

**Notice of Guaranty Association Privacy Procedures  
Medical Savings Insurance Company**

Effective Date:

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.

**Introduction**

What is this Notice?

This Notice of Privacy Procedures (“Notice”) describes the joint privacy procedures of your State Guaranty Association (the “Association”) and the other state guaranty associations that are working together in the referenced health insurer insolvency, including how your protected health information (“PHI”) may be used and disclosed and how you can get access to it. Please review this Notice carefully.

Any Question?

Should you have any questions about the contents of this Notice, please contact our *privacy official*. Please see the end of this Notice for contact information.

**General Information**

What will we do with your health information?

To assist in coordinating their efforts in this health insurer insolvency, the Association and the other participating state guaranty associations may share your PHI with each other for purposes of carrying out their joint payment and health care operations. The Association and other participating state guaranty associations will seek to ensure that your PHI remains private and confidential by following the privacy procedures detailed in this Notice while it is in effect.

The Association reserves the right to change its privacy procedures

The Association reserves the right to change its privacy procedures and the terms of this Notice at any time; and to change its privacy procedures for the use and disclosure of PHI that we maintain, including PHI we created or received before we made the changes. Before we make a significant change in its privacy procedures, we will revise this Notice and provide you with a new updated Notice.

You may request a copy of our Notice at any time

For more information about our privacy procedures, or for copies of this Notice, please contact our *privacy official*.

**Uses and Disclosures of Health Information**

To the Covered Individual

The Association may disclose your PHI to you or your authorized personal representative for any purpose. The Association will disclose your PHI to you or your authorized personal representative upon written request.

For Treatment, Payment, and Health Care Operations

The Association may use and disclose your PHI, and may share it with other state guaranty associations as part of their joint efforts in this health insurance insolvency, for purposes of treatment, payment, and health care operations.

To Family and Friends

We may disclose your PHI to a family member, friend, other person to the extent necessary to help with your care or payment for health care if you agree or, if you are unavailable to agree, we determine that a medical emergency or other situation indicates that disclosure would be in your best interest.

#### To Our Business Associates

We may disclose the minimum necessary PHI to service providers, known as *business associates* who perform various functions on our behalf. We will take appropriate steps to ensure that the business associates will safeguard your PHI.

#### By Written Authorization

We may use or disclose your PHI if we have received a written authorization from you or your authorized personal representative. You or your personal representative may revoke the authorization in writing at any time, but that revocation will not affect any permitted use or disclosure while the authorization was in effect.

#### Other

We may also use or disclose PHI (a) when we are required to do so by law; (b) for public health activities; (c) to appropriate authorities, if we believe you are a victim of abuse, neglect, or domestic violence; (d) to health oversight agencies authorized to oversee the health care system or entities subject to government regulatory programs; (e) in response to a court or administrative order, subpoena, discovery request, or other lawful process, under certain circumstances; (f) to a law enforcement official for certain law enforcement activities; (g) to a medical examiner or coroner (and if legally authorized, a funeral director) for identification, to determine cause of death or to carry out other legally authorized duties; (h) to facilitate organ, eye or tissue donation and transplantation; (i) to prevent or lessen a serious and imminent threat to the health or safety of a person or the public; (j) to military authorities regarding armed forces personnel under certain circumstances; (k) to authorized federal officials for lawful intelligence, counterintelligence, and other national security activities; and (l) to the extent necessary to comply with laws relating to workers' compensation or similar programs.

### **Individual Requests**

You may make the following requests with respect to your health information:

#### Request to Inspect and Copy

You may request to view and receive copies of your PHI kept in our records (with some limited exceptions). We will provide the information to you in the format you request unless we determine that the request is unreasonable. You must make a request in writing to obtain access to or get copies of your PHI. You may obtain a request form by contacting our *privacy official*.

#### Request to Amend

You may request that we amend your PHI. Your request must be in writing, and it must explain why the information should be amended. We may deny your request under certain circumstances. Please contact the *privacy official* for more information and procedures for amending your health information.

#### Request to Obtain List of Certain Disclosures

You may request a list of instances in which we disclosed your PHI for purposes other than treatment, payment, healthcare operations and certain other activities. You may obtain a request form from our *privacy official*.

#### Request for Restrictions on Use or Disclosures

You may request restrictions on the use or disclosure of your PHI. We may not agree to these additional restrictions, but if we do agree, we will abide by the agreement (except in an emergency).

### Request for Confidential Communication

You may request that we communicate with you about your PHI by means other than the phone numbers or address contained in our records. You must inform us in writing that communication by other means or at other locations is required to avoid endangering you. We will accommodate your request if it is complete and reasonable.

### **Questions and Complaints**

#### Who should I contact if I have questions about these privacy procedures?

If you want more information about these privacy procedures or have questions or concerns about this Notice, please contact our *privacy official*.

#### What if I have a complaint about these privacy procedures?

If you have a concern about our privacy procedures, or you disagree with a decision we make about your PHI, you may file a complaint with our *privacy official*.

#### Will I be penalized if I file a complaint?

You will not be penalized if you choose to file a complaint.

### **Contact Information**

Privacy Official:  
Address:  
Office Telephone:  
Fax:  
E-mail: