

## NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

### PROTECTING YOUR HEALTH INFORMATION

Delta Dental of Idaho is committed to protecting the privacy of your health information. We are required by law to maintain the privacy of your protected health information (“PHI”) and to provide you with this notice of our legal duties and privacy practices with respect to your health information. This Notice explains our privacy practices, our legal duties, and your rights concerning your PHI. PHI means any information that is identifiable to you as your health information, including information regarding your dental care and treatment, payment for your dental care or treatment, and identifiable factors such as your name, age, address and Social Security number.

We collect PHI for a number of reasons, including to pay claims, determine your dental benefits, and to provide an explanation of benefits to you. We receive PHI from you, your employer or plan sponsor, and from dental care providers. For example, we receive PHI as a part of enrollment information and when dentists submit claims for reimbursement for covered benefits.

We protect your PHI by treating all your personal information that we collect as confidential. Our employees receive privacy training and have access to your PHI only when there is an appropriate reason, such as to administer your dental benefits or provide services to you. The amount of PHI our employees may access is the minimum necessary to perform their jobs. We only disclose PHI to a company that provides services to us or acts on our behalf if the company agrees to protect and maintain the confidentiality of your PHI. Physical, electronic and procedural safeguards that comply with federal and state regulations are maintained to guard your PHI.

This Notice is effective April 14, 2006. We reserve the right to change the terms of this notice at any time in the future and make the new provisions effective for all PHI that we maintain, even PHI received before the change. If we materially revise our privacy notice, we will notify you of the changes within 60 days. Until then we are required by law to comply with the current version of this notice.

### USES AND DISCLOSURES WITHOUT YOUR AUTHORIZATION

We will not use or disclose PHI without your authorization unless we are allowed or required by law. The main reasons for which we use or disclose your PHI are to evaluate and process requests for coverage and claims for benefits. The following are some examples of how we may use or disclose your PHI without your authorization.

**Treatment:** We may use or disclose your PHI for treatment activities of a dental care provider. For example, we may inform you or your dental care provider about treatment alternatives or other benefits that may be offered under your dental benefit coverage. If your dentist refers you to another dental professional, we may disclose your PHI to that dental professional so that he or she can treat you. To insure quality and continuity a dental consultant may review your claims.

**Payment:** We may use and disclose your PHI for our payment activities, including determining whether a specific treatment is a covered benefit, paying your dental benefit claims, coordinating benefits with another health plan, and verifying information with your employer.

**Health Care Operations:** We may use or disclose your PHI for internal operations. For example, we may use your claims information to analyze data for cost control, planning, or fraud and abuse protection.

**Business Associates:** We may also share your PHI with third-party “business associates” who perform certain activities for us. We require these business associates to protect your PHI in the same way that we do.

**Plan Sponsors:** If you are enrolled in a group health plan, we may disclose your PHI to the plan sponsor to permit it to perform administrative activities.

**Enrolled Dependents and Family Members:** Generally, we will mail Explanation of Benefit (“EOB”) forms and other mailings containing PHI to the address we have on record for the subscriber of the dental plan. If you are unable to consent to the disclosure of your PHI, such as in an emergency, we may disclose your PHI to a family member or a friend to the extent necessary to help with your dental care or payment for your dental care. We will only do so if we determine that the disclosure is in your best interest. If you are a minor, we may disclose PHI to parents or guardians, consistent with state laws.

**Personal Representatives:** We may use or disclose PHI when dealing with individuals involved in your care or the payment for your care. For example, we may disclose health information to an individual who has legal authority to make health care decisions on your behalf.

**Direct Communications:** We may use or disclose PHI to communicate to you. These communications may for example be about government and government sponsored programs, wellness programs, and other health related services such as services that add value to your health plan.

### **Other Permitted or Required Disclosures**

**As Required by Law:** We may disclose PHI when required to do so by law.

**Public Health Activities:** We may disclose your PHI to public health agencies for reasons such as preventing or controlling disease, injury or disability.

**Victims of Abuse, Neglect or Domestic Violence:** We may disclose your PHI to government agencies when required to report abuse, neglect or domestic violence.

**Health Oversight Activities:** We may disclose your PHI to government oversight agencies; for example, the state Insurance Commissioner, for activities authorized by law.

**Judicial and Administrative Proceedings:** We may disclose PHI in response to a court or administrative order. We may also disclose PHI in certain cases in response to a subpoena, discovery request, or other lawful process.

**Law Enforcement:** We may disclose PHI under limited circumstances to a law enforcement official for law enforcement purposes.

**Coroners, Funeral Directors, Organ Donation:** We may release PHI to coroners or funeral directors or in connection with organ or tissue donation.

**Research:** Under certain circumstances, we may disclose PHI about you for research purposes, provided certain measures have been taken to protect your privacy.

**To Avert a Serious Threat to Health or Safety:** We may disclose your PHI, with some limitations, when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.

**Special Government Functions:** We may disclose PHI as required by military authorities or to authorize federal officials for national security intelligence activities.

**Workers Compensation:** We may disclose your PHI to the extent necessary to comply with state law for workers compensation programs.

#### **OTHER USES OR DISCLOSURES WITH AN AUTHORIZATION**

Other uses or disclosures of your PHI will be made only with your written authorization, unless otherwise permitted or required by law. If you sign an authorization, you may revoke it at any time in writing, although this will not affect information that we disclosed before you revoked the authorization.

#### **YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION**

You have certain rights regarding PHI that we maintain about you.

**Right to Inspect and Copy Your PHI:** You have the right to review and receive a copy of your PHI that is contained in records that we maintain about you. Your request to review and/or obtain a copy of your PHI records must be made in writing. We may charge you our actual cost for the copies plus labor to cover expenses associated with your request. We may limit your access to PHI if we determine that providing the information could possibly harm you or another person. If we limit access based upon a belief that it could harm you or another person, you have the right to request a review of that decision.

**Right to Amend Your PHI:** You have the right to request that we amend your PHI. Your request must be in writing, and it must identify the information that you think is incorrect and explain why the information should be amended. We may deny your request for certain reasons, including if you ask us to change information that we did not create. If we deny your request to amend your records, we will provide you a written explanation. You may respond with a statement of disagreement to be appended to the information you want amended. If you provide a

statement of disagreement, or if we accept your request to amend the information, we will make reasonable efforts to inform others, including people you have authorized, of the amendment, and will include the amended information in future disclosures of that information.

**Right to an Accounting of Disclosures by Us:** You have the right to receive a report of disclosures we or our business associates have made of your PHI. The list will not include our disclosures related to your treatment, our payment or health care operations, disclosures made to you or with your authorization, or 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 for which you want an accounting. This time period may not be longer than six years and may not include a time period before April 14, 2003. We will provide you with the date on which we made a disclosure, the name of the person or entity to whom we disclosed your PHI, a description of the PHI disclosed, the reason for the disclosure, and other applicable information. If you request this list more than once in a 12-month period, we may charge you a reasonable fee for providing this accounting to you.

**Right to Request Restrictions on Use and Disclosure of Your PHI:** You have the right to request that we restrict or limit how we use or disclose your PHI 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 in an emergency or disclosure is required by law.

**Right to Receive Confidential Communications:** You have the right to request that we use a certain method to communicate with you about your PHI or that we send your PHI to a certain alternative location. We will comply with any reasonable request, made in writing, and which specifies an alternative means of communication.

**Right to Notice:** You have a right to receive our Notice of Privacy Practices, either electronically or in paper form. If you receive this Notice on our Website or by electronic mail (e-mail), you are also entitled to receive this Notice in written form. Please contact us using the information listed at the end of this Notice to obtain the Notice in written form.

## QUESTIONS AND COMPLAINTS

If you believe that your privacy rights have been violated, you may file a complaint with us and/or with the Secretary of the Department of Health and Human Services. Your privacy is one of our greatest concerns and there is never any penalty to you if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

Comments, questions and complaints regarding this Privacy Notice should be directed to:

**Privacy Officer**

Delta Dental of Idaho

555 E Parkcenter Blvd

Boise, ID 83706

Phone: (208) 489-3529

Email: [privacy@deltadentalid.com](mailto:privacy@deltadentalid.com)

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