

DELTA DENTAL OF SOUTH DAKOTA

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. THE PRIVACY OF YOUR HEALTH INFORMATION IS IMPORTANT TO US.

Our Legal Duty

We are required by applicable federal and state law to maintain the privacy of your health information. We are also required to give you this notice about our privacy practices, our legal duties, and your rights concerning your health information. We must follow the privacy practices that are described in this notice while it is in effect. This notice takes effect **April 14, 2003**, and will remain in effect until we replace it.

We reserve the right to change our privacy practices and the terms of this notice at any time, provided such changes are permitted by applicable law. We reserve the right to make the

changes in our privacy practices and the new terms of our notice effective for all health information that we maintain, including health information we created or received before we made the changes. Before we make a significant change in our privacy practices, we will change this notice and send the new notice available to our dental plan subscribers at the time of the change.

You may request a copy of our notice at any time. For more information about our privacy practices, or for additional copies of this notice, please contact us using the information listed at the end of this notice.

Uses and Disclosures of Health Information

We use and disclose health information about you for treatment, payment, and health care operations. For example:

Treatment: We may use or disclose your health information to a dentist or other health care provider in order to provide treatment to you.

Payment: We may use and disclose your health information to pay claims from dentists, hospitals and other providers for services delivered to you that are covered by your dental plan, to determine your eligibility for benefits, to coordinate benefits, to examine medical necessity, to obtain premiums, to issue explanations of benefits to the person who subscribes to the dental plan in which you participate, and the like. We may disclose your health information to a provider or entity subject to the federal Privacy Rules so they can obtain payment or engage in these payment activities.

Health Care Operations: We may use and disclose your health information in connection with our health care operations. Health care operations include:

- rating our risk and determining our premiums for your dental plan;
- quality assessment and improvement activities;
- reviewing the competence or qualifications of dental professionals, evaluating provider performance, conducting training programs, accreditation, certification, licensing or credentialing activities;

- dental review, legal services, and auditing, including fraud and abuse detection and compliance;
- business planning and development; and
- business management and general administrative activities, including management activities relating to privacy, customer service, resolution of internal grievances, and creating de-identified health information or a limited data set.

We may disclose your health information to another entity which has a relationship with you and is subject to the federal Privacy Rules, for their health care operations relating to quality assessment and improvement activities, reviewing the competence or qualifications of dental professionals, or detecting or preventing health care fraud and abuse.

On Your Authorization: You may give us written authorization to use your health information or to disclose it to anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. Unless you give us a written authorization, we cannot use or disclose your health information for any reason except those described in this notice.

To Your Family and Friends: We may disclose your health information to a family member, friend or other person

to the extent necessary to help with your health care or with payment for your health care. We may use or disclose your name, location, and general condition or death to notify, or assist in the notification of (including identifying or locating), a person involved in your care.

Before we disclose your health information to a person involved in your health care or payment for your health care, we will provide you with an opportunity to object to such uses or disclosures. If you are not present, or in the event of your incapacity or an emergency, we will disclose your health information based on our professional judgment of whether the disclosure would be in your best interest.

Your Employer or Other Plan Sponsor: If your dental plan is through your employer or other plan sponsor we may disclose protected health information to your employer or other sponsor of your group dental plan. Without amending the plan documents and without your written authorization, 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. In similar fashion, we may disclose to your plan sponsor information about whether you have been enrolled, are participating, or are no longer enrolled in the group dental plan. Your plan sponsor's dental services plan document may require or permit other uses and disclosures. Please ask your plan sponsor for a more complete explanation of the sponsor's uses and disclosures of protected health information.

Underwriting, Enrollment, and Similar Activities: We may receive protected health information from you, your insurance agent, or your plan sponsor's health benefits consultant and use that information to underwrite, rate, enroll, renew, or respond to a request about your dental services program from any of these individuals or entities.

Disaster Relief: We may use or disclose your health information to a public or private entity authorized by law or by its charter to assist in disaster relief efforts.

Public Benefit: We may use or disclose your health information as authorized by law for the following purposes deemed to be in the public interest or benefit:

- as required by law;
- for public health activities, including disease and vital statistic reporting, child abuse reporting, FDA oversight;
- to report adult abuse, neglect, or domestic violence;
- to health oversight agencies;
- in response to court and administrative orders and other lawful processes;
- to law enforcement officials pursuant to subpoenas and other lawful processes, concerning crime victims, suspicious deaths, crimes on our premises, reporting crimes in emergencies, and for purposes of identifying or locating a suspect or other person;
- to coroners, medical examiners, and funeral directors;
- to avert a serious threat to health or safety;
- in connection with certain research activities;
- to the military and to federal officials for lawful intelligence, counterintelligence, and national security activities;
- to correctional institutions regarding inmates; and
- as authorized by state worker's compensation laws.

Marketing Health-Related Services: We may use your health information for marketing in limited circumstances permitted by law. For, example we may use your name and address to communicate with you about a health-related product or service that we provide only to dental service plan enrollees. We may send you newsletters, communicate with you face-to-face, and send you promotional items of nominal value.

Individual Rights

Access: You have the right to inspect and obtain a copy of the health information that may be used to make decisions about you, including dental and billing records. You must submit your request in writing. Please contact our Privacy Officer for further information in order to inspect and/or obtain a copy of your health information. Our organization may charge a fee for the costs of copying, mailing, labor and supplies associated with your request.

Disclosure Accounting: You have the right to receive a list of instances in which we or our business associates disclosed your health information for purposes other than treatment, payment, health care operations, as authorized by you, and for certain other activities, since April 14, 2003. We will provide you with the date on which the disclosure was made, the name of the person or entity to which your health information was disclosed, a description of the health information that was disclosed, the reason for the disclosure,

and certain other information. If you request this accounting more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to these additional requests.

Restriction: You have the right to request that we place additional restrictions on our use or disclosure of your health information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in an emergency). Any agreement to additional restrictions must be in writing signed by a person authorized to make such an agreement on our behalf.

Confidential Communication: You have the right to request that we communicate with you about your health information by alternative means or to alternative locations. You must make your request in writing, and you must state that the information could endanger you if it is not

communicated in confidence as you request. We must accommodate your request if it is reasonable, specifies the alternative means or location, and continues to permit us to collect premiums and pay claims under your dental plan, including issuance of explanations of benefits to the subscriber of the dental plan in which you participate. An explanation of benefits issued to the subscriber for dental care that you received for which you did not request confidential communications or about the subscriber or others covered by the dental plan in which you participate may contain sufficient information to reveal that you obtained dental care for which we paid, even though you requested that we communicate with you about that dental care in confidence.

Amendment: You have the right to request that we amend your health information. Your request must be in writing, and it must explain why the information should be

amended. We may deny your request if we did not create the information you want amended and the originator remains available or for certain other reasons. If we deny your request, we will provide you a written explanation. You may respond with a statement of disagreement to be appended to the information you wanted amended. If we accept your request to amend the information, we will make reasonable efforts to inform others, including people you name, of the amendment and to include the changes in any future disclosures of that information.

Electronic Notice: If you received this notice on our web site or by electronic mail (e-mail), you are entitled to receive this notice in written form. Please contact us using the information listed at the end of this notice to obtain this notice in written form.

Questions and Complaints

If you want more information about our privacy practices or have questions or concerns, please contact us using the information listed at the end of this notice.

If you are concerned that we may have violated your privacy rights, or you disagree with a decision we made about access to your health information or in response to a request you made to amend or restrict the use or disclosure of your health information or to have us communicate with you by alternative means or at alternative locations, you may

complain to us using the contact information listed at the end of this notice. You also may submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint with the U.S. Department of Health and Human Services upon request.

We support your right to the privacy of your health information. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

Contact:

Privacy Officer
Delta Dental of South Dakota
PO Box 1157
Pierre, SD 57501

Telephone: (605)-224-7345
Toll-free: (800)-627-3961