

HIPAA PRIVACY NOTICE

NOTICE OF PRIVACY PRACTICES

Effective July 26, 2005

Revised April 22, 2009

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.

This notice is provided to you in accordance with federal and state privacy laws enacted to protect your medical information. This notice describes the privacy practices of Guardian EMS, our legal duties, and your rights concerning your medical information.

Guardian EMS is required to follow the privacy practices that are described in this notice while it is in effect. However, we reserve the right to change privacy practices and the terms of this notice at any time, provided that applicable law permits such changes.

You may request a copy of this notice at any time. For more information about our privacy practices, or for additional copies of this notice; please contact us.

This notice applies to the privacy practices of the Guardian EMS, its employees, and its affiliates.

USES AND DISCLOSURES OF YOUR MEDICAL INFORMATION

Reinsurance carriers and their Agents, Brokers, Allied Benefit Administrators and Guardian EMS are permitted to use or disclose your protected health information (PHI) for the following purposes:

Payment Reinsurance carriers and their Agents, Brokers, Allied Benefit Administrators and Guardian EMS use and disclose your protected health information to pay claims from doctors, hospitals and other providers for services delivered to you that are covered by your plan, to determine your eligibility for benefits, to coordinate benefits, to examine medical necessity, to obtain premiums, or to be reimbursed by another entity that may be responsible for payment.

Health Care Operations Reinsurance carriers and their Agents, Brokers, Allied Benefit Administrators and Guardian EMS use and disclose your protected health information in order to perform our plan activities, such as quality assessment activities or administrative activities, including data management or customer service. In some cases, we may use or disclose your information for underwriting purposes, determining premiums, and the detection and investigation of fraud.

OTHER PERMITTED OR REQUIRED DISCLOSURES

Reinsurance carriers and their Agents, Brokers, Allied Benefit Administrators and Guardian EMS may also use or disclose your protected health information in support of:

As Required By Law Reinsurance carriers and their Agents, Brokers, Allied Benefit Administrators and Guardian EMS must disclose protected health information about you when required to do so by law.

Plan Administration To the plan sponsor, employer or other organization that sponsors your group health plan, to permit the plan sponsor to perform plan administration functions, as described in your plan documents.

Public Health Activities Reinsurance carriers and their Agents, Brokers, Allied Benefit Administrators and Guardian EMS may disclose protected health information to public health agencies for reasons such as prevention or controlling disease, injury or disability.

Business Associates To persons who provide services to us and assure Reinsurance carriers and their Agents, Brokers, Allied Benefit Administrators and Guardian EMS that they will comply with privacy regulations and all procedures on the use of protected health information.

Law Enforcement Reinsurance carriers and their Agents, Brokers, Allied Benefit Administrators and Guardian EMS may disclose protected health information under limited circumstances to a law enforcement official in response to a warrant or similar process; to identify or locate a suspect; or to provide information about the victim of a crime.

Research Under certain circumstances, Reinsurance carriers and their Agents, Brokers, Allied Benefit Administrators and Guardian EMS may disclose protected health information about you for research purposes, provided certain measures have been taken to protect your privacy.

Special Government Functions Reinsurance carriers and their Agents, Brokers, Allied Benefit Administrators and Guardian EMS may disclose information as required by military authorities or to authorized federal officials for national security and intelligence activities.

Judicial and Administrative Proceedings Reinsurance carriers and their Agents, Brokers, Allied Benefit Administrators and Guardian EMS may disclose protected health information in response to a court or administrative order. Reinsurance carriers and their Agents, Brokers, Allied Benefit Administrators and Guardian EMS may also disclose protected health information about you in certain cases in response to a subpoena, discovery request or other lawful process.

Industry Regulation Reinsurance carriers and their Agents, Brokers, Allied Benefit Administrators and Guardian EMS may disclose your protected health information to state insurance departments, the U.S. Department of Labor and other government agencies, for activities authorized by law.

Workers Compensation Reinsurance carriers and their Agents, Brokers, Allied Benefit Administrators and Guardian EMS may disclose protected health information to the extent necessary to comply with state laws for workers compensation programs.

Coroners, Funeral Directors, Organ Donation Reinsurance carriers and their Agents, Brokers, Allied Benefit Administrators and Guardian EMS may disclose the protected health information of a deceased person to a coroner, medical examiner, funeral director, or organ procurement organization for certain purposes.

OTHER USES OR DISCLOSURES WITH AN AUTHORIZATION

Other uses or disclosures of your protected health information will be made only with your written authorization, unless otherwise permitted or required by law. You may revoke an authorization at any time in writing, except to the extent that we have already taken action on the information disclosed or if we are permitted by law to use the information to contest a claim or coverage under the Plan.

YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION

Right To Access Your Protected Health Information You have the right to review or obtain copies of your protected health information records, with some limited exceptions. Usually the records include enrollment, billing, claims payment and case or medical management records. Your request to review and/or obtain a copy of your protected health information records must be made in writing. Reinsurance carriers and their Agents, Brokers, Allied Benefit Administrators and Guardian EMS may charge a fee for the costs of producing, copying and mailing, your requested information, but we will inform you of the cost in advance.

Right To Amend Your Protected Health Information If you feel that protected health information maintained by the Plan is incorrect or incomplete, you may request that we amend the information. Your request must be made in writing and must include the reason you are seeking a change. Reinsurance carriers and their Agents, Allied Benefit Administrators and Guardian EMS may deny your request if, for example, you ask to amend information that was not created by the Plan, as is often the case for health information in our records, or you ask to amend a record that is already accurate and complete.

If Reinsurance carriers and their Agents, Allied Benefit Administrators and Guardian EMS deny your request to amend, you will be notified in writing. You then have the right to submit to the Reinsurance carriers and their Agents, Allied Benefit Administrators and Guardian EMS a written statement of disagreement with our decision and the Reinsurance carriers and their Agents, Allied Benefit Administrators and Guardian EMS have the right to rebut that statement.

Right to an Accounting of Disclosures by the Plan You have the right to request an accounting of disclosures Reinsurance carriers and their Agents, Brokers, Allied Benefit Administrators and Guardian EMS have made of your protected health information. The list will not include disclosures related to your treatment, or payment, or health care operations, or disclosures made to you or with your authorization. The list may also exclude certain other disclosures, such as for national security purposes.

Your request for an accounting of disclosures must be made in writing and must state a time period may not be longer than six years and may not include dates before July 26, 2005. Your request should indicate in what form you want the list (for example, on paper or electronically). Reinsurance carriers and their Agents, Brokers, Allied Benefit Administrators and Guardian EMS, may charge for providing the accounting disclosures, but we will in form you of the cost in advance.

Right To Request Restrictions on the Use and Disclosure of Your Protected Health Information You have the right to request that Reinsurance carriers and their Agents, Brokers, Allied Benefit Administrators and Guardian EMS restrict or limit how we use or disclose your protected health information for treatment, payment or health care operations. We may not agree to your request. If we do agree, we will comply with your request unless the information is needed for an emergency. Your request for a restriction must be made in writing. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit how we use or disclose your information, or both; and (3) to whom you want the restrictions to apply.

Right To Receive Confidential Communications You have the right to request that Reinsurance carriers and their Agents, Brokers, Allied Benefit Administrators and Guardian EMS use a certain method to communicate with you about the Plan or that we send Plan information to a certain location if the communication could endanger you. Your request to receive confidential communications must be made in writing. Your request must clearly state that all or part of the communication from us could endanger you. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

Right to a Paper Copy of This Notice You have a right at any time to request a paper copy of this Notice, even if you had previously agreed to receive an electronic copy.

Contact Information for Exercising Your Rights You may exercise any of the rights described above by contacting our office.

If you receive this notice on our web site or by electronic mail (e-mail), you are entitled to receive this notice in written form, Please contact Guardian EMS or Allied Benefit Administrators to obtain a copy of this notice in written form.

HEALTH INFORMATION SECURITY

Reinsurance carriers and their Agents, Brokers, Allied Benefit Administrators and Guardian EMS require our employees and business associates to follow the Company's security policies and procedures that limit access to health information about members to those employees and or entities that need it to perform their job responsibilities. In addition, we maintain physical, administrative and technical security measures to safeguard your protected health information.

COMPLAINTS

If you believe that your privacy rights have been violated, you may file a complaint with Allied Benefit Administrators and Guardian EMS and/or with the Secretary of the Department of Health and Human Services. All complaints to Guardian EMS must be made in writing and sent to the address listed below:

Guardian EMS @ 1239 Bowie, Columbus, Texas 78934 or email us @ HIPAA@guardian-ems.com

We support your right to protect the privacy of your medical information. We will not retaliate in any way if you choose to file a complaint with Allied Benefit Administrators, Guardian EMS or the Department of Health and Human Services.