GUARDIAN®

NOTICE OF PRIVACY PRACTICES

Effective April 14, 2003

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.

The Guardian culture is based on an unwavering belief in integrity and fair dealing. We take pride in treating our customers and each other with dignity and respect. Protecting your personal health information is very important to us. We want you to have a clear understanding of how we use and safeguard your protected health information.

This Notice of Privacy Practices describes how Guardian and its subsidiaries may use and disclose your protected health information (PHI) in order to carry out treatment, payment and health care operations and for other purposes permitted or required by law. It also describes your rights to access and control your PHI.

PHI is individually identifiable information (including demographic information) relating to your health, to the health care provided to you or to payment for health care. Information acquired or maintained by us as a result of you having Life or Disability insurance coverage with Guardian is not considered PHI. However we still ensure the security and privacy of this information.

Guardian is required by law to provide you with this Notice of our legal duties and privacy practices with respect to PHI, and to abide by the terms of this Notice and to protect the privacy of your PHI. However, we reserve the right to modify the terms of this Notice at any time, and the new notice will be effective for all PHI in our possession at the time of the change, and any received thereafter. As required by law or upon request, we will provide you with a copy of the revised Notice or you can review the Notice by accessing our website at: http://www.guardianlife.com/privacypolicy.

USES AND DISCLOSURES OF HEALTH INFORMATION

Guardian uses your PHI for treatment, payment and operational purposes. By law, we do not require authorization to use your PHI for these purposes. Under certain circumstances, we may also use or disclose your PHI without your authorization for several other reasons, such as for public health reasons, auditing purposes, research studies and for emergencies.

Treatment. Guardian may use and disclose your PHI to assist your health care providers in your diagnosis and treatment. For example, we may disclose your PHI to providers to provide information about alternative treatments.

Payment. Guardian may use and disclose your PHI in order to pay for the services and items you may receive. For example, we may contact your health provider to certify that you received treatment (and for what range of benefits), and we may request details regarding your treatment to determine if your benefits will cover, or pay for, your treatment. We also may use and disclose your PHI to obtain payment from third parties that may be responsible for such costs, such as family members.

Health Care Operations. Guardian may use and disclose your PHI to perform health care operations. For example, we may use your PHI for underwriting and premium rating purposes.

In addition to the above-mentioned uses of your PHI related to treatment, payment and health care operations, Guardian may also use your PHI for the following purposes:

Plan Sponsors. We may use or disclose PHI to the plan sponsor of your group health plan to permit the plan sponsor to perform plan administration functions. For example, a plan may contact us regarding benefits, service or coverage issues. We may also disclose summary health information about the enrollees in your group health plan to the plan sponsor so that the sponsor can obtain premium bids for health insurance coverage, or to decide whether to modify, amend or terminate your group health plan.

Appointment Reminders. Guardian may use and disclose PHI to contact you and remind you of appointments.

Health Related Benefits and Services. Guardian may use and disclose PHI to inform you of health related benefits or services that may be of interest to you.

Release of Information to Family and Friends. Guardian may release your PHI to a friend or family member identified by you, that is helping you pay for your health care, or who assists in taking care of you.

Disclosures Required by Law. Guardian will use and disclose your PHI when we are required to do so by federal, state, or local law.

In addition to the above described uses and disclosures of your PHI, Guardian may also use and disclose your PHI under the following unique circumstances:

Public Health Risks. Guardian may disclose your PHI to public health authorities that are authorized by law to collect information for the purpose of:

- Maintaining vital records, such as births and deaths;
- Reporting child abuse or neglect;
- Preventing or controlling disease, injury or disability;
- Notifying a person regarding potential exposure to a communicable disease;
- Notifying a person regarding the potential risk for spreading or contracting a disease or condition;
- Reporting reactions to drugs or problems with products or devices;
- Notifying individuals if a product or device they may be using has been recalled;
- Notifying appropriate government agencies and authorities regarding the potential abuse or neglect of an adult patient (including domestic violence); however, we will only disclose this information if the insured agrees or we are required or authorized by law to disclose this information; and
- Notifying your employer under limited circumstances related primarily to workplace injury or illness or medical surveillance.

Health Oversight Activities. Guardian may disclose your PHI to a health oversight agency for activities authorized by law. Oversight activities can include, for example, investigations, inspections, audits, surveys, licensure and disciplinary actions; civil, administrative, and criminal procedures or actions; or other activities necessary for the government to monitor government programs, compliance with civil rights laws and the health care system in general.

Lawsuits and Similar Proceedings. Guardian may use and disclose your PHI in response to a court or administrative order, if you are involved in a lawsuit or similar proceeding. We also may disclose your PHI in response to a discovery request, subpoena, or other lawful process by another party involved in the dispute, but only if we have made an effort to inform you of the request or to obtain an order protecting the information the party has requested.

Law Enforcement. We may release PHI if asked to do so by law enforcement officials:

- Regarding a crime victim in certain situations, if we are unable to obtain the person's agreement;
- Concerning a death we believe might have resulted from criminal conduct;
- Regarding criminal conduct at our offices;
- In response to a warrant, summons court order, subpoena or similar legal process;
- To identify and/or locate a suspect, material witness, fugitive or missing person; and
- In an emergency, to report a crime (including the location or victim(s) of the crime, or the description, identity or location of the perpetrator).

Serious Threats to Health or Safety. Guardian may use and disclose your PHI when necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public. Under these circumstances, we will only make disclosures to a person or organization able to help prevent the threat.

Military. Guardian may use and disclose your PHI if you are a member of United States or foreign military forces (including veterans) and if required by the appropriate military command authorities.

National Security. Guardian may use and disclose your PHI to federal officials for intelligence and national security activities authorized by law. We also may disclose your PHI to federal officials in order to protect the President, other officials or foreign heads of state, or to conduct investigations.

Inmates. Guardian may disclose your PHI to correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official. Disclosure for these purposes would be necessary: (a) for the institution to provide health care services to you, (b) for the safety and security of the institution, and/ or (c) to protect your health and safety or the health and safety of other individuals.

Workers' Compensation. Guardian may release your PHI for workers' compensation and similar programs.

Under Federal and state law, certain kinds of PHI will require enhanced privacy protection. These forms of PHI include information pertaining to:

HIV/AIDS testing, diagnosis or treatment
Venereal and/or communicable disease(s)
Genetic testing
Alcohol and drug abuse prevention, treatment and referral
Psychotherapy notes

We will only disclose these types of delineated information when permitted or required by law or upon your prior written authorization.

YOUR RIGHTS

The Right to Inspect and Copy. You have the right to inspect and obtain a copy of your PHI that we maintain and have in our possession, including medical records (if we maintain any) and billing records, but not including psychotherapy notes. If you request copies, we will charge you a fee for the costs of copying, mailing, labor and supplies associated with your request. To inspect and copy your PHI, you must submit your request in writing.

Under certain circumstances we may deny your request to inspect and copy your PHI. If you are denied access to medical information, you have a right to have that determination reviewed. A licensed health care professional chosen by Guardian will review your request and the denial. The person conducting the review will not be the person who denied your request. Guardian promises to comply with the outcome of the review.

The Right to Amend Your PHI. If you feel that any PHI we have about you is not correct or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by Guardian. To request an amendment, your request must be made in writing. Additionally, you must provide a reason that supports your request.

Guardian reserves the right to deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

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

The Right to an Accounting of Disclosures. An accounting of disclosures is a list of the disclosures we have made, if any, of your PHI.

You have the right to request an accounting of disclosures. This right applies to disclosures for purposes other than those made to carry out treatment, payment and health care operations as described in this notice. It excludes disclosures made to you, or those made for notification purposes. Your request must be made in writing and the period cannot include dates more than six years prior to the date when you make your request. Your request should indicate in what form you want the list (e.g. paper, electronically). We may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

The Right to Receive Communications of PHI by Alternative Means or at Alternative Locations. You have the right to request that Guardian communicate with you about your health and related issues in a particular manner or at a certain location. For example, you may ask that we contact you at work rather than at home. We will accommodate all reasonable requests made in writing. Your request to receive PHI by alternative means or at an alternative location must clearly state that your life could be endangered by the disclosure of all or part of your PHI.

The Right to Request Restrictions. You have the right to request a restriction or limitation on the PHI we use or disclose about you for treatment, payment or health care operations as described in this notice. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care (like a family member or friend), or for notification purposes as described in this notice.

Guardian is not required to agree to your request, however, if we do agree, we will comply with your request until we receive notice from you that you no longer want the restriction to apply (except as required by law or in emergency situations).

Any Request for a restriction on our use and disclosure of your PHI must be made in writing. Your request must describe in a clear and concise manner: (a) the information you wish restricted; (b) whether you are requesting to limit Guardian's use, disclosure or both; and (c) to whom you want the limits to apply.

The Right to Provide an Authorization for Other Uses and Disclosures. Guardian will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law. Any authorization you provide to us regarding the use and disclosure of your PHI may be revoked at any time in writing. After you revoke your authorization, we will no longer use or disclose your PHI for the purposes described in the authorization, except under the following circumstances:

- We have taken action in reliance upon your authorization before we received your written revocation;
- You were required to give us your authorization as a condition of obtaining coverage; or
- If state law gives us the right to contest a claim under your policy.

The Right to Obtain a Paper Copy of This Notice. Upon request, you have a right to a paper copy of this notice, even if you have agreed to accept this notice electronically.

The Right to File a Complaint. If you believe your privacy rights have been violated, you may file a complaint with the U.S. Secretary of Health and Human Services. If you wish to file a complaint with Guardian you may do so using the contact information below. You will not be penalized for filing a complaint.

How to Contact Us

If you have any complaints or questions about this Notice or you want to submit a written request to Guardian as required in any of the previous sections of this Notice, please call the toll-free number on the back of your Guardian ID card, or write to us at the address below:

Attention: Guardian Corporate Privacy Officer
National Operations

Address: The Guardian Life Insurance Company of America
Group Quality Assurance - Northeast
P.O. Box 2457
Spokane, WA 99210-2457