



Privacy Practices for Protected Health Information

Your information. Your rights. Our responsibilities.

This notice protects the rights of current members of Delta Dental of Virginia. It describes how certain health information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

Our Privacy Practices and Responsibilities

- We are required by law to maintain the privacy and security of your health information. Because of this, Delta Dental employees' access to your health information is limited.
- We also limit access to business partners, dentists and others we believe are necessary to treat, pay, provide health care operations and other uses as described in this notice.
- We have physical, electronic and process safeguards in place to restrict access to your health information, including secured office facilities and controlled computer network systems.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information in any way other than as described here, unless you provide written permission. If you provide permission, you may change your mind at any time, by letting us know of the change in writing.
- We will advise you if a breach occurs that compromises the privacy or security of your information.
- We reserve the right to change the terms of this notice at any time. The notice can be accessed at [DeltaDentalVA.com](https://www.DeltaDentalVA.com) or can be sent upon request. If we make material changes to this notice, we will mail you a notification.
- We send communications about health-related products or services as long as the products or services are associated with your coverage, or are offered by us.

Continued on next page

Our Uses and Disclosures

We typically use or share your health information without your permission in the following ways.

<p>To communicate with you or any individual on your behalf</p>	<p>Provide you customer service or respond to your request for information.</p> <p>Provide customer service to a person we believe in good faith is acting on your behalf and that you would not object to the disclosure.</p>	<p>Example: <i>We may respond to an inquiry from you questioning a claim status or payment.</i></p>
<p>Pay for your health services</p>	<p>We can use and disclose your information when paying for your dental services or for coordinating care with other benefit plans you may have.</p> <p>We may use and disclose your information to dentists or other non-employee professionals who review claims for us or are involved in claims appeals.</p>	<p>Example: <i>We send and receive information about your claims to coordinate payment for your dental work.</i></p>
<p>Help manage the health care treatment you receive</p>	<p>We can use or disclose your health information and share it with professionals who are treating you.</p>	<p>Example: <i>We share dental information with your dentist to help them provide you with the care you need.</i></p>
<p>Run our organization</p>	<p>We can use and disclose your information to run our organization. We may share non-health information with other Delta Dental member companies for business operational purposes.</p> <p>We can use and disclose your information to companies that contract with us to perform insurance or insurance related purposes.</p> <p>We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage.</p>	<p>Examples: <i>We use health information about you to develop better services for you.</i></p> <p><i>We share your information with companies that print checks or mail identification cards.</i></p> <p style="text-align: right;">Continued on next page</p>

Privacy Practices for Protected Health Information *(continued)*

<p>Administer your plan</p>	<p>We may disclose your information to your employer or employee benefit plan sponsor for plan administration. Detailed information is not shared with your benefit carrier unless it agrees to maintain your privacy.</p> <p>We may disclose your information to agents, brokers and consultants for your health plan.</p>	<p>Examples: <i>Your company contracts with us to provide a dental plan, and we provide your company with certain statistics to explain the premiums we charge.</i></p> <p><i>Information may be exchanged between Delta Dental of Virginia and the agent or broker for underwriting, enrollment and similar activities.</i></p>
------------------------------------	---	---

How else can we use or share your health information?

We are allowed or required to share your information in other ways — usually in ways that contribute to the public good, such as public health and research. We must meet many legal conditions before we can share your information for these purposes. For information, visit www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

<p>Help with public health and safety issues</p>	<p>We can share your health information for certain situations such as:</p> <ul style="list-style-type: none"> • Reporting suspected abuse, neglect or domestic violence. • Preventing or reducing a serious threat to anyone’s health or safety.
<p>Do research</p>	<p>We can use or share your information for health research studies that meet all privacy requirements.</p>
<p>Comply with the law</p>	<p>We will share information about you if state or federal laws require it, including with health oversight agencies for activities authorized by law.</p> <p>We will share information with state insurance and health regulator authorities conducting state insurance or health examinations or when responding to a complaint.</p> <p>For law enforcement purposes, with law enforcement or other government officials.</p>
<p>Address workers’ compensation and other government requests</p>	<p>We can use or share health information about you:</p> <ul style="list-style-type: none"> • For workers’ compensation claims. • For special government functions such as military, national security and presidential protective services.
<p>Respond to lawsuits and legal actions</p>	<p>We can share health information about you:</p> <ul style="list-style-type: none"> • In response to a court or administrative order, subpoena, discovery request, garnishment or other lawful proceeding. • To a coroner, medical examiner or funeral director, as necessary, when authorized by law.

Continued on next page

If none of these situations apply, we must get your written permission, known as an authorization, before we use or share your health information. If you sign an authorization, you may change or revoke your authorization at any time by writing to us at the address listed on the last page of this notice.

Our Collection Practices

In order to provide you and your family with insurance coverage, Delta Dental needs personal information that includes (but is not limited to) your name, address, social security number and information about your dental history. You are the primary source of this information. However, we also collect information from a variety of other sources. These other sources may include, but are not limited to:

- Your employer or group;
- Insurance agents, brokers and consultants who submit information on your behalf or on your group's behalf;

- Dentists and other professionals who provide dental and related services and their office personnel; and
- Other dental insurers, health insurers, HMOs and similar organizations with whom you may have other dental, hospital, medical or related coverage.

This information typically comes from your enrollment form, direct personal contact, correspondence, by phone, fax or through internet communications.

Your Responsibilities

- In order for us to protect your privacy, it is necessary that you provide us with accurate and complete personal information and contact us if a correction of such information is required.
- Do not share your user ID and passwords.

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get an electronic or paper copy of your health information	<p>You can ask to see or get an electronic or paper copy of the health information we have about you. This includes enrollment, payment, claims determination, dental management activities, and information used to make enrollment, coverage or payment decisions about you. Your right to this information does not include copies of information:</p> <ul style="list-style-type: none">• Made in reasonable anticipation of (or use in) a civil, criminal, or administrative action or proceeding;• Subject to federal or state laws that do not allow us to give it to you;• That could possibly harm you or another person. If we limit access because of this, you have the right to ask for a review of this decision, and your request must be made in writing. <p>We will provide a copy or a summary of your health and claims records, usually within thirty (30) days of your request. We may charge a reasonable, cost-based fee.</p>
---	--

Continued on next page

Privacy Practices for Protected Health Information *(continued)*

<p>Ask us to correct health and claims records</p>	<p>You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this.</p> <p>We may say “no” to your request, but we’ll tell you why in writing, usually within sixty (60) days.</p>
<p>Request confidential communications</p>	<p>You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. We will consider all reasonable requests, especially if you are in danger, and will accommodate this request if the alternative address allows us to collect premiums and pay claims required by your Dental Services Plan.</p>
<p>Ask us to limit what we use or share</p>	<p>You can ask us not to use or share certain health information for treatment, payment, or our operations, especially for services paid in full out-of-pocket without plan benefits.</p> <p>We are not required to agree to your request. For example, we may say “no” if it would affect your care.</p>
<p>Get a list of those with whom we’ve shared information</p>	<p>You can ask for a list (accounting) in writing of the times we’ve shared your health information for up to six years prior to the date you ask, who we shared it with, and why.</p> <p>We will include uncommon purposes such as requests from law enforcement. We will not include routine disclosures about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but may charge a reasonable, cost-based fee if you ask for another one within twelve (12) months.</p>
<p>Get a copy of this privacy notice</p>	<p>You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.</p>
<p>Choose someone to act for you</p>	<p>If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.</p> <p>We will make sure the person has this authority and can act for you before we take any action.</p>

Continued on next page

<p>Ask a question or file a complaint if you feel your rights are violated</p>	<p>You can ask a question or submit a complaint if you feel we have violated your rights by contacting us toll-free at 1-800-237-6060/TTY 877-287-9039. You may also file a written complaint with Delta Dental of Virginia to:</p> <p>Delta Dental of Virginia Attn: Privacy Officer 5415 Airport Road Roanoke, VA 24012</p> <p>You can also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to:</p> <p>200 Independence Avenue, S.W. Washington, D.C. 20201</p> <p>Or by calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.</p> <p>We will not retaliate against you for filing a complaint.</p>
---	--

Your choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

<p>In these cases, you have both the right and choice to tell us to:</p>	<ul style="list-style-type: none"> • Share information with your family, close friends, or others involved in payment for your care. • Share information in a disaster relief situation. • Share non-health information with other Delta Dental member companies for business operational purposes. <p>If you are not able to tell us your preference, for example if you are unconscious, we may share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.</p>
<p>In these cases, we never share your information unless you give us written permission</p>	<ul style="list-style-type: none"> • For marketing purposes • For the sale of your information