

# **DELTA DENTAL OF OKLAHOMA**

## **NOTICE OF PRIVACY PRACTICES FOR PROTECTED HEALTH INFORMATION INDIVIDUAL DENTAL POLICY**

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**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN OBTAIN ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

THIS NOTICE GIVES YOU INFORMATION REQUIRED BY LAW about the duties and privacy practices of Delta Dental of Oklahoma (“Delta Dental”) to protect the privacy of your health/dental information. Delta Dental provides dental benefits to you as described in your dental policy. This Notice describes how we may use and disclose protected health information to carry out treatment, payment, or healthcare operations, and for other purposes that are permitted or required by law. This Notice also describes your rights to access and control your protected health information. “Protected health information” is information about you, including demographic data, which may identify you, and that may relate to your past, present or future physical or mental health condition and relates to health/dental care services.

THE EFFECTIVE DATE OF THIS NOTICE IS SEPTEMBER 23, 2013. Delta Dental and all of its employees are required to follow the terms of this Notice until it is replaced or amended. Delta Dental reserves the right to change the terms and conditions of this Notice at any time. If Delta Dental makes changes to this Privacy Notice, Delta Dental will send a new Notice to all who are eligible to receive the revised Notice. Delta Dental reserves the right to apply any changes made to its privacy practices applicable to all information maintained by Delta Dental. You may always request a copy of our most current Privacy Notice from our office, or you can access it on our website at [www.deltadentalok.org](http://www.deltadentalok.org).

### **Uses and Disclosures of Protected Health Information**

Delta Dental will take all necessary steps to protect your health information and limit its disclosure as defined in this Notice. Delta Dental may use and disclose health/dental information as permitted by the rules and regulations of the Health Insurance Portability Act of 1996 governing Protected Health Information and with your consent or specific authorization. Use and disclosures of Protected Health Information for marketing purposes and disclosures that constitute a sale of Protected Health Information require a written authorization from you. Any other uses and disclosures not described in this Notice will be made only with your written or verbal authorization and you may revoke such authorization at any time.

Following are categories that describe the different ways that Delta Dental may use and disclose health/dental information. These categories and examples given are not meant to be comprehensive and not every use or disclosure is listed.

#### *For Treatment Purposes:*

Treatment purposes are defined as the provision, coordination or management of your healthcare, including consultations between healthcare providers regarding your care and referrals for healthcare from one healthcare provider to another. For example, Delta Dental may disclose your protected health information to a treating dentist as necessary to properly inform them of any prior dental treatment to ensure that you will receive proper treatment.

#### *For Payment Purposes:*

Payment purposes means activities Delta Dental undertakes to obtain reimbursement for the dental care provided to you, including determinations of eligibility and coverage, claim administration and other utilization review activities. For example, Delta Dental may use or disclose your protected health information to pay claims for covered dental care services.

#### *For Healthcare Operations Purposes:*

Healthcare Operations are those functions needed to support Delta Dental’s treatment, payment, and business activities in order to provide quality services to you. These activities include, but are not limited to, utilization review, receiving and responding to complaints, compliance programs, audits, business planning, development, management administrative activities and aggregate oral health reports. For example, Delta Dental may use or disclose medical information for (i) purposes of underwriting, premium rating, or other activities relating to the creation, renewal, or replacement of a contract of dental insurance, (ii) to engage in review of claims; or (iii) to properly adjudicate claims.

#### *Health Services:*

Health Services are those functions that Delta Dental may use and disclose health information in order to contact you to give you information about treatment alternatives or other health related benefits and services that may be of interest to you. We may also use and disclose your protected health information for certain marketing purposes related to the services currently offered by Delta Dental. For example, your name and address may be used to send you a newsletter about our services and programs, or about products or services that we believe may be beneficial to you. We may also use your protected health information for fundraising purposes; however, you have a right to opt out of receiving such fundraising communications at any time.

#### *Business Associates:*

Delta Dental may use and disclose medical information to third party “business associates” that perform various activities on behalf of Delta Dental. These business associates may include agents, producers, representatives of an employer, or other persons associated with providing services or products to you. Delta Dental may also use and disclose information to producers and/or benefit consultants of the Plan. Whenever Delta Dental interacts with a third party and uses or discloses your protected health information, Delta Dental will have in place a written contract that contains terms and conditions that will protect the privacy of your protected health information.

#### *As Required by Law:*

Delta Dental may use and disclose protected health information for purposes required by law. For example, Delta Dental must allow the U.S. Department of Health and Human Services to audit plan records. Also, if certain state officials request certain information, such as a request by the Insurance Commissioner or the Insurance Commissioner’s staff, Delta Dental is obligated to use and disclose the information requested.

#### *Individuals Involved with Your Care or Payment:*

Delta Dental may use and disclose health information about you to a friend or family member who is involved in your medical care. Delta Dental may also give information to someone who pays for the services you have received. Delta Dental may also use and disclose health information to a person you have previously designated, or your parent, guardian, or official representative. For example, Delta Dental may use and disclose protected health information to a parent calling in to inquire about the payment of services rendered to a child under 18 years old.

#### *To participate in an insurance exchange:*

Delta Dental may provide your information to an insurance exchange in which Delta Dental participates if you decide to choose Delta Dental as your dental benefits provider inside the exchange.

Emergencies: We may use or disclose your protected health information in an emergency treatment situation.

### **Special Circumstances for Use and Disclosure**

Delta Dental may also use and disclose protected health information for the following purposes:

**Public Health:** Delta Dental may use or disclose protected health information for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. The disclosure will be made for the purpose of controlling disease, injury, or disability. Delta Dental may also disclose protected health information, if directed by the Public Health Authority. Delta Dental may also disclose protected health information, if authorized by law, to a person who may have been exposed to communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

**Health Oversight:** Delta Dental may use or disclose protected health information to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies that oversee the healthcare system, government benefit programs, other government regulatory programs, and civil rights laws.

**Abuse or Neglect:** Delta Dental may use or disclose protected health information to a public health authority that is authorized by law to receive reports of child abuse or neglect. Additionally, Delta Dental may use and disclose protected health information if we believe that you have been a victim of abuse, neglect, or domestic violence to the governmental agency authorized to receive such information.

**Legal Proceedings:** Delta Dental may disclose protected health information in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal, and in certain conditions, in response to a subpoena, discovery request, or other lawful process.

**Law Enforcement:** Delta Dental may also disclose protected health information, so long as applicable legal requirements are met, for law enforcement purposes. Law enforcement purposes include (i) legal processes and otherwise required by law, (ii) limited information requests for identification and location purposes, (iii) issues pertaining to victims of a crime, and (iv) suspicion that death has occurred as a result of criminal conduct.

**Coroners, Funeral Directors, and Organ Donation:** Delta Dental may disclose protected health information to a coroner or medical examiner for identification purposes, determining cause of death or for the coroner or medical examiner to perform other duties authorized by law. Delta Dental may also disclose protected health information to a funeral director, as authorized by law, in order to permit the funeral director to carry out their duties.

**Criminal Activity:** Consistent with applicable federal and state laws, Delta Dental may disclose protected health information if Delta Dental believes the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. Delta Dental may also disclose protected health information if it is necessary for law enforcement authorities to identify or apprehend an individual.

**Military Activity and National Security:** When the appropriate conditions apply, Delta Dental may use or disclose protected health information of individuals who are Armed Forces personnel for activities deemed necessary by appropriate military command authorities. Delta Dental may also disclose your protected health information to authorized federal officials for conducting national security and intelligence activities, including for the provision of protective services to the President, or others legally authorized.

**Workers' Compensation:** Delta Dental may use or disclose protected health information as authorized to comply with workers' compensation laws and other similar legally-established programs.

**Inmates:** Delta Dental may use or disclose protected health information if you are an inmate of a correctional facility and your physician created or received protected health information in the course of providing care to you.

**Individual Use and Disclosure:** Delta Dental may make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with HIPAA.

Certain uses and disclosures may be limited or prohibited by law. In the event a use or disclosure is determined to be limited or prohibited by law, or becomes prohibited by law, Delta Dental will adhere to these restrictions in accordance with that law.

## **Your individual rights**

The following is a statement of your rights with respect to your protected health information and a brief description of how you may exercise these rights.

### **You have the right to request a restriction of certain uses and disclosures of protected health information.**

You may ask Delta Dental not to use or disclose any part of your protected health information for the purposes of treatment, payment, or healthcare operations. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care or for notification purposes in this Notice of Privacy Practices. Any request must specifically state the requested restriction, and to whom you want the restriction to apply. However, if you attempt to restrict the uses and disclosures of protected health information, Delta Dental is NOT required to agree to a requested restriction. At any time, you may request termination of requested restriction. Requests for restrictions and terminations of requested restrictions must be made in writing to the Chief Privacy Officer at the address listed herein. You may request to restrict disclosure of your protected health information to a health plan if the disclosure is for the purpose of carrying out payment or health care operations and is not otherwise required by law and the protected health information pertains solely to a health care item or service for which you, or a person other than the health plan on behalf of you (such as a family member), has paid us in full. We must honor such request; however, disclosures required by law, such as those required for Medicare and Medicaid audits, Medicare conditions of participating regarding health care providers, and court order or other legally mandated disclosures are exempt from this requirement.

### **You have the right to receive confidential communications of protected health information.**

Delta Dental will attempt to accommodate reasonable requests to receive confidential communications by alternative means than typically used, or at an alternative location other than that shown on our records. Delta Dental may also condition any accommodations by asking you for information as to how premium payment, if any, will be handled or specifications of an alternative address or other method of contact. Delta Dental will not request an explanation for the basis of the request. Please make all requests to the Chief Privacy Officer listed herein.

### **You have the right to inspect and to obtain a copy of your protected health information.**

You may inspect and obtain a copy of protected health information that is contained in a designated record set forth as long as Delta Dental maintains the protected health information. A "designated record set" contains medical and billing records and any other records that we receive and utilize in making decisions about you and your claims. You may request for your records to be provided to you electronically and in that event, Delta Dental will ascertain how best to accomplish your request.

**However, under federal law, you may not inspect or copy the following records:** Information collected in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, and protected health information that is subject to laws that prohibit access to protected health information. Depending upon the circumstances, a decision to deny access may be reviewable. Please contact our Chief Privacy Officer if you have any questions about access to your protected health information.

You have the right to the privacy and security of your Protected Health Information by Delta Dental, which includes genetic information as defined by the Genetic Information Nondiscrimination Act (“GINA”) § 105(a) and corresponding Federal Regulations. Any genetic health information will be kept secure and private and your coverage with Delta Dental will not be based upon, or influenced by, any such knowledge of such genetic information by Delta Dental.

**You have the right to amend protected health information.**

You may request an amendment to your protected health information in a designated record set for as long as Delta Dental maintains this information. In certain cases, we may deny your request for an amendment. If we deny your request, you have the right to file a statement of disagreement, and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. Please make all requests and inquiries to the Chief Privacy Officer listed herein.

**You have the right to receive an accounting of disclosures of your protected health information.**

This right applies to disclosures for purposes other than treatment, payment, or healthcare operations as described in this Notice of Privacy Practices. It also excludes disclosures Delta Dental may have made to you, to your family members, or friends involved in your care, or for notification purposes. You have the right to receive specific information regarding disclosures for up to a maximum of six years. You may also request a shorter timeframe for an accounting period. The right to receive this information is subject to certain exceptions, restrictions and limitations.

**You have a right to receive notifications of breaches of your unsecured protected health information.**

Following a breach of unsecured protected health information that requires a breach notification in compliance with the Health Insurance Portability and Accountability Act of 1996, you will receive from us a notification of breach of unsecured protected health information. You will only receive notification for breaches of unsecured protected health information of which the Health Insurance Portability and Accountability Act of 1996 requires notice.

**You have the right to obtain a paper copy of Delta Dental’s Notice of Privacy Practices.**

If you obtained a copy of this Notice by any electronic means, you may contact the Delta Dental Chief Privacy Officer in writing and request a paper copy of the Notice at no expense.

Delta Dental is required by law to maintain the privacy of protected health information and to provide individuals with Notice of its legal duties and privacy practices with respect to protected health information.

Delta Dental is required to abide by the terms and conditions of this Notice, and if any, amendments hereto of any privacy practices.

**Complaints:**

If you believe your privacy rights have been violated, you may file a complaint with Delta Dental, or with the Secretary of the Department of Health and Human Services. To file a complaint with Delta Dental, contact the Chief Privacy Officer at the address provided herein.

**All complaints must be submitted in writing.**

You will not be penalized for filing a complaint.

For further information, or if you wish to contact Delta Dental regarding your Privacy concerns, or Delta Dental’s privacy practices, please contact:

**Chief Privacy Officer  
Delta Dental Plan of Oklahoma  
P. O. Box 54709  
Oklahoma City, OK 73154  
(405) 607-2100**