will only collect and use personal information that is necessary to help you apply for, obtain, and maintain health coverage and financial assistance. Your personal information will not be used or disclosed for purposes other than those for which it was collected, except with the consent of the individual or as required by law. Your personal information will be retained only as long as necessary for the fulfillment of those purposes.

4. Sharing your Information with Others

We may disclose personal information to other agents within [insert agency name] as necessary to ensure proper continuity of service (for example, if a client's agent of record is unavailable or away from the office).

Information you provide to us may be shared with authorized insurance carriers and federal and state agencies for legally authorized purposes, including determining eligibility for and enrollment in health and dental coverage and insurance affordability programs.

Your information will be disclosed only to those authorized to receive it, and no more will be disclosed than is necessary for the purpose. [Insert agency name] may also disclose information as required to comply with applicable legal, regulatory and professional obligations, including cooperating with law enforcement, regulatory bodies and government authorities.

5. How We Protect the Privacy of Your Personal Information

[Insert agency name] protects the privacy of personal information through technical, administrative, and physical safeguards. These include (*note – these are illustrative only*):

Physical Safeguards

- Locked filing cabinets; and
- Restricted office access and alarm systems.

Technological Safeguards

- Password protection on all files containing personal information
- Encryption of all files containing personal information
- Firewalls and virus scanners.

Administrative Safeguards:

- Adherence to privacy and security rules and procedures
- Data access restrictions
- Regular system audits

6. You Are Not Required to Provide Your Personal Information to Any Insurance Agency

There is no obligation to provide any information to [insert agency name]. Provision of any information is entirely voluntary. If you choose not to provide the information requested however, [insert agency name] may not be able to fully assist you with completion of your application and enrollment.

[Insert agency name] is required to obtain your explicit consent before collecting or using your personal information as part of assisting you with application and enrollment in health insurance. Your consent may be documented in a separate process or on a separate form.

7. Complaints

If you believe your information has been or may have been misused or compromised in any way, you may file a complaint with Virginia’s Insurance Marketplace via email at privacy@marketplace.virginia.gov.

You may also call the Marketplace customer assistance center at 1-888-687-1501 (TTY 711 for those who are deaf, hard of hearing or speech disabled).

Appendix A

Virginia Health Benefit Exchange

Privacy Notice Requirements

Prior to collecting personal information, Agent must provide consumers with a Privacy Notice Statement

Section 2.1

- A. The Privacy Notice Statement must be prominently and conspicuously displayed on a public-facing website, if applicable, or on the electronic and/or paper form an agent will use to gather and/or request the personal information. The Privacy Notice Statement must be written in plain language and provided in a manner that is accessible and timely to people living with disabilities and/or with limited English proficiency.

- B. The Privacy Notice Statement must contain, at minimum, the following information:
 - 1. The legal authority to collect the personal information;
 - 2. A description of the personal information to be collected;
 - 3. The purpose for which the personal information is being collected;
 - 4. What, if any, notice or opportunity will be given for a consumer to consent to the creation, collection, disclosure, maintenance, storage, and/or use of the personal information;
 - 5. The intended use(s) and disclosure(s) of the information;
 - 6. To whom the personal information may be disclosed, and for what purposes, and how a record of any disclosures may be requested from the agent;
 - 7. How the personal information will be kept secure;
 - 8. Whether the request to collect the personal information is voluntary or mandatory under applicable law;
 - 9. The effects of non-disclosure on a consumer if a consumer chooses not to provide the requested personal information; and
 - 10. Information on how to file complaints with the Exchange and agent regarding the agent's actions related to the personal information.