

Notice of Privacy Practices

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.**

This Notice pertains to privacy practices for Delta Dental of Missouri and Advantica Insurance Company insured benefit plans. If your plan is self-funded by your employer, you can request a copy of the plan's notice of privacy practices from your employer.

You have a Right to:

Get a copy of health and claims records

- You may request a copy of your health and claims records we have about you.
- We will provide a copy or a summary of your health or claims records to you and we may charge a reasonable, cost-based fee.

Ask us to correct health and claims records

- You may request a correction to your health and claims records if you think they are incorrect or incomplete.
- We may say “no” to your request, but we’ll tell you why in writing.

Request confidential communications

- You may request that we 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 and must say “yes” if you tell us you would be in danger if we do not.

Ask us to limit what we use or share

- You may request that we limit the use of or share certain health information for treatment, payment, or our operations.
- We are not required to agree to your request and may say “no” if it would affect your care.

Get a copy of this privacy notice

- You may request a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you a paper copy.

Choose someone to act for you

- 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.
- We will verify that the person has the authority to act for you before we take any action.

Get a list of those with whom we've shared information

- You may request a list (accounting) of who we've shared your health information with and why for up to six years prior to the date you ask.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one free accounting a year but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

File a complaint if you feel your rights are violated

- You can file a complaint if you feel we have violated your privacy rights by contacting:
Privacy Officer
12399 Gravois Road
St. Louis, MO 63127 866-392-1167
privacyofficer@deltadentalmo.com
- You can file a complaint with the Secretary of the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints.
- We will not retaliate against you for filing a complaint.

Sharing your Health Information

- We may discuss health information with your spouse or parent of a dependent child if such individual contacts us for assistance with eligibility, coverage, or payment issues; however, you have the right to request that we do not discuss your health information with these individuals for this purpose.
- We will not sell your information or share it for marketing purposes unless you give us written permission, or if the marketing purposes are allowed by law. **Example:** We may inform you about health-related products or services.

Our Uses and Disclosures

We typically use or share your health information to:

Help manage the health care treatment you receive

We can use your health information and share it with professionals who are treating you. **Example:** We may tell your provider information about your prior treatments so he or she can provide appropriate services for you.

Run our organization

- We can use and disclose your information to run our organization and contact you when necessary. **Example:** We use health information about you for underwriting, premium rating, quality control and improvement activities.
- We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage.

Pay for your health services

- We can use and disclose your health information as we pay for your health services. **Example:** We may share information about you with another plan that covers you to coordinate payment for your treatment.

Administer your plan

- We may disclose your health information to your health plan sponsor for plan administration. *Example: Your company contracts with us to provide a health plan and we provide your company with certain statistics to explain the premiums we charge.*

Other ways we can 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. Before we share your information, we must comply with the law. For more information see:

www.hhs.gov/ocr/privacy/HIPAA/understanding/consumers/noticepp.html.

Help with public health and safety issues

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

Comply with the law

- We will share information about you if state or federal laws require it, including with the Department of Health and Human Services.

Address workers' compensation, law enforcement, and other government requests

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions

- We can share your health information in response to a court or administrative order or in response to a subpoena.

Business Associates

- We may share your health information with certain individuals and companies that we contract with to perform functions for us. We require these individuals and companies to protect your information and keep it confidential. *Example: We may share information with a printing company to print your explanation of benefits.*

Stop-Loss Insurance

- If you are covered under a group plan, we may share your health information with your employer's stop-loss carrier to pay claims or rate premiums.

Your Employer

- We will not share information with your employer for purposes of obtaining family medical leave coverage or for job related activities, such as promotion or firing, without your written permission.

State Law

- When your state's laws have stricter requirements for privacy or security of your health information than federal law, we will follow state law. *Example: Missouri law requires that we get your written permission before we share particularly sensitive information such as HIV/AIDS status.*

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will promptly let you know if a breach occurs that may have compromised the privacy or security of your information.
- We will not use or share your information other than as described in this notice without first obtaining your written authorization. You may revoke your authorization in writing any time; however, your revocation will not be effective for actions already taken in reliance of the authorization.
- We are required to follow the terms of this notice as currently in effect and provide you with a copy of it.

For more information see: www.hhs.gov/ocr/index.html.

Changes to the Terms of this Notice

If our privacy practices change, we reserve the right to change the terms of this notice and the changes will apply to the health information that we maintain. If this notice is revised, we will post the revised notice on our website. If there is a material change, we will send a copy to the current address we have on file.

Download this Notice - This notice is available online at <https://www.deltadentalmo.com/PrivacyHipaa>.

Effective Date - This notice is effective on November 1, 2021.

Delta Dental of Missouri is doing business in South Carolina as Delta Dental of South Carolina

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