

DELTA DENTAL OF IOWA

DENTAL WELLNESS PLAN

PRIVACY PRACTICE



July, 2017



NOTICE OF PRIVACY PRACTICES

Your Information. Your Rights. Our Responsibilities.

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.

Your Rights

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

This section explains your rights and some of our responsibilities to help you.

Get a copy of health and claims records

- You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this.
- 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 fee.
- To inspect or request a copy of your records, send a written request to:
Delta Dental of Iowa
Privacy Official
P.O. Box 9040
Johnston, IA 50131-9040
- We may deny your request in very limited circumstances. If we do, you may request that the denial be reviewed.

Ask us to correct health and claims records.

- You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this.
- Send your written request with the reasons for the change to:

Delta Dental of Iowa
Privacy Official
P.O. Box 9040
Johnston, IA 50131-9040

- Your request must be in writing. It must include a reason to support the request.
- We may say “no” to your request, but we will tell you why in writing within 60 days.
- We may deny your request if it does not include the reason for the request.
- We may deny your request if you ask us to change information that:
 - Is not part of information kept by Delta Dental of Iowa
 - Was not created by us
 - Is not part of information you are allowed to inspect or copy or
 - Is accurate and complete

Request confidential communications

- You can ask us to contact you in a specific way. For example, you can ask that we only contact you by home or office phone. Or send mail to a different address.
- We will consider all reasonable requests. We must say “yes” if you tell us you would be in danger if we do not. Your request must be in writing. It must include how or where you wish to be contacted.

Send your written request to:

Delta Dental of Iowa Privacy Official
P.O. Box 9040
Johnston, IA 50131-9040

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations.
- Your request must be in writing. It should tell us:
 - What information to limit
 - If we are to limit our use, disclosure, or both
 - To whom you want the limits applied to. For example, disclosures to your spouse.

Send your written request to:

Delta Dental of Iowa Privacy Official
P.O. Box 9040
Johnston, IA 50131-9040

- We are not required to agree to your request, and we may say “no” if it would affect your care.

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

- You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, 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).
- Your request for this list must be in writing. You must include a time period and the format you want the list in (paper or electronic).
- Your request can be no longer than 6 years and may not include dates prior to 5/1/2014.
- Send your written request to:

Delta Dental of Iowa Privacy Official
P.O. Box 9040
Johnston, IA 50131-9040

- We will provide one list within a 12 month period for free. We may charge a reasonable fee if you ask for another list within 12 months.
- We will notify you of this cost. You may choose to withdraw or modify your request before you are charged.

Get a copy of this privacy notice

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

You may get a copy of this notice at our website, www.dwpiowa.com.

To get a paper copy, contact:

Delta Dental of Iowa Privacy Official
P.O. Box 9040
Johnston IA 50131-9040

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.

File a complaint if you feel your rights are violated

You can complain if you feel we have violated your rights by sending a letter to:

Delta Dental of Iowa Privacy Official
P.O. Box 9040
Johnston, IA 50131, 9040

- You can file a complaint with the U.S. Department of Health and Human Services Offer for Civil Rights. Send a letter to:

U.S. Department of Health and Human Services
Office of Civil Rights
200 Independence Avenue, S.W.
Washington, D.C. 20201
Phone: 1-877-696-6775
or by visiting: 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 about your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, or others involved in payment or 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
- Sale of your information

Our Uses and Disclosures

How do we typically use or share your health information?

We typically use or share your health information in the following ways.

Help manage the health care treatment you receive

We can use your health information and share it with professionals who are treating you.

Example: A dentist sends us information about your treatment plan to further explain why services are needed.

We can contact you to remind you of appointments. We may also provide recommendations for the other treatment options and additional benefits and services that may be of interest to you.

Operations

- We can use and disclose your information for health care options 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 to develop better services for you.

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 your dentist to coordinate payment for your dental work.

Administer your plan

We may disclose your health information to your health plan sponsor for plan administration.

Example: Iowa Department of Health and Human Services contracts with us to provide dental benefits, and we provide them information regarding the services you received.

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 in the law before we can share your information for these purposes. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.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

Do research

We can use or share your information for health research.

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.

Respond to requests and work with a medical examiner or funeral director

- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

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 a 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
- With correctional institutions, if you are an inmate

Respond to lawsuits and legal actions

We can share health information about you in response to court or administrative orders, or in response to a subpoena.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, on our website, and we will mail a copy to you. The notice will contain the effective date on the first page, in the bottom left-hand corner.