

**DELTA DENTAL OF NEW JERSEY, INC.<sup>1</sup>  
1639 Route 10, Parsippany, New Jersey 07054**

**Notice of Privacy Practices  
for Delta Dental of New Jersey, Inc.**

**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.**

If you have any questions about this notice, please contact the Compliance Office at (866) 861-4716;  
e-mail: [compliance@deltadentalnj.com](mailto:compliance@deltadentalnj.com); mail: P. O. Box 222, Parsippany, NJ 07054

**EFFECTIVE DATE**

**This notice is effective September 23, 2013. The Notice of Privacy Practices in effect prior to September 23, 2013 is dated August 1, 2008.**

**INTRODUCTORY STATEMENT**

Delta Dental of New Jersey, Inc. (Delta Dental) takes seriously its responsibility to safeguard your personal information. This notice describes how we protect your personal health information (PHI), our responsibilities, and your rights regarding the information we collect, create, and maintain in connection with the dental coverage you have with us. It also explains how we may collect, use, and disclose this information. We are required to provide you with this notice under federal and state law. In providing you with services relating to dental coverage, we need personal information about you and may obtain that information from a variety of public or non-public sources that may include the following:

- Information we receive from you or your employer group, policyholder applications, other forms, or web sites we sponsor;
- Information we obtain from your transactions with us, our affiliates, or others, such as dental providers;
- Information we receive from others, such as state regulators and law enforcement agencies.

**HOW WE MAY USE AND DISCLOSE YOUR PHI**

We may use or disclose your information without your written consent or authorization for the following purposes. The categories listed below describe different ways that we may use and disclose your PHI. Not every use or disclosure in a category is listed. However, all of the ways we are permitted to use and disclose information fall within at least one of the categories. If applicable state law is (or becomes) more restrictive, we will abide by such restrictions.

**For Treatment**

We may use or disclose your PHI for treatment purposes. This includes sharing information with your dentist to coordinate or manage your treatment.

*For example -Your dentist may wish to provide a dental service to you and seek information from us concerning whether and when dental treatment was previously provided to you so the dentist can determine in advance whether we will provide payment toward that treatment and/or when to schedule your treatment.*

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1. Delta Dental of New Jersey, Inc., “our” and “we” also refer to: (a) Flagship Dental Plans, (b) Delta Dental of Connecticut, Inc., and (c) Delta Dental Insurance Company. We may share information with each other for purposes of treatment, payment, and health care operations.

### **For Payment**

We may use or disclose your information in order to make payment on claims submitted to us by your dental provider. This includes making determinations regarding your eligibility, coverage, benefits, activities such as billing, claims management, coordinating benefits with other coverage, subrogation, reviews for medical necessity and appropriateness of care, utilization review, and treatment estimates.

*For example - We may need to provide information about you to a dental service provider or to another insurance company or payor to determine if other insurance or other coverage exists in order to coordinate benefits or to determine whether there exists another responsible third party payor.*

### **For Health Care Operations**

We may use and share your information for health care operations. This includes use of information to run our organization and to contact you when necessary. Health care operations may include, but are not limited to performing quality assessment and improvement, licensing, reviewing competence, performance, or qualifications of health care professionals, underwriting, premium rating, health services research, and other insurance activities relating to creating or renewing insurance contracts. They also include disease management, case management, conducting or arranging for medical review, legal services and auditing functions, including fraud and abuse compliance programs, business planning and development, business management and general administrative activities, including data and information systems management, and customer service.

*For example – We may use your PHI (and others’ PHI) for the following health care operations:*

- a) We may use your PHI to assess whether to enroll or retain a dentist in our network.*
- b) We may use your PHI to determine the premium to be charged and/or to obtain reinsurance.*
- c) We may use your PHI in connection with our fraud and abuse detection, and compliance programs.*
- d) We may use your PHI to evaluate or improve our dental plan and/or how we pay for dental services.*
- e) We may disclose your PHI to other entities covered by the HIPAA privacy regulations to the extent permitted by law if they have or have had a relationship with you, provided that the PHI relates to that relationship and the disclosure is for their quality assessment and improvement activities, their review of the competence or qualifications of health care professionals, or for the purpose of fraud and abuse compliance, and detection.*
- f) We may use or disclose your PHI in order to provide you with information regarding your coverage or replacement of your dental coverage.*

### **OTHER PURPOSES FOR WHICH WE ARE PERMITTED OR REQUIRED TO USE OR DISCLOSE YOUR PHI WITHOUT YOUR WRITTEN CONSENT OR AUTHORIZATION**

In addition to the above-mentioned uses of your PHI related to treatment, payment, and health care operations, we may also use or disclose your PHI for other purposes permitted or required by law, as listed below:

**As Required By Law** - We will use or disclose your PHI when required by federal or state law.

**Law Enforcement, Regulatory, or Legal Proceedings** – We may use or disclose your PHI when asked to do so by a law enforcement official. This may include reporting information to government agencies to report a crime, where there is suspected fraud, to health oversight agencies, for civil, administrative, or criminal investigations, for licensure or disciplinary proceedings, in response to judicial and administrative subpoenas, to a law enforcement officer in response to a grand jury subpoena, an administrative subpoena, or a civil or criminal investigative demand, or when required by a court order. We may also disclose your PHI to any government agency or regulatory body with whom you have filed a complaint or as part of a regulatory agency examination. We may disclose PHI in response to a subpoena, discovery request, or other lawful process of a third party, as long as efforts have been made to notify you of the request or to obtain an order protecting the PHI provided.

**For Specialized Government Functions** - We may use or disclose your PHI in connection with authorized federal officials' demands in the course of intelligence and national security activities.

**To Avert a Serious Threat to Health or Safety** - We may use or disclose your PHI where we believe it is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public, or where necessary for law enforcement authorities to identify or apprehend an individual.

**For Public Health and Safety Activities** - We may use or disclose PHI to a public health agency for public health activities where, for example, it is necessary to provide information to prevent or control disease or injury, to report potential exposure to communicable diseases, to report child abuse, domestic violence or neglect, or to report problems with or reactions to medications or products.

**Coroners, Medical Examiners, and Funeral Directors** – We may use or disclose PHI to identify a deceased person or to determine the cause of death.

**Workers' Compensation** - We may disclose your PHI for workers' compensation or other similar programs established by law that provide benefits for injuries or illness without regard to fault.

**Military and Veterans** – We may disclose your PHI if you are a member of or a veteran of the armed forces or a foreign military authority, as required by law.

**Inmates** – We may, under certain circumstances, disclose your PHI to correctional institutions or law enforcement if you are an inmate or under lawful custody.

**Research** - We may use or disclose your PHI, subject to conditions, for research. For example, we may use or disclose your PHI to an entity for use in analyzing the dental effectiveness of alternate dental treatments for a particular condition, as long as the entity receiving the PHI fully complies with all applicable legal requirements.

**Business Associates** - We may disclose your PHI to other individuals or entities, known as “business associates,” that provide services related to payment, treatment, or health care operations for us or our affiliates. Our business associates agree in writing to protect the privacy of your information.

**Communications with Persons Involved in Your Care and/or Payment For Your Care** - We may, in the exercise of professional judgment, disclose your PHI to a member of your family, other relatives, a close personal friend, or any other person involved in your care and/or payment for your care where it is directly relevant to their involvement and we believe the disclosure is in your best interest. This may involve disclosing your PHI to a family member with prior knowledge of a claim, to confirm whether or not a claim has been received or paid, or to the parent or guardian of a minor or other dependent.

#### **LIMITED DATA SETS AND DE-IDENTIFIED INFORMATION**

We do not need your consent or authorization to use or disclose your PHI to create a limited data set in accordance with all conditions imposed by law. A “limited data set” is PHI which has been stripped of all direct identifiers, such as name, address and telephone number. We also do not need your consent or authorization to de-identify your PHI and to use or disclose it once it has been de-identified. This notice does not apply to information that has been de-identified. “De-identified information” is information that does not identify an individual and where there is no reasonable basis to believe that the information can be used to identify an individual.

## **SUMMARY HEALTH INFORMATION AND INFORMATION TO YOUR PLAN SPONSOR**

We may use or disclose your health information to your health or dental plan sponsor for plan administration. We may provide your plan sponsor with “summary health information” for obtaining premium bids or modifying, amending, or terminating the Group Health or Dental Plan. Summary health information includes claims history, claims expenses or the types of claims experienced by individuals for whom the Plan Sponsor has provided health benefits under the Group Health or Dental Plan from which identifying information has been deleted in accordance with HIPAA.

## **OTHER USES AND DISCLOSURES OF YOUR PHI WITH YOUR WRITTEN AUTHORIZATION**

Other uses and disclosures that are not described above will be made only with your written authorization. Your written authorization should contain certain required information. For your convenience, a written authorization form is available on our website at [www.deltadentalnj.com](http://www.deltadentalnj.com) or from our Compliance Office. You may revoke your authorization in writing at any time, although information already disclosed based on your authorization will not be subject to the revocation.

## **USE OR DISCLOSURE OF GENETIC INFORMATION**

We are not allowed to use or disclose genetic information to decide whether we will give you coverage or to determine the price of that coverage.

## **USE OR DISCLOSURE FOR FUNDRAISING**

We will not use or disclose your PHI for fundraising. If we decide to engage in any permitted fundraising activity, we will provide you with information to allow you to opt out of receiving this type of communication.

## **USE OR DISCLOSURE FOR MARKETING**

We will not use or disclose your PHI for marketing that involves the sale of your PHI without your written permission.

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

You have the right to the following with respect to your PHI. You may exercise any of these rights by contacting Delta Dental’s Compliance Office and sending us a written request.

### **Right to Request Restrictions on Certain Uses and Disclosures of PHI**

You have the right to ask for restrictions of how your PHI is used or to whom your information is disclosed, even if the restriction affects your treatment, our payment, or our health care operation activities. You have the right to ask that PHI provided to family members or others involved in your care be restricted. However, we are not required to agree to your requested restriction. You or your personal representative will be required to complete a form to request restrictions on uses and disclosures.

### **Right to Receive Confidential Communications of PHI**

You have the right to ask that we communicate your PHI to you in different ways or send your PHI to an alternate address if disclosure of your PHI could endanger you. We will comply with a reasonable request. You or your personal representative will be required to complete a form to request that communications be sent to a different location.

### **Right to Inspect and Copy your PHI**

With a few exceptions, you have a right to inspect and obtain a copy of your PHI contained in a "designated record set," for as long as we maintain the PHI. A "*Designated Record Set*" includes the medical records and billing records about individuals that are maintained by us, including information sent to us by a health care provider, and information regarding enrollment, payment, billing, claims adjudication and case or medical management record systems we maintain; it also includes other information used in whole or in part by us to make decisions about coverage, benefits, or claims. You or your personal representative will be required to complete a form to request access to the PHI in your designated record set. Requests for access to PHI should be made in writing to Delta Dental's Compliance Office. If you request a copy of your PHI, we may charge you a reasonable fee for the costs of copying, mailing, or other supplies associated with your request.

Information used for quality control or peer review analyses and not used to make decisions about individuals is not part of a "designated record set." The right to copy or inspect does not apply to information compiled in reasonable anticipation of, or use in, civil, criminal or administrative actions or proceedings. The right to copy or inspect may also be limited by other federal or state law that might prohibit us from releasing information.

We will provide you with access to your PHI within 30 days if the information is maintained onsite or within 60 days if the information is maintained offsite. A single 30-day extension is allowed if we are unable to comply with the deadline. If access is denied, you or your personal representative will be provided with a written denial setting forth the basis for the denial, a description of how you may exercise review rights, and a description of how you may complain to the Secretary of the U.S. Department of Health and Human Services.

### **Right to Correct Claims and Health Records**

You have the right to ask us to correct the information we maintain about you if it is incorrect. Your request must be in writing and must give the reason as to why you believe your PHI is incorrect. However, if we did not create the PHI that you believe is incorrect, or if we disagree with you and believe either that the information we have is correct or that it is not part of the information you would be permitted to inspect and copy, we may deny your request.

### **Right to Receive an Accounting of Disclosures of Your PHI**

You have the right to request an accounting of certain disclosures of your PHI made by us within six years prior to the date of your request. Your request must be in writing and specify the time period for which you are requesting an accounting.

The accounting we will provide you, unless otherwise required by law, will not include PHI disclosed: (1) to carry out Treatment, Payment or Health Care Operations; (2) to you about your own PHI; (3) prior to the effective date of the first notice of privacy practices that allows you to receive an accounting; (4) based on your written authorization; (5) incident to a use or disclosure we make consistent with this privacy notice; (6) for duly authorized national security or intelligence purposes; (7) to certain law enforcement officials or entities, or to healthcare oversight agencies; (8) as part of a limited data set; or (9) disclosures for research for which an accounting is not required by law.

If the accounting cannot be provided within 60 days, an additional 30 days is allowed if we give you a written statement of the reasons for the delay and the date by which the accounting will be provided. If you request more than one accounting within a 12-month period, we will charge a reasonable, cost-based fee for each subsequent accounting.

### **Right to Receive a Paper Copy of this Notice**

You have the right to receive a copy of this notice. You may request a paper copy of this notice, even if you earlier agreed to receive this notice electronically. You may also obtain a copy of this Notice from our website.

### **State Rights Regarding Your Personal Information**

In addition to the rights provided to you under federal law, state law provides you with rights regarding your personal information. This may include the right to notice concerning the types of personal information we may collect from third parties, the sources of that information, the types of disclosures we may make of your personal information without your authorization, and your state right to access and correct your personal information. To request a detailed notice of these sources, disclosures, and rights, contact Delta Dental's Compliance Office.

### **Right to be Notified of a Breach of Unsecured Protected Health Information**

You have the right to be notified and we have a duty to notify you of a Breach of your unsecured protected health information. A Breach of your unsecured protected health information occurs when there is an unauthorized acquisition, access, use or disclosure in a manner not permitted under the law that compromises the privacy or security of your protected health information. In the event of a Breach, you will be provided with information about the Breach so you can take steps to protect yourself.

### **A Note About Personal Representatives**

You may exercise your rights through a personal representative. Your personal representative will be required to produce evidence of his/her authority to act on your behalf. Such authority may include one of the following:

- a power of attorney for health care purposes, notarized by a notary public;
  - a court order of appointment of the person as the conservator or guardian of the individual; or
- a parent for his or her minor child under those conditions allowed by law.

### **CHANGES TO THIS NOTICE AND OUR PRIVACY PRACTICES**

We will comply with the terms of this notice while it remains in effect. We reserve the right to change this notice and our privacy practices and, if we do, we will provide you with a copy of the revised notice if you are still covered by us at the time we change our practice. Any change in our privacy practice and the notice will be effective for any PHI created or received prior to the revised notice as well as any information we receive in the future. Any revisions to this notice will be provided by paper copy or electronically if you have agreed to receive electronic notice, or a allowed or required by law. If you agree to receive electronic notice, you have the right to withdraw such agreement in writing; you also have the right to request a paper copy of this notice.

### **COMPLAINTS**

If you believe your privacy rights have been violated, you may file a complaint with us and/or with the U.S. Department of Health and Human Services. We will not retaliate against you for filing such a complaint. To file a written complaint with us or with the U.S. Department of Health and Human Services, please contact our Compliance Office at (866) 861-4716, e-mail at [compliance@deltadentalnj.com](mailto:compliance@deltadentalnj.com), or mail to P. O. Box 222, Parsippany, NJ 07054, and we will provide you with the necessary assistance.

### **QUESTIONS ABOUT THIS NOTICE**

You have a right to receive this Notice of Privacy Practices. If you would like another copy or have any questions regarding this notice, please contact Delta Dental's Compliance Office.

### **EFFECTIVE DATE**

This notice is effective September 23, 2013. It applies to Personal Health Information about you obtained or maintained by us on or after September 23, 2013.