

## **NOTICE OF PRIVACY PRACTICES**

Dental Care Plus, Inc. DBA DentaTrust/DentaSpan  
P.O. Box 62262 • Cincinnati, OH 45262 855-890-3243  
Effective date of this notice: September 23, 2013

If you have questions about this notice, please contact the person listed under “Whom to Contact” at the end of this notice.

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

### **SUMMARY**

In order to provide you with benefits, Dental Care Plus, Inc. will receive personal information about your dental health. We are required to keep this information confidential. This notice of our privacy practices is intended to inform you of the ways we may use your information and the occasions on which we may disclose this information to others.

### **HOW WE MAY USE OR DISCLOSE YOUR DENTAL HEALTH INFORMATION.**

We may use your dental health information, or disclose it to others, for a number of different reasons. This notice describes these reasons. For each reason, we have written a brief explanation. We also provide some examples. These examples do not include all of the specific ways we may use or disclose your information.

1. **Treatment.** We may use your dental health information to provide you with dental care and services. This means that our employees, staff, students, volunteers and others, whose work is under our direct control, may read your dental information to learn about your dental condition and use it to help you make decisions about your care. For instance, a dental plan consultant may use dental health information to determine a treatment plan.
2. **Payment.** We will use your dental health information, and disclose it to others, as necessary to make payment for the dental care services you receive. For instance, we may use your dental health information to pay your claim, we may send information to the dental care professional that provided you with the dental care services, or we may send information to another insurance company to coordinate your benefits. If you owe us money, we may give information about you to a collection company that we contract with to collect bills for us.
3. **Dental Care Operations.** We may use your dental health information for activities that are necessary to operate this organization. This includes using your information to plan what services we need to provide, expand, or reduce, and to evaluate quality and improve our operations.
4. **Business Associates.** We may disclose information to third parties or organizations that we contract with to perform services for us. We require these third parties and outside organizations to protect the privacy of your information.
5. **Legal Requirement to Disclose Information.** We are permitted to disclose your information when we are required by law to do so. This includes reporting information to government agencies that have the legal responsibility to monitor the dental care system. For instance, we may be required to disclose your dental health information if we are audited by the state insurance department. We may also disclose your information in the following circumstances:
  - when we are required to do so by a court order or other judicial or administrative process.

- when the information relates to a victim of abuse, neglect or domestic violence for law enforcement purposes. This includes providing information to help locate a suspect, fugitive, material witness or missing person, or in connection with suspected criminal activity.
- to a federal agency investigating our compliance with federal privacy regulations.
- if you are a member of the armed forces, as authorized by military command authorities.
- to coroners, medical examiners and funeral directors; to organ procurement organizations (for organ, eye, or tissue donation);
- for national security, intelligence, and protection of the president.
- if you are an inmate, to a correctional institution or to law enforcement officials to provide you with dental care, to
- protect the dental safety of you and others, and for the safety, administration, and maintenance of the correctional institution.
- to your employer for purposes of workers' compensation and work site safety laws (OSHA, for instance)
- if we decide that the disclosure is necessary to prevent serious harm to the public or to an individual.

6. **Family and Friends Involved In Your Care.** With your approval, we may from time to time disclose your personal dental information to designated family, friends, and others who are involved in your care or in payment for your care in order to facilitate that person's involvement in caring for you or paying for your care. If you are unavailable, incapacitated, or facing an emergency situation and we determine that a limited disclosure may be in your best interest, we may share limited personal dental information with such individuals without your approval. We may also disclose limited personal dental information to a public or private entity that is authorized to assist in disaster relief efforts in order for that entity to locate a family member or other persons that may be involved in some aspect of caring for you.

7. **Information to Members.** We may use your dental health information to provide you with additional dental health related information. This may include mailing dental education materials to your address.

8. **Dental Benefits Information.** If your enrollment in the dental plan is sponsored by your employer, your dental health information may be disclosed to your employer, as necessary for the administration of your employer's dental benefit program for employees. Employers may receive this information only for purposes of administering their employee group dental plans, and must have special rules to prevent the misuse of your information for other purposes.

9. **Genetic Information:** We will not use or disclose any genetic information about you or your family members for underwriting or benefit eligibility determinations.

## **YOUR RIGHTS**

**1. Authorization.** We may use or disclose your dental health information for any purpose that is listed in this notice without your written authorization. We will not use or disclose your dental health information for any other reason without your authorization. For example, we will obtain your authorization before using or disclosing your dental health information for:

Marketing Communications unless the communication is made directly to you in person, is simply a promotional gift of nominal value, is a prescription refill reminder, general health or wellness information, or a communication about health related products or services that we offer or that are directly related to your treatment.

Most Sales of your dental health information unless for treatment or payment purposes or as required by law.

If you authorize us to use or disclose your dental health information, you have the right to revoke the authorization at any time. For information about how to authorize us to use or disclose your dental information, or about how to revoke an authorization, contact the person listed under “Whom to Contact” at the end of this notice. You may not revoke an authorization for us to use and disclose your information to the extent that we have taken action in reliance on the authorization.

**2. Request Restrictions.** You have the right to ask us to restrict how we use or disclose your dental health information. We will consider your request. But we are not required to agree. If we do agree, we will comply with the request unless the information is needed to provide you with emergency treatment. We cannot agree to restrict disclosures that are required by law.

**3. Confidential Communication.** You have the right to request that we communicate with you by alternative means. This request must be in writing. If we can reasonably accommodate your request within the confines of our system, we will do so. If your request is because you believe the disclosure of information could endanger you, you must notify us of that fact and your request will be accommodated if it is reasonable.

**4. Inspect And Receive a Copy of Dental Health Information.** You have a right to inspect the dental health information about you that we have in our records, and to receive a copy of it. We may charge a fee for the cost of copying and mailing the records. To ask to inspect your records, or to receive a copy, contact the person listed under “Whom to Contact” at the end of this notice.

**5. Amend Dental Health Information.** You have the right to ask us to amend dental health information about you which you believe is not correct, or not complete. You must make this request in writing, and give us the reason you believe the information is not correct or complete. We are not required to make all requested amendments, but we will consider your request carefully. To request an amendment to your information, contact the person listed under “Whom to Contact” at the end of this notice.

**6. Accounting of Disclosures.** You have a right to receive an accounting of certain disclosures of your information to others. We will provide the first list of disclosures you request at no charge. We may charge you for any additional lists you request during the following 12 months. We cannot include disclosures made before April 14, 2003. To request an accounting, contact the person listed under “Whom to Contact” at the end of this notice.

**7. Notice of Breach.** In the unlikely event that there is a breach, or unauthorized release of your dental health information, you have the right to receive notice and information from us on steps you may take to protect yourself from harm.

**8. Paper Copy of this Privacy Notice.** You have a right to receive a paper copy of this notice. If you have received this notice electronically, you may receive a paper copy by contacting the person listed under “Whom to Contact” at the end of this notice.

**9. Complaints.** You have a right to complain if you think your privacy has been violated. You may file your complaint with the person listed under “Whom to Contact” at the end of this notice. You may also file a complaint directly with the Secretary of the U. S. Department of Health and Human Services, at the Office for Civil Rights, U.S. Department of Health and Human Services, 200 Independence Avenue, S.W., Room 509F HHH Bldg., Washington, D.C. 20201. All complaints must be in writing. We will not take any action against you if you file a complaint.

**OUR RIGHT TO CHANGE THIS NOTICE**

We reserve the right to change our privacy practices, as described in this notice, at any time. We reserve the right to apply these changes to any dental health information which we already have, as well as to dental health information we receive in the future. We will mail the new notice to all subscribers within 60 days of the effective date.

**WHOM TO CONTACT**

Contact the person listed below:

- For more information about this notice, or
- For more information about our privacy policies, or
- If you want to exercise any of your rights, as listed on this notice, or
- If you want to request a copy of our current Notice of Privacy Practices.

Contact: Exchange Product Manager  
Dental Care Plus, Inc. DBA DentaTrust/DentaSpan  
P.O. Box 62262  
Cincinnati, OH 45262  
855-890-3243

Copies of this notice are also available at the Dental Care Plus, Inc. office or on the DentaTrust/DentaSpan Web site: [www.dentatrust.com](http://www.dentatrust.com).