



NOTICE OF PRIVACY PRACTICES

YOUR INFORMATION. YOUR RIGHTS. OUR RESPONSIBILITIES.

This notice protects the rights of both current and former members of Delta Dental of Washington (DDWA). It describes how personal information about you may be used and disclosed and how you can get access to this information. This notice applies to all applicable companies within the Washington Dental Service family, which includes DDWA. Please review it carefully.

Our Privacy Practices and Responsibilities

- We are required by law to maintain the privacy and security of your health information. Because of this, DDWA employees' access to your health information is limited to a business "need-to-know" basis.
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.
We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.

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.

Table with 2 columns: Right description and corresponding responsibilities. Row 1: Get an electronic or paper copy of your health and claims records. Responsibilities include: You can ask to see or get an electronic or paper copy of your health and claims records... Your request must be made in writing... We will provide a copy or a summary of your health and claims records...

Ask us to correct health and claims records	<ul style="list-style-type: none"> <li>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.</li> <li>We may say “no” to your request, but we’ll tell you why in writing, usually within 60 days.</li> </ul>
Request confidential communications	<ul style="list-style-type: none"> <li>You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.</li> <li>We will consider all reasonable requests and must say “yes” if you tell us you would be in danger if we do not.</li> </ul>
Ask us to limit what we use or share	<ul style="list-style-type: none"> <li>You can ask us not to use or share certain health information for treatment, payment, or our operations, especially for services paid in full out-of-pocket without plan benefits.</li> <li>We are not required to agree to your request. For example, we may say “no” if it would affect your care.</li> </ul>
Get a list of those with whom we’ve shared information	<ul style="list-style-type: none"> <li>You can ask for a list (accounting) of the times we’ve shared your health information for up to six years prior to the date you ask, who we shared it with, and why.</li> <li>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 accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.</li> </ul>
Get a paper copy of this notice	<ul style="list-style-type: none"> <li>You can ask for a paper copy of this notice at any time, even if you agreed to receive it electronically. We will provide you with a paper copy promptly.</li> </ul>
Choose someone to act for you	<ul style="list-style-type: none"> <li>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.</li> <li>We will ask the person to show proof of this authority to act for you before we take any action.</li> </ul>

### Your Choices

**For certain health information, you can tell us 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:	<ul style="list-style-type: none"> <li>Share information with your family, close friends, or others involved in payment for your care</li> <li>Share information in a disaster relief situation</li> <li>Share non-health information with other Delta Dental member companies for business operational purposes.</li> </ul>
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	<i>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.</i>
In these cases, we never share your information unless you give us written permission:	<ul style="list-style-type: none"> <li>• Marketing purposes</li> <li>• Sale of your information</li> </ul>

**Our Uses and Disclosures**

**How do we typically use or share your health information?** We typically use or share your health information without your permission in the following ways.

Pay for your health services	<ul style="list-style-type: none"> <li>• We can use and disclose your information when paying for your dental services or for coordinating care with other benefit plans you may have.</li> </ul>	<b>Example:</b> <i>We send and receive information about your claims to coordinate payment for your dental work.</i>
Help manage the health care treatment you receive	<ul style="list-style-type: none"> <li>• We can use your health information and share it with professionals who are treating you.</li> </ul>	<b>Example:</b> <i>We share dental information with your dentist to help them provide you with the care you need.</i>
Run our organization	<ul style="list-style-type: none"> <li>• We can use and disclose your information to run our organization and contact you when necessary. We may share non-health information with other Delta Dental member companies for business operational purposes.</li> <li>• We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage.</li> </ul>	<b>Example:</b> <i>We use health information about you to develop better services for you.</i>
Administer your plan	<ul style="list-style-type: none"> <li>• We may disclose your information to your employee benefit plan sponsor for plan administration. Detailed information is not shared with your benefit carrier unless it agrees to maintain your privacy.</li> </ul>	<b>Example:</b> <i>Your company contracts with us to provide a dental plan, and we provide your company with certain statistics to explain the premiums we charge.</i>

**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 must meet many legal conditions before we can share your information for these purposes. For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

Help with public health and safety issues	<ul style="list-style-type: none"> <li>• We can share health information about you for certain situations such as: <ul style="list-style-type: none"> <li>○ Preventing disease</li> <li>○ Helping with product recalls</li> <li>○ Reporting adverse reactions to medications</li> <li>○ Reporting suspected abuse, neglect, or domestic violence</li> <li>○ Preventing or reducing a serious threat to anyone’s health or safety</li> </ul> </li> </ul>
Do research	<ul style="list-style-type: none"> <li>• We can use or share your information for health research.</li> </ul>
Comply with the law	<ul style="list-style-type: none"> <li>• 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.</li> </ul>
Respond to organ and tissue donation requests and work with a medical examiner or funeral director	<ul style="list-style-type: none"> <li>• We can share health information about you with organ procurement organizations.</li> <li>• We can share health information with a coroner, medical examiner, or funeral director when a person dies.</li> </ul>
Address workers’ compensation, law enforcement, and other government requests	<ul style="list-style-type: none"> <li>• We can use or share health information about you: <ul style="list-style-type: none"> <li>○ For workers’ compensation claims</li> <li>○ For law enforcement purposes or with a law enforcement official</li> <li>○ With health oversight agencies for activities authorized by law</li> <li>○ For special government functions such as military, national security, and presidential protective services</li> </ul> </li> </ul>
Respond to lawsuits and legal actions	<ul style="list-style-type: none"> <li>• We can share health information about you in response to a court or administrative order, or in response to a subpoena.</li> </ul>

If none of these situations apply, we must get your written permission, known as an authorization, before we use or share your health information. If you sign an authorization, you may change your mind at any time and revoke your authorization by writing to us at the address listed on page 5 of this notice. If you change your mind, we will no longer use or disclose your health information for reasons covered by your authorization unless required by law. We are unable to take back any uses or disclosures we made while your permission was in effect.

**Specialty Protected Information**

In some situations, federal and state laws provide special protections for certain kinds of health information such as substance use disorder treatment, mental health treatment, HIV/AIDS, and sexually transmitted diseases. We will not disclose that specially protected information without your written permission unless otherwise required by law.

### 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 notification of changes to you.

### Questions and Complaints

You can ask a question or complain if you feel we have violated your rights by contacting us toll free at **1-888-338-0172**. You may also file a written complaint with DDWA at [compliance@deltadentalwa.com](mailto:compliance@deltadentalwa.com) or:

Delta Dental of Washington  
Attn: Compliance and Privacy Officer  
PO Box 75688  
Seattle, WA 98175

You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by calling **1-877-696-6775**. You may also file a written complaint by visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/) or:

Centralized Case Management Operations  
U.S. Department of Health and Human Services  
200 Independence Avenue, S.W.  
Room 509F HHH Bldg.  
Washington, D.C. 20201

**We will not retaliate against you for filing a complaint.**