

# HIPAA notice of privacy practices

Your information. Your rights. Our responsibilities.

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.

## Your rights



### You have the right to:

- Get a copy of your dental and claims records
- Correct your dental and claims records
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

See page 2 for more information.

## Our uses & disclosures



### We may use and share your information as we:

- Help manage the dental treatment you receive and treat you
- Run our company
- Pay for your dental services
- Administer your dental plan
- Help with public health and safety issues
- Do research
- Comply with the law
- Work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

See page 3 for more information.

## Your choices



### You have some choices in the way that we use and share information as we:

- Answer coverage questions from your family and friends
- Share information with family, friends, or others involved in your care and payment of care
- Provide disaster relief
- Market our services

See page 4 for more 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.**

## **Get a copy of dental and claims records**

- We will provide a copy or a summary of your dental and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.
- You can ask to see or get a copy of your dental and claims records and other information we have about you. Ask us how to do this.

## **Ask us to correct dental and claims records**

- You can ask us to correct your dental and claims records if you think they are incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

## **Request confidential communications**

- 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.
- We will consider all reasonable requests.

## **Ask us to limit what we use or share**

- You can ask us not to use or share certain information for treatment, payment, or our operations.
- We are not required to agree to your request, and we may say “no” if it would affect your care.

## **Get a list of those with whom we’ve shared information**

- You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
- 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).

## **Get a copy of this privacy notice**

- You can ask for a paper copy of this notice at any time. We will provide you with a paper copy promptly.

## **Choose someone to act for you**

- 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.
- We will make sure the person has this authority and can act for you before we take any action.

## **File a complaint if you feel your rights are violated**

- We will not retaliate against you for filing a complaint.
- You can complain if you feel we have violated your rights by contacting us using the information at the end of this notice.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights.

Visit: [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/)

Call: 1-877-696-6775

Write to:  
200 Independence Avenue, S.W.  
Washington, D.C. 20201

# Our uses & disclosures



## We typically use or share your health information in the following ways:

### We can help manage the dental care treatment you receive.

We can use your health information and share it with professionals who are treating you.

*Example:* On our mobile dental clinic trucks, we use your information to provide high quality dental care. We may also share your information with another dentist who we are referring you to see.

### We can run our organization.

We can use and disclose your information to run our organization and contact you when necessary.

*Examples:*

- We use health information about you to develop better services for you. In some instances, we do this by requesting that you complete a survey.
- We use health information about you to manage your treatment and services.

### We can pay (or bill) for your dental services.

We can use and disclose your health information as we pay for your dental services.

*Example:* We may use your information to bill you or your plan sponsor and to coordinate payment for your dental work if you have more than one insurance.

### We can administer your plan.

We may disclose your information to your dental plan sponsor for plan administration.

*Example:* Your company contracts with us to provide a dental plan, and we provide your company with certain statistics to explain the premiums we charge.

## 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 conditions in the law before we can share your information for these purposes. For more information go to: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

### We help with public health and safety issues.

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

### We do research.

We can use or share your information for health research.

### We comply with the law.

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.

### We respond to requests and work with a medical examiner or funeral director.

- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

### We address workers' compensation, law enforcement, and other government requests.

We can use or share health information about you:

- For workers' compensation claims.
- For law enforcement purposes or with a law enforcement official.
- With health oversight agencies for activities authorized by law.
- For special government functions such as military, national security, and presidential protective services.

### We respond to lawsuits and legal actions.

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

# Your choices



# Our responsibilities

For certain 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:**

Share information with your family, close friends, or others involved in the care and payment for your care.

Share information in a disaster relief situation.

If you are not able to tell us your preference, 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.

**In these cases, we never share your information unless you give us written permission:**

- Marketing purposes
- Sale of your information

We are required by law to maintain the privacy and security of your protected health information.

- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- 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 using an authorization form available on our website or by contacting us to request the form. If you tell us we can release information, you may change your mind at any time. Let us know in writing if you change your mind.
- To get a paper copy of this notice, contact Delta Dental's Privacy Officer. Contact information is available below.
- For more information about your protected health information visit: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).

**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. We will post a copy of the current notice on our website.

**This notice applies to:**

Delta Dental of South Dakota and dental care provided by Delta Dental of South Dakota's Foundation.

**Contact for questions or complaints**

If you have questions, concerns, or would like further information, please contact us.



[compliance@deltadentalsd.com](mailto:compliance@deltadentalsd.com)



877-841-1478



Delta Dental of South Dakota Privacy Officer  
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Pierre, SD 57501