



# Privacy Practices for Protected Health Information

*This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review the information carefully.*

“Protected health information” means, with few exceptions, health information about an identifiable person. Delta Dental of Virginia is committed to safeguarding your protected health information. We restrict use and disclosure of protected health information to a limited number of employees, business partners, dentists and others that we have determined need to use, or disclose your protected health information for treatment, payment, health care operations and other purposes described in this notice. When using or disclosing protected health information or when requesting protected health information from another covered entity, we make efforts to limit the protected health information to the minimum necessary to accomplish the purpose of the use, disclosure or request.

The following provides information about your rights, our privacy practices and our duties with respect to protected health information.

## Uses and Disclosures of Protected Health Information

In almost all cases, we may use and disclose protected health information for treatment, payment and health care operations such as:

- To communicate with the dentist who provides, coordinates, or manages your care,
- To determine how much or whom we should pay for covered services,
- To assist another Delta Dental plan with your claims for out-of-state services,
- To coordinate benefits with an insurance carrier that provides you the same or similar benefits,
- To assess the quality of care that our participating dentists provide, and
- For case management or to direct or recommend alternative treatments, therapies, providers, or provider locations.

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In addition, we may use or disclose protected health care information to individuals and entities for the purposes described below:

**1. To You.** We may use and disclose your protected health information to communicate with you for purposes of customer service or to provide you with information you request. We may use and disclose information about you for the access and disclosure accounting purposes described in the “Your Rights” section of this notice.

**2. To your family and friends:** We may disclose your protected health information to a family member, friend or any other person you identify as being involved in your health care or payment for your health care if you agree in advance to the disclosure or we reasonably infer from the circumstances that you do not object to the disclosure. We may also disclose information about you to one of these people if you are not present or if you are unable to provide the required permission because of a medical emergency, accident or similar situation and we determine that disclosure would be in your best interests. In these situations, we may disclose only the protected health information directly relevant to the person’s involvement with your health care or payment for health care. We may also disclose your protected health information to anyone based on your written authorization (see last paragraph of this section).

**3. To your employer or other plan sponsor:** In limited circumstances, we may disclose protected health information to your employer (or other sponsor of your group dental plan). Specifically, we may disclose to your employer (or other plan sponsor) information about whether you are enrolled in the group health plan. We may disclose summary health information to your employer (or other plan sponsor) for the purpose of responding to a request for a dental services program proposal or to modify, amend or replace your dental services coverage. If your employer (or other plan sponsor) agrees to meet Federal privacy standards, we may disclose more detailed information to the employer (or other plan sponsor) for purposes of administering plan benefits. Please ask your employer (or other plan sponsor)

for a more complete explanation of its uses and disclosures of protected health information.

**4. For underwriting, enrollment and similar activities:**

We may receive protected health information from you, your insurance agent, your plan sponsor’s health benefits consultant or other sources and use or disclose that information for purposes of underwriting, enrollment and other activities related to creating, renewing, or replacing a benefits plan. We may not, however, use or disclose genetic information for underwriting purposes.

**5. For research:** We may use or disclose protected health information for research studies that meet all privacy law requirements.

**6. For public health and safety:** We may use and disclose protected health information to the extent necessary to avert a serious and imminent threat to your health or safety or the health and safety of others. We may disclose protected health information to a government agency (or its contractors) authorized to oversee the health care system or government programs, and to public health authorities for public health purposes. We may disclose protected health information to appropriate authorities if we reasonably believe a member might be a victim of crime, domestic violence, abuse, or neglect.

**7. Required by law:** We may use or disclose protected health information to the extent required by law. For example, we may disclose your protected health information to the U.S. Department of Health and Human Services if the department requests information to determine whether we are complying with federal privacy laws. In addition, we may disclose protected health information to state insurance and health regulatory authorities conducting state insurance or health examinations or when responding to a complaint that you have filed with these or similar government agencies.

**8. Legal proceedings and other processes:** We may disclose protected health information in response to a court or administrative order, subpoena, discovery request, garnishment, or other lawful proceeding

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when we meet applicable privacy requirements. We may disclose protected health information to a coroner or medical examiner as necessary to perform duties authorized by law.

We may also disclose protected health information when authorized by workers compensation or similar laws and regulations.

**9. Law enforcement:** We may disclose protected health information for law enforcement purposes. For example, we may disclose specific information about a suspect, fugitive, material witness, crime victim or missing person.

**10. Military and national security:** We may disclose protected health information to military or other government officials for certain purposes required or permitted by law. For example, we may disclose protected health information to authorized officers for lawful intelligence, counter-intelligence, and other national security activities. Except as described in this notice, we may not use or disclose your protected health information without your written authorization.

You may give us written authorization to use your protected health information or to disclose it to anyone for any purpose. If you give us written authorization, you may revoke it at any time by notifying us of your revocation in writing. Your revocation will not affect any use or disclosure permitted by the authorization while it was in effect. We need your written authorization to use or disclose psychotherapy notes, except in limited circumstances such as when the disclosure is required by law. In most circumstances, we also must obtain your written authorization to sell information about you to a third party or to use or disclose your protected health information to send you communications about products and services.

We do not need your written authorization, however, to send you communications about health related products or services, as long as the products or services are associated with your coverage or are offered by us.

## Your Rights

**Request restriction of uses and disclosures of your protected health information:** You may request that we place additional restrictions on our use or disclosure of your protected health information. We are not required to agree to your request for additional restrictions. If we do agree, however, we will abide by our agreement, except in situations in which the restricted information is necessary for emergency treatment. To be effective, our agreement to further restrictions must be in writing and signed by our Privacy Officer. We may terminate an agreement to further restrictions if we inform you of our termination. The termination will be effective for information created or received after we have informed you of our termination. Contact our Privacy Officer for more information about making a restriction request — see the contact information at the end of this notice.

**Receive confidential communications about your protected health information:** You may request that we communicate with you confidentially about your protected health information by using alternative means or an alternative location for those communications. You must make the request in writing and direct it to the Privacy Officer identified at the end of this notice. We do not have to agree to your confidential communications request unless you advise us in your written request that the current means and location of communication endangers you. We will accommodate your request if it is reasonable, specifies the alternative means or location, and permits us to collect premiums and pay claims required by your dental services plan.

**Access your protected health information:** You have a right to inspect and obtain a copy of your protected health information that we maintain in a designated record set (limited exceptions apply). You may designate another person to receive a copy of this information. You must make your request in writing and send it to the Privacy Officer listed at the end of this notice. We may charge a reasonable cost-based fee for copies (in any format) of your protected health information that we provide.

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**Amend your protected health information:** You have the right to ask us to amend protected health information about you for as long as we maintain the protected health information in a designated record set. You must make the request in writing; direct your request to the Privacy Officer listed at the end of this notice, and explain why we should amend your information. We may deny your request for amendment if (a) we believe the information is accurate and complete, (b) we did not create the protected health information that you wish to have amended, or (c) for other reasons permitted by law. If we deny your request, you may ask us to include a statement of disagreement in your records.

**Request an accounting of disclosures of your protected health information:** You have a right to receive information about instances in which we (or our business partners) have disclosed your protected health information for relatively uncommon purposes, such as for law enforcement or judicial proceedings. We will not, however, account for disclosures we routinely make for purposes such as treatment, payment or health care operations. You must make your request in writing and direct it to the Privacy Officer identified at the end of this notice. We will provide an accounting of disclosures for up to six years prior to the date of your request. We will provide the first accounting in any 12-month period free of charge. We may impose a reasonable cost-based fee for any subsequent request for an accounting within the same 12-month period.

**Receive printed notice of our privacy practices:** You may request a copy of this notice at any time by contacting the Privacy Officer at the end of this notice.

**Obtain additional information about our privacy practices, exercise a right, or file a complaint:** If you wish to ask a question about our privacy practices, exercise any right to which you are entitled under this notice or file a complaint about a privacy matter, you should contact the Privacy Officer at the end of this notice. You may also submit a written complaint to the U.S. Department of Health and Human Services. We will provide the address for the U.S. Department of Health and Human Services upon request. We will

not retaliate against you in any way if you choose to file a complaint with us or with the department.

## Our Duties

Federal and State privacy law requires us to make reasonable efforts to ensure the privacy of protected health information that we maintain. We are required to provide this notice of our privacy practices, your rights and our duties with respect to protected health information. We must provide you notice of a non-permitted use or disclosure of your unsecured protected health information, if the security or privacy of your information has been compromised under applicable State and Federal standards. We will adhere to the privacy practices described in this notice while it is in effect. This notice takes effect April 10, 2013.

We reserve the right to change our privacy practices and the terms of this notice at any time. Any new terms of our notice will be effective for all protected health information that we maintain, including protected health information that we created or received before we make the changes.

Before we make any material change in our privacy practices, we will change this notice and post the new notice on our website. We will provide a copy of the new notice (or information about the material change and information about how to obtain the new notice) in our next annual mailing to subscribers who are then covered by one of our dental services plans.

## Your Contact for Privacy Matters

For more information about our privacy practices, to exercise your rights under this notice or to file a complaint about a privacy matter, contact our Privacy Officer at:

Delta Dental of Virginia  
Attention: Privacy Officer  
4818 Starkey Road  
Roanoke, VA 24018  
800.237.6060