



## **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**

Delta Dental of Washington (DDWA) is committed to protecting the privacy and the confidentiality of your health information. We recognize that you depend on us to safeguard your personal information and uphold your privacy rights. This document, which is based on state and federal law, describes our commitment to preserve the privacy and confidentiality of your health information. This notice explains our privacy practices, our legal requirements and your rights regarding your protected health information (PHI).

### **Our Privacy Practices**

This notice protects the rights of both current and former members of DDWA. It explains how we use your information and when we may share that information with others. It provides you with your rights with respect to your health and/or dental information and how you may exercise those rights. By law, we are required to send you this notice so that you are aware of how we maintain the privacy of your information.

DDWA employees are required to comply with our company policies and procedures to protect the privacy and confidentiality of your health and/or dental information. Violations identified or reported to DDWA are reviewed, and disciplinary and/or corrective actions are taken when appropriate. Access to information by our employees is limited to a business "need-to-know" basis. For example, DDWA employees need specific information to make benefit determinations, process claims, perform internal assessments and provide certain customer service functions.

DDWA has physical, electronic and process safeguards in place to restrict access to your information. These safeguards include secured office facilities, locked filing cabinets and controlled computer network systems. Should a breach occur that may have compromised the privacy or security of your information we'll notify you promptly.

This notice applies to all applicable companies within the Washington Dental Service family, which includes Delta Dental of Washington. Should any of 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 and/or dental information that we maintain. We will post the revised notice on our website and will provide you a printed copy of the notice upon request.

### **Information Maintained at DDWA**

The "information" or "health information" or "dental information" referred to in this notice includes demographic information that may identify you and that relates to your past, present or future physical or dental health and related health care services.

### **How We May Use or Share Your Information**

The following describes how we may use or share your information:

#### **For Treatment**

Dental information may be shared with your dentist in order to help him or her provide you with the care you need.

## **For Payment**

Your information may be used when paying your dental claims submitted to us by you or your dental care provider or to coordinate benefits with other benefit plans you may have.

## **Health Care Operations**

Certain dental information may be used or shared for necessary health care operations. These may include, but are not limited to, performing quality assessment and improvement activities, evaluating provider performance, performing auditing functions, resolving complaints and appeals, and making benefit determinations. Please note that DDWA may not use or share your genetic information for underwriting purposes, to adjust premiums, or to make enrollment or eligibility determinations based on your predisposition to a genetic condition. DDWA is also prohibited from requesting, requiring, or purchasing genetic information about an individual prior to enrollment. Incidental collection of genetic information does not violate the law.

## **Business Associates**

Your information may also be shared with other individuals or entities, known as business associates, which perform payment or health care operations on behalf of DDWA. We will not share your information with these business associates unless they agree in writing to protect the privacy of your information.

## **Communications**

Your information may be shared with third-parties acting on behalf of DDWA in order to provide you with information about alternative treatments and programs or about dental-related products and services that may be of value to you. We may also inform you about enhancements, replacements or substitutions to your dental coverage. If we wish to contact you to inform you about a product or service for which we are paid by a third party, we will ask you for your written permission.

## **Non-personally Identifiable Information**

Information that is "de-identified" may be used or shared. Information is considered de-identified when it does not personally identify you. We may also use a "limited data set" that does not contain any information that can directly identify you. The limited data set is used only for purposes of research, public health matters or health care operations.

## **Employee Benefit Plan**

Under certain circumstances, we may share limited information about you with an employee benefit carrier through which you receive benefits in order to perform administrative functions. Examples of information we may share include summary health information so that the carrier may obtain bids from other plans or modify, amend or terminate coverage with DDWA. We may share information related to your enrollment, disenrollment and/or participation in a DDWA plan. Detailed information is not shared with your benefit carrier unless it agrees to maintain the privacy of your information.

## **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 situation, we may disclose your PHI to a family member or a friend to the extent necessary to help with your dental care. We will do so only if we determine that the disclosure is in your best interest. For a minor, we may disclose PHI to parents or guardians, consistent with state law.

## **Special Circumstances and State and Federal Laws**

In special situations and under certain state and federal laws, we are required to use or release your health information to you or to your authorized personal representative (with certain exceptions), when required by the U.S. Secretary of Health and Human Services to investigate or determine our compliance

with law, and when otherwise required under certain state and federal laws. DDWA may disclose your PHI without your prior authorization in response to the following:

- Court order or subpoena related to a civil action, investigation of a government board, commission or agency, or for an arbitration;
- Law enforcement search warrant;
- To report information to state and federal agencies that regulate our business including health oversight agencies and public health authorities;
- To assist correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official;
- To report information to a government authority regarding child abuse, neglect or domestic violence;
- To share information with a coroner or medical examiner in conjunction with an investigation;
- To report information regarding job-related injuries as required by workers' compensation laws;
- To armed services personnel for military activities and to authorized federal officials for national security activities and intelligence purposes;
- Under certain circumstances where your privacy is ensured by certain protocols, we may disclose your information to assist researchers when the research has been approved by an institutional board; or
- To a family member or friend under the following circumstances:
  - If you provide verbal agreement to allow such disclosure
  - If you are given an opportunity to object to such disclosure and you do not raise an objection; or
  - If it can be inferred from the circumstances, based on DDWA's professional judgment, that you would not object

### **Written Permission to Use or Share Your Information and Right to Revocation**

For activities or purposes other than those noted above or as otherwise permitted by law, we must obtain your written permission, known as an authorization, prior to using or sharing your health information. If you sign an authorization, you may change your mind at any time and revoke your authorization in writing.

Once the authorization is revoked, we will no longer use or share the information as outlined in the authorization. However, be aware that we may not be able to retract information that was previously made based on a valid authorization.

### **Your Rights Regarding Your Protected Health Information**

The following are your rights with regard to your PHI:

#### **Right to Request Restriction on Use and Disclosure**

You have the right to restrict how we use and share your information for treatment, payment or health care operations. You have the right to restrict your information for services paid in full out-of-pocket without plan benefits. You also have the right to ask to restrict your information that we have been asked to give to family members or to others who are involved in your care or payment for your care. Please note that we will try to grant your request, but we are not required to do so by law.

## **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 an alternate 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 alternate means of communication.

## **Right to Access Your PHI**

You have the right to inspect and obtain a copy of your PHI we maintain in a designated record set. A designated record set refers to a group of records that includes enrollment, payment, claims determination or dental management activities. It also includes records 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. Furthermore, it does not include PHI that is subject to other state or federal laws that prohibit us from releasing such information. 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 ask us to make changes to the information that we maintain about you in your designated record set. These changes are referred to as amendments. Amendment requests must be in writing and must include the reason for the request. 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 with a written explanation for the reason for denial. This written notification will explain your right to file a written statement of disagreement. In turn, we have a right to rebut your statement. You have the right to request that your initial written request, our written denial and your statement of disagreement be included with your PHI for any future disclosures. 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**

You have the right to receive an accounting of certain disclosures of your health information made by us for up to six years prior to your request. Your request for an accounting must be made in writing and must state a time period for which you want an accounting. The time period may not be longer than three years. We will provide you with the date on which we made a disclosure, the name of the person or entity to which we disclosed your information, a description of the disclosure, 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. We are not required to provide you with an accounting of disclosures of the following information:

- Information shared for treatment, payment or health care operations;
- Information already disclosed to you;
- Information shared as part of an authorization request;
- Information that is incidental to a use or disclosure that is otherwise permitted;
- Information that was provided to persons involved in your care or for other notification purposes;
- Information shared for national security or intelligence purposes;
- Information that was shared or used as part of a limited data set for research, public health or health care operation purposes; or

- Information disclosed to correctional institutions, law enforcement officials or health oversight agencies.

### **Right to Paper Copy of This Notice**

If you receive this notice on our website or by electronic mail (email), you are also entitled to receive it in written form. Please contact DDWA using the information at the end of this notice to obtain a written copy of the notice.

### **QUESTIONS REGARDING USE AND DISCLOSURE OF YOUR PRIVACY RIGHTS**

If you believe that your privacy rights have been violated or have any questions about your privacy rights, you may file a complaint or contact DDWA by calling 1-206-985-5963 or toll free 1-888-338-0172. Additionally, you may file a written complaint with DDWA by sending your complaint to:

Delta Dental of Washington  
Attn: Compliance Officer  
PO Box 75688  
Seattle, WA 98125

You may also direct your complaints to the Secretary of the Department of Health and Human Services. Delta Dental of Washington will not penalize you or take any action against you for filing a complaint.

## Nondiscrimination and Language Assistance Services

Delta Dental of Washington complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Delta Dental of Washington does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Delta Dental of Washington:

Provides free aids and services to people with disabilities to communicate effectively with us, such as:

- ◆ Qualified sign language interpreters
- ◆ Written information in other formats (large print, audio, accessible electronic formats, other formats)

Provides free language and service to people whose primary language is not English, such as:

- ◆ Qualified interpreters
- ◆ Information written in other languages

If you need these services, contact Delta Dental of Washington’s Customer Service at: 1(800)554-1907.

If you believe that Delta Dental of Washington has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Isaac Lenox, Compliance/Privacy Officer, PO Box 75983 Seattle, WA 98175, Ph: 1(800)554-1907, TTY: 1-800-833-6384, Fx: (206) 729-5512 or by email at: [Compliance@DeltaDentalWA.com](mailto:Compliance@DeltaDentalWA.com). You can file a grievance in person or by mail, fax or email. If you need help filing a grievance, Isaac Lenox, Compliance/Privacy Officer is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington DC 20201, 1-800-868-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

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<b>Arabic</b>	تساعده شخص لدى أو لديك كان إن Delta Dental of Washington والمعلومات المساعدة على الحصول في الحق فلدبك به اتصل مترجم مع للتحدث. تكلفة اية دون من بلغتك الضرورية 1(800)554-1907 بخصوص أسئلة
<b>Cambodian (Mon-Khmer)</b>	ប្រសិនបើអ្នក ឬសមាជិកម្នាក់ ក៏ដូចជាអ្នកកំពុងដើរចុះ ម្នាក់សំណួរ អ្វីៗពី Delta Dental of Washington ប្រ, អ្នកម្នាក់សិរីល្អៗលើស្តីនិងព័រ័ម្មន ប្រាកដថាសា របស់អ្នក ប្រយោជន៍អ្នកប្រាកដ ។ បើរើមិនយាយជាមួយអ្នកក៏ដូចជា សូម 1(800)554-1907 ។
<b>Chinese</b>	如果您，或是您正在協助的對象，有關於[插入項目的名稱 Delta Dental of Washington 方面的問題，您有權利免費以您的母語得到幫助和訊息。洽詢一位翻譯員，請撥電話 [在此插入數字 1(800)554-1907。
<b>Cushite (Oromo)</b>	Isin yookan namni biraa isin deeggartan Delta Dental of Washington irratti gaaffii yo qabaattan, kaffaltii irraa bilisa haala ta'een afaan keessaniin odeeffannoo argachuu fi deeggarsa argachuuf mirga ni qabdu. Nama isiniif ibsu argachuuf, lakkoofsa bilbilaa 1(800)554-1907 tiin bilbilaa.
<b>German</b>	Falls Sie oder jemand, dem Sie helfen, Fragen zum Delta Dental of Washington haben, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer 1(800)554-1907 an.
<b>Japanese</b>	ご本人様、またはお客様の身の回りの方でも Delta Dental of Washingtonについてご質問がございましたら、ご希望の言語でサポートを受けたり、情報を入手したりすることができます。料金はかかりません。通訳とお話される場合 1(800)554-1907 までお電話ください。

