

## Your Information. Your Rights. Our Responsibilities.

When it comes to your health information, you have certain rights. 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.**

### Get a copy of health and claims records

- You may request a copy of your health and claims records and other health information we have about you.
- We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. 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 within 60 days.

### Request confidential communications

- You may request 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 and must say “yes” if disclosing the information could endanger you.

### Ask us to limit what we use or share

- You may request us to 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 we 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.

### 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 this authority to serve as your personal representative prior to providing any action.

### Get a list of those with whom we’ve shared information

- You may request a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, including who we shared it with, and why.
- 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 rights by contacting the Privacy Officer.
- You can file a complaint with 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/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).
- We will not retaliate against you for filing a complaint.

### Your Choices

**For certain health information, you can tell us your choices about what we share.** If you have a preference for how we share your information in the situations described below, please let us know. In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in payment for your care;
- Share information in a disaster relief situation

*If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and 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.*

In these cases we *never* share your information unless you give us written permission:

- Marketing purposes – except that we may use your health information for marketing for limited situations as allowed by law. **Example:** We may inform you about changes in our provider networks, changes to your health plans or health-related products or services.
- Sale of your information

### 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.
- We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage. **Example:** *We use health information about you for underwriting, premium rating, quality control and improvement activities.*

#### Pay for your health services

- We can use and disclose your health information as we pay for your health services. **Example:** *We 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.*

### **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 have to meet many conditions of the law before we can share your information for these purposes.

For more information visit:

[www.hhs.gov/ocr/privacy/HIPAA/understanding/consumers/noticepp.html](http://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 adverse reactions to medications
- 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 if it wants to see that we're complying with federal privacy law.

### **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 or with law enforcement officials
- 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 health information about you in response to a court or administrative order or in response to a subpoena.

### **Response to Inquiries**

- We may discuss PHI with your spouse or parent of a dependent child if such spouse or parent contacts us for assistance with eligibility, coverage, or payment issues; however, you have the right to request that we do not discuss your PHI with these individuals for this purpose.

### **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 PHI 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. We must obtain your authorization before we share this type of information.

### **Our Responsibilities**

- We are required by law to maintain the privacy and security of your PHI.
- 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.

For more information see:

[www.hhs.gov/ocr/privacy/HIPAA/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/HIPAA/understanding/consumers/noticepp.html).

### **Changes to the Terms of this Notice**

We are required to maintain the privacy of your PHI and to abide by the terms of this notice as currently in effect. If our privacy practices change, we reserve the right to change the terms of this notice and to make the new notice effective for all 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**

You may obtain a copy of this notice online.

- Missouri members: [DeltaDentalMO.com/PrivacyHIPAA](http://DeltaDentalMO.com/PrivacyHIPAA)
- South Carolina members: [DeltaDentalSC.com/PrivacyHIPAA](http://DeltaDentalSC.com/PrivacyHIPAA)

**Effective Date** - This notice is effective May 1, 2020.