

Al Crouse & Associates

Privacy Notice Statement

This notice explains how our office may collect, use and share your information. Please read it carefully and contact us at 828-256-3224 if you have any questions.

Why did you give me this notice?

I am/ We are legally required to give you this notice by applicable law and our agreement with the federal government.

I/We respect your personal information and want you to fully understand how I/we may use and share your information.

What information will you ask me to give you?

I /We must collect certain information about you, called **Personally Identifiable Information** ("PII") in order to help you complete your application for health insurance. PII is information that can be used to identify you or trace your identity.

These are a few examples of PII. This is not a complete list.

name, address, date of birth, telephone number

social security number

household income, marital status

race or ethnicity

credit or debit card numbers

How will you use my information?

I/We will use only the information that we need to help you obtain health insurance through the Federally-facilitated Exchange (“FFE”) and to provide Authorized Functions approved by the FFE, or other service as permitted under applicable law.

These are a few of the authorized functions that we may conduct. This is not a complete list:

Helping with your application for insurance

Answering question about your eligibility

Helping to enroll you in a qualified health plan

Helping with filing appeals of eligibility determinations

Correcting errors in your application

Will you share my information with anyone?

I/We may only share your information as described in this notice.

I/We may share your information with certain Federal or State agencies, the health insurance issuer that you select or subcontractors that help me/us to provide services to you.