

**Delta Dental of Massachusetts Privacy Notice**  
At Delta Dental We Care About Your Privacy As Much As You Do  
Effective: June 2011

**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.**

### **Member Privacy**

Delta Dental of Massachusetts (“Delta Dental”) takes your privacy seriously. We want to tell you about our privacy practices to protect your personal health information.

### **How Do We Use Health Information?**

Delta Dental uses your health information to facilitate your treatment, coordinate payment for treatment and for other related health care operations. Examples of these disclosures include:

- **Treatment:** Delta Dental releases your health information to dentists that are providing treatment to you or coordinating care with another dentist, such as a specialist, for the purposes of facilitating your treatment. For example, we may discuss your treatment plan with your dentist or provide prior authorization to your dentist to provide certain services.
- **Payment:** Delta Dental also releases your information to your dentist or dental practice to facilitate payment of care. For example, we pay claims submitted by dentists who provide treatment to you.
- **Health Care Operations:** Delta Dental releases your information for purposes related to performing health care operations in the normal course of our business. For example, we may release your information to an entity we have contracted with to print checks for Delta Dental. We comply with all applicable state and federal laws, including any laws that impact our ability to use your health information for payment and operations.
- **Other Services:** Delta Dental may also use your protected health information for other reasons. These include:
  - Informing you of research opportunities or benefits for alternative treatments or telling you about benefits and services.
  - Contacting you regarding your appointments, treatment alternatives or other health related services or benefits.
  - As may be required by a court of law, administrative agencies, law enforcement agencies or for state medical purposes, such as releasing information to coroners and medical examiners in the event of death.
  - Communicating with family or friends or with a legal guardian authorized by you or by law to be involved in your care.
  - Communicating with the authorized administrators of a self-funded health plan about your coverage and care.

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Any other use or disclosure of your health information will only be made with your written authorization, which you may revoke at any time in writing.

**Your Right to Protection of Your Health Information:**

Below is a list 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 restrictions on certain uses and disclosures of protected health information. Please be aware that Delta Dental is not required to agree to the requested restriction.
- You have the right to receive confidential communications of protected health information which means that you may direct Delta Dental to send your protected health information to an alternative address.
- You have the right to obtain a copy of your protected health information (certain fees may apply).
- You have the right to amend your incorrect or outdated protected health information.
- You have the right to receive an accounting of disclosures of your protected health information.
- If you are receiving this notice electronically, you have the right to request a paper copy of this notice.

**Delta Dental's Obligations to Protect Your Health Information:**

As your dental insurance company or the administrator of your dental benefits, Delta Dental has the following obligations to protect your health information:

- Delta Dental is required by law and by its contractual obligations to protect your health information and to provide you with notice of our legal duties and privacy practices with respect to your protected health information.
- Delta Dental is obligated to provide this notice to you and abide by the terms of the notice currently in effect.
- Delta Dental reserves the right to change privacy practices and make new practices effective for all the information we maintain. Revised notices will be available to you at our website [www.deltadentalma.com](http://www.deltadentalma.com); will be reflected in this privacy notice on the reverse side of your Explanations of Benefits and, upon request, will be mailed to you.

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**Financial Information Privacy Policy**

Delta Dental may collect other personal but non-health related information about you in the course of providing your benefits. Some of this information is also protected under the law. In most instances, Delta Dental may not release your nonpublic personal information to any person or persons not affiliated with Delta Dental. This means that Delta Dental only releases this information to companies that are part of our enterprise. It is important to us that you understand what information we gather and how we use it to administer your benefits and serve you better.

- **Nonpublic Personal Information:** In order to provide your dental services, we may need to gather personally identifiable financial information about you from you, your employer, your plan sponsor, or your dentist; with respect to claims, co-payments, and premium payments.
- **Disclosures of Nonpublic Personal Information:** Delta Dental may release your nonpublic personal information to Delta Dental affiliates and to other nonaffiliated companies for Delta Dental's everyday business purposes.
- **Delta Dental's Policies and Practices:** In compliance with state and federal standards, electronic, procedural and physical safeguards are in place to limit the collection and use of nonpublic information to the minimum necessary to provide you with quality products and services. Access to this information is limited to a "need to know" basis for our employees to perform their jobs. This applies to you whether you are a former or current member.

**Contacting Us, Comments, Suggestions, or Complaints**

If you would like to contact us regarding a **claim** or **coverage**, please contact us by email [cssteam@deltadentalma.com](mailto:cssteam@deltadentalma.com), phone: 1-800-872-0500, or mail:

**Dental Service of  
Massachusetts, Inc.  
Attn: Customer Service  
P.O. Box 9695  
Boston, Massachusetts 02114**

If you want to exercise your **privacy rights**, feel your privacy rights have been **violated**, or if you need **more information**, contact our Privacy Officer by e-mail [privacy@deltadentalma.com](mailto:privacy@deltadentalma.com), phone: 1-800-872-0500, or mail:

**Dental Service of  
Massachusetts, Inc.  
Attn: Privacy Officer  
P.O. Box 9695  
Boston, Massachusetts 02114**

All complaints will be investigated and you will not suffer retaliation for filing a complaint. You may also file a complaint regarding health information with the Secretary of Health and Human Services in Washington, D.C.