

## 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) in our possession and to provide you with this Notice of your rights and our legal duties and privacy practices with respect to your health information. PHI includes any information that is identifiable 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. Physical, electronic and procedural safeguards that comply with federal and state regulations are maintained to guard your PHI.

This Notice is effective September 23, 2013. We reserve the right to change the terms of this Notice at any time and make the new provisions effective for all PHI we maintain, even PHI received before the change.

### USES AND DISCLOSURES WITHOUT YOUR AUTHORIZATION

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:** For treatment activities of a dental care provider and to ensure quality and continuity in care. For example, we may use information about your diagnosis and treatment plan provided by a dentist to arrange additional services for you.

**Payment:** For determination of coverage, payment of claims and administration of benefits. For example, we share information about your care to coordinate payment for your dental work.

**Health Care Operations:** For internal operations, including for cost control and planning and to prevent fraud and abuse. For example, we use your health information to develop better services for you.

We will always try to ensure that the PHI used or disclosed will be limited to the minimum necessary to accomplish the intended purposes of the use or disclosure, as required by law. If we use or disclose PHI for underwriting purposes, we will not use or disclose PHI that is your genetic information for such purposes.

### Other Permitted or Required Disclosures

We may also use and disclose your PHI as follows:

- **Comply with the Law:** When required to do so by law, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.
- **Public Health Activities:** For reasons such as preventing or controlling disease, injury or disability or reporting abuse, neglect or domestic violence.
- **Government Requests:** For workers' compensation claims; for law enforcement purposes or with a law enforcement official; with health oversight agencies for activities authorized by law; and for special government functions such as military, national security, and presidential protective services.
- **Judicial and Administrative Proceedings:** In response to a court or administrative order or in response to a subpoena, discovery request, or other lawful process.
- **Coroners, Funeral Directors, Organ Donation:** 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.

### 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. Your written authorization is always required for: most uses and disclosures of psychotherapy notes, uses and disclosure of PHI for marketing purposes and the sale of PHI. 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.

**Upon Your Request:** If you request, we will share your PHI with your family, close friends or others involved in payment for your care or in disaster relief situations.

**Best Interest:** 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 and safety.

### YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION

**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. An amendment is not necessary to correct clerical errors.

**Right to an Accounting of Disclosures:** 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. 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:** 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. If you pay a health care provider out-of-pocket in full for health care services, you can request that the health care provider not disclose health information relating to the service to us.

**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 an alternative location. We will comply with reasonable written requests for alternative means of communication.

**Right to 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 make sure the person has this authority and can act for you before we take any action.

**Right to Notice:** You have a right to receive our Notice of Privacy Practices. If you receive this Notice on our Website or by 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.

**Right to Notification of Breach:** We understand that health information about you is personal and we are committed to protecting your health information. If we discover any breach of your PHI, we will evaluate the risks to you that may arise from the breach and will fix the breach in accordance with the law, including notifying you of the breach within 60 calendar days after the breach is discovered.

### 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, nor will we ever retaliate against you if you choose to file a complaint. Comments, questions and complaints regarding this Privacy Notice may be directed to:

Privacy Officer  
Delta Dental of Idaho  
555 E Parkcenter Blvd. Boise, ID 83706  
Phone: 800-356-7586  
Email: [privacy@deltadentalid.com](mailto:privacy@deltadentalid.com)

## Discrimination is Against the Law

Delta Dental of Idaho complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Delta Dental of Idaho does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Delta Dental of Idaho provides free aids and services to people with disabilities to communicate effectively with us, such as free language services to people whose primary language is not English by qualified interpreters and some information written in Spanish.

If you need these services, contact our Customer Service at (800) 356-7586 (TTY: 711) or by email at [customerservice@deltadentalid.com](mailto:customerservice@deltadentalid.com).

If you believe that Delta Dental of Idaho has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Operations Manager, 555 E Parkcenter Blvd, Boise, Idaho 83706

Toll-free (866) 912-7997, Fax (208) 344-4649

[customerservice@deltadentalid.com](mailto:customerservice@deltadentalid.com).

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, our Operations Manager is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services

200 Independence Avenue, SW

Room 509F, HHH Building

Washington, D.C. 20201

1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

## Language Assistance

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-(800) 356-7586.

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-(800) 356-7586。

OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 1-(800) 356-7586

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-(800) 356-7586. 번으로 전화해 주십시오.

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-(800) 356-7586

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-(800) 356-7586 (رقم

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-(800) 356-7586

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-(800) 356-7586

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-(800) 356-7586

ATTENTION: Si vous parlez français, des services d'aide linguistique-vous sont proposés gratuitement. Appelez le 1-(800) 356-7586

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-(800) 356-7586

ATENȚIE: Dacă vorbiți limba română, vă stau la dispoziție servicii de asistență lingvistică, gratuit. Sunați la 1-(800) 356-7586

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما  
1-(800) 356-7586 تماس بگیرید.

ICITONDERWA: Nimba uvuga Ikirundi, uzohabwa serivisi zo gufasha mu ndimi, ku buntu. Woterefona 1-(800) 356-7586

ध्यान दिनुहोस्: तपाईंले नेपाली बोल्नुहुन्छ भने तपाईंको निम्ति भाषा सहायता सेवाहरू निःशुल्क रूपमा उपलब्ध छ । फोन गर्नुहोस् 1-(800) 356-7586