

WASHINGTON DENTAL SERVICE

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

Washington Dental Service is committed to protecting the privacy of your health information. Washington Dental Service is required by federal and state law to maintain the privacy of your protected health information ("PHI"). This Notice refers to Washington Dental Service and Delta Dental Plan of Washington as "we," "us" and "our." This Notice explains our privacy practices, our legal duties, and your rights concerning your PHI. PHI means any information that is identifiable to you 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 will follow the privacy practices that are described in this Notice while it is in effect.

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.

We protect your PHI by treating all your personal information that we collect as confidential. Our employees receive privacy training and have access to your PHI only when there is an appropriate reason, such as to administer your dental benefits or provide services to you. The amount of PHI our employees may access is the minimum necessary to perform their jobs. We only disclose PHI to a company that provides services to us or acts on our behalf if the company agrees to protect and maintain the confidentiality of your PHI. Physical, electronic and procedural safeguards that comply with federal and state regulations are maintained to guard your PHI.

USES AND DISCLOSURES WITHOUT YOUR AUTHORIZATION

We will not use or disclose PHI unless we are allowed or required by law. 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:** We may use or disclose your PHI for treatment activities of a dental care provider. For example, we may inform you or your dental care provider about treatment alternatives or other benefits that may be offered under your

dental benefit coverage. If your dentist refers you to another dental professional, we may disclose your PHI to that dental professional so that he or she can treat you.

- **Payment:** We may use and disclose your PHI for our payment activities, including determining whether a specific treatment is a covered benefit, paying your dental benefit claims, and coordinating benefits with another health plan.
- **Health Care Operations:** We may use or disclose your PHI for internal operations. For example, we may use your claims information to analyze data for cost control, planning, or fraud and abuse protection.
- **Business Associates:** We may also share your PHI with third-party “business associates” who perform certain activities for us. We require these business associates to protect your PHI in the same way that we do.
- **Plan Sponsors:** If you are enrolled in a group health plan, we may disclose your PHI to the plan sponsor to permit it to perform administrative activities.
- **Enrolled Dependents and Family Members:** Generally, we will mail Explanation of Benefit (“EOB”) forms and other mailings containing PHI to the address we have on record for the subscriber of the dental plan. If you are unable to consent to the disclosure of your PHI, such as in an emergency, we may disclose your PHI to a family member or a friend to the extent necessary to help with your dental care or payment for your dental care. We will only do so if we determine that the disclosure is in your best interest. If you are a minor, we may disclose PHI to parents or guardians, consistent with state laws.

Other Permitted or Required Disclosures

- **As Required by Law:** We must disclose PHI when required to do so by law.
- **Public Health Activities:** We may disclose your PHI to public health agencies for reasons such as preventing or controlling disease, injury or disability.
- **Victims of Abuse, Neglect or Domestic Violence:** We may disclose your PHI to government agencies about abuse, neglect or domestic violence.
- **Health Oversight Activities:** We may disclose your PHI to government oversight agencies; for example, the state Insurance Commissioner, for activities authorized by law.
- **Judicial and Administrative Proceedings:** We may disclose PHI in response to a court or administrative order. We may also disclose PHI in certain cases in response to a subpoena, discovery request, or other lawful process.
- **Law Enforcement:** We may disclose PHI under limited circumstances to a law

enforcement official for law enforcement purposes.

- **Coroners, Funeral Directors, Organ Donation:** We may release PHI 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.
- **To Avert a Serious Threat to Health or Safety:** We may disclose your PHI, with some limitations, when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.
- **Special Government Functions:** We may disclose PHI as required by military authorities or to authorize federal officials for national security intelligence activities.
- **Workers Compensation:** We may disclose your PHI to the extent necessary to comply with state law for workers compensation programs.

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. 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.

YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION

You have certain rights regarding PHI that we maintain about you.

Right to Access Your PHI: You have the right to review and receive a copy of your PHI that is contained in records that we maintain for enrollment, payment, claims determination or dental management activities, or that we use to make enrollment, coverage or payment decisions about you. Your request to review and/or obtain a copy of your PHI records must be made in writing. We may charge a fee for the cost of producing, copying and mailing your requested information, but we will tell you the cost in advance. The right does not include a right to obtain copies of information compiled in reasonable anticipation of, or use in, a civil, criminal or administrative action or proceeding, and PHI that is subject to other state or federal laws that prohibit us to release such information. Also, 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 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 to include the changes in future disclosures of that information.

Right to an Accounting of Disclosures by Us: 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 dates before April 14, 2003. We will provide you with the date on which we made a disclosure, the name of the person or entity to whom we disclosed your PHI, a description of the PHI disclosed, the reason for the disclosure, and other applicable information. If you request this list more than once in a 12-month period, we may charge you a reasonable fee for creating and sending those additional reports.

Right to Request Restrictions on Use and Disclosure of Your PHI: 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.

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 a certain alternative location. If you advise us that disclosure of all or any part of your PHI could endanger you, we will comply with any reasonable request, provided you specify an alternative means of communication.

Right to Paper Copy of this Notice: If you receive this Notice on our Website or by electronic mail (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.

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. For more information on how to file a written complaint, call the Privacy Officer at the number listed below. Your privacy is one of our greatest concerns and there is never any penalty to you if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

Requests for forms, comments and complaints should be sent to:

Washington Dental Services

Attn: Privacy Officer
P.O. Box 75688
Seattle, WA 98125
Phone: (206) 985-5963
Fax: (206) 528-7373
E-mail: compliance@deltadentalwa.com

Changes to this Notice: 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 will provide you with a copy of the new Notice whenever we make a material change to the privacy practices described in this Notice. We also post a copy of our current Notice on our Website at www.deltadentalwa.com. You may request a copy of a Notice at any time by contacting us at the number above.