

## Your Privacy & Confidentiality Notice – Washington

**Dental Health Services, Inc. is required by law to maintain the privacy and security of your protected health information. This notice describes how your medical and dental information may be used and disclosed and how you can access and control your information. Please review it carefully. This notice is updated effective September 1, 2021.**

Dental Health Services is devoted to protecting your privacy and the confidentiality of your dental, medical, and personal health information. We do not sell Member information. Your personal information will not be disclosed to nonaffiliated third parties, unless permitted or required by law, or authorized in writing by you.

Throughout this notice, unless otherwise stated, your medical and dental health information refers only to information created or received by Dental Health Services and identified as Protected Health Information (PHI). Examples of PHI include your name, address, phone number, email address, birthdate, treatment dates and records, enrollment and claims information. Please note that your dentist maintains your dental records, including payments and charges. Dental Health Services will have a record of this portion of your PHI only in special or exceptional circumstances.

### **Under what circumstances must Dental Health Services share my PHI?**

Dental Health Services is required to disclose your PHI to you, and to the U.S. Department of Health and Human Services (HHS) when it is conducting an investigation of compliance with legal requirements. Dental Health Services is also required to disclose your PHI, subject to certain requirements and limitations, if the disclosure is compelled by any of the following:

- A court order or subpoena.
- A board, commission or administrative agency pursuant to its lawful authority.
- An arbitrator or panel of arbitrators in a lawfully requested arbitration.
- A search warrant.
- A coroner in the course of an investigation; or by other law.

### **When may Dental Health Services disclose my PHI without my authorization?**

- Dental Health Services is permitted by law to use and disclose your PHI, without your authorization, for purposes of treatment, payment, and health care administration.
- Treatment purposes include disclosures related to facilitating your dental care.
- Payment purposes include activities to collect premiums, to determine or maintain coverage and related data processing, including pre-authorization for certain dental services.

- Health Care Administration means basic activities essential to Dental Health Services' function as a Limited Health Care Service Contractor, and includes reviewing the qualifications, competence, and service quality of your dental care provider; and providing referrals for specialists.
- In some situations, Dental Health Services is permitted to use and disclose your PHI without your authorization, subject to limitations imposed by law. These situations include, but are not limited to:
  - Preventing or reducing a serious threat to the public's health or safety.
  - Concerning victims of abuse, neglect, or domestic violence o Health oversight agency.
  - Judicial and administrative proceedings including the defense by Dental Health Services of a legal action or proceeding brought by you.
  - Law enforcement purposes, subject to subpoena or law. o Workers Compensation purposes. o Parents or guardians of a minor.
  - Persons or entities who perform services on behalf of Dental Health Services and from whom Dental Health Services has received contractual assurances to protect the privacy of your PHI.

## **Is Dental Health Services ever required to get my permission before sharing my PHI?**

Uses and disclosures of PHI other than those required or permitted by law will be made by Dental Health Services only with your written authorization. You may revoke any authorization given to Dental Health Services at any time by written notice of revocation to Dental Health Services, except to the extent that Dental Health Services has relied on the authorization before receiving your written revocation. Uses and disclosures beyond those required or permitted by law, or authorized by you, are prohibited.

## **What is Dental Health Services' "Minimum Necessary" Policy?**

Dental Health Services uses reasonable efforts to limit the use and disclosure of your PHI to the minimum necessary to accomplish the purpose of the use or disclosure. This restriction includes requests for PHI from another entity, and to requests made by Dental Health Services to other entities. This restriction does not apply to the requests by:

- Your dentist for treatment purposes
- You
- Disclosures covered by an authorization you provided to another entity.

## **What are my rights regarding the privacy of my PHI?**

You may request Dental Health Services to restrict uses and disclosures of your PHI in the performance of its payment or health care operations. However, a written request is required.

Your health is the top priority and Dental Health Services is not required to agree to your requested restriction. If Dental Health Services agrees to your restriction, the restriction will not apply in situations involving emergency treatment by a health care provider.

Dental Health Services will comply with your reasonable requests that you wish to receive communications of your PHI by alternative means or at alternative locations. Such request must be made to Dental Health Services in writing.

You have the right to have the person you've assigned medical power of attorney, or your legal guardian, exercise your rights and make choices about your health information. We will ensure the person has this authority and can act for you before we take any action.

You have the right, subject to certain limitations, to inspect and copy your PHI. Your request must be made in writing. Dental Health Services will act on such request within thirty (30) days of receipt of the request.

You have the right to amend your PHI. The request to amend must be made in writing and must contain the reason you wish to amend your PHI. Dental Health Services has the right to deny such requests under certain conditions provided by law. Dental Health Services will respond to your request within sixty (60) days of receipt of the request and, in certain circumstances may extend this period for up to an additional thirty (30) days.

You have the right to receive an accounting of disclosures of your PHI made by Dental Health Services for up to six (6) years preceding such request subject to certain exceptions provided by law. These exceptions include, but are not limited to disclosures made for payment or health care operations

Your request must be made in writing. Dental Health Services will provide the accounting within sixty (60) days of your request but may extend the period for up to an additional thirty (30) days. The first accounting requested during any twelve (12) month period will be made without charge. There is a \$25 charge for each additional accounting requested during such twelve (12) month period. You may withdraw or modify any additional requests within thirty (30) days of the initial request in order to avoid or reduce the fee.

You have the right to receive a copy of this notice by contacting Dental Health Services at 800637-6453 or use the TTY 711 Relay Service (for persons with a hearing or speech disability). This notice is always available at [dentalhealthservices.com/privacy](https://dentalhealthservices.com/privacy).

All written requests desired or required by this notice, must be delivered to Dental Health Services, 100 W Harrison Street S-440, South Tower, Seattle, WA 98119 by any of the following means:

- Personal delivery
- Email delivery to: [membercare@dentalhealthservices.com](mailto:membercare@dentalhealthservices.com)
- First class or certified U.S. Mail
- Overnight or courier delivery, charges prepaid

## **What duties does Dental Health Services agree to perform?**

Dental Health Services will maintain the privacy of your PHI and provide you with notice of its legal duties and privacy practices with respect to PHI.

Dental Health Services will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.

Dental Health Services will abide by the terms of this notice and any revised notice, during the period that it is in effect.

Dental Health Services reserves the right to change the terms of this notice or any revised Notice.

Any new terms shall be effective for all PHI that it maintains including PHI created or received by Dental Health Services prior to the effective date of the new terms. Each time Dental Health Services revises this notice, it will promptly post the notice on its website and distribute a new version within sixty (60) days of revision.

### **What if I am dissatisfied with Dental Health Services' compliance with HIPAA (Health Insurance Portability and Accountability Act) privacy regulations?**

You have the right to express your dissatisfaction or objection to Dental Health Services and to the Secretary of HHS if you believe your privacy rights have been violated.

Your written dissatisfaction must describe the acts or omissions you believe to be in violation of the provisions of this notice or applicable laws. Your written objection to HHS or Dental Health Services must be filed within one hundred (180) days of when you knew or should have known of the act or omission. You will not be penalized or retaliated against for communicating your dissatisfaction.

You can file a complaint with the US Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, SW, Washington DC, 20201, calling **1-877- 696-6775**, or by visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).

You may express dissatisfaction about Dental Health Services' privacy policy in writing to Dental Health Services, 100 W. Harrison St, Ste S-440, South Tower, Seattle, WA 98119, Attn: Member Satisfaction Assurance Specialist. We are eager to assist you.

### **Who should I contact if I have any questions regarding my privacy rights with Dental Health Services?**

You may obtain further information regarding your PHI privacy rights by contacting your Member Services Specialist at **800-637-6453** during regular office hours (use the TTY 711 Relay Service if you have a hearing or speech disability), or by email at [membercare@dentalhealthservices.com](mailto:membercare@dentalhealthservices.com) or anytime through [dentalhealthservices.com](http://dentalhealthservices.com). We are eager to assist you.