

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.

NOTICE OF PRIVACY PRACTICES
CONFIDENTIALITY OF YOUR HEALTH CARE INFORMATION

This notice, effective April 14, 2003, is required by the federal Health Insurance Portability and Accountability Act of 1996 ("HIPAA") to explain how Delta Dental and its affiliates ("Delta") protect the confidentiality of your health care information in its possession. Protected Health Information ("PHI") is defined as any individually identifiable information regarding a patient's medical/dental history; mental or physical condition; or treatment. Some examples of PHI include your name, address, telephone and/or fax number, electronic mail address, social security number or other identification number, date of birth, date of treatment, treatment records, x-rays, enrollment and claims records. Delta receives, uses and/or discloses your PHI to administer your benefit plan or as permitted or required by law. Any other disclosure of your PHI without your authorization is prohibited.

Delta must follow the privacy practices described in this notice and also comply with any stricter requirements under federal or state law that may apply to Delta's administration of your benefits. You should receive a copy of this notice upon enrollment in a Delta program. Additionally, Delta will notify you every three (3) years as to how you can receive a copy of this notice. Delta reserves the right to change this notice and make the new notice effective for all PHI that it maintains. If Delta makes any substantive changes to its privacy practices, it will redistribute a revised notice to you within sixty (60) days of the date of the change to its practices. You may request a copy of this notice at any time from Delta as listed in the contact section at the end of this notice.

Permitted Uses and/or Disclosures of Your PHI

Under HIPAA, Delta is permitted to use and/or disclose your PHI for certain purposes without your prior authorization. These permitted uses and/or disclosures include disclosures to you; uses and/or disclosures for purposes of health care treatment, payment of claims, billing of premiums, and other health care operations. If your benefit program is sponsored by your employer or another party, Delta may provide PHI to your employer or sponsor for purposes of administering your benefits. Delta may also disclose PHI to third parties that perform services for Delta in the administration of your benefits. These parties are required by law to sign a contract agreeing to protect the confidentiality of your PHI. Your PHI may be disclosed to an affiliate that performs services for Delta in the administration of your benefits. These affiliates have implemented privacy policies and procedures and comply with applicable federal and state law.

Delta is also permitted to use and/or disclose your PHI to comply with a valid patient authorization; to notify or assist in notifying a family member, another person, or an authorized personal representative of your condition; to assist in disaster relief efforts; and to report victims of abuse, neglect, or domestic violence. Other permitted uses and/or disclosures are for purposes of health oversight by government agencies; judicial, administrative, or other law enforcement purposes; information about decedents to coroners, medical examiners and funeral directors; for research purposes; for organ donation purposes; to avert a serious threat to health or safety; for specialized government functions such as military and veterans activities; for workers compensation purposes; and for use in creating summary information that can no longer be traced to you. Additionally, with certain restrictions, Delta is permitted to use and/or disclose your PHI for fundraising and underwriting. Delta is also permitted to incidentally use and/or disclose your PHI during the course of a permitted use and/or disclosure, but it must attempt to keep incidental uses and/or disclosures to a minimum. Delta uses administrative, technical, and physical safeguards to maintain the privacy of your PHI, and it is required by law to limit the use and/or disclosure of your PHI to the minimum amount necessary to accomplish the purpose of the permitted use and/or disclosure.

Examples of Permitted Uses and/or Disclosures of Your PHI for Treatment, Payment or Healthcare Operations

Delta may use and/or disclose your PHI for purposes of administering your benefits. Specific examples of such uses and/or disclosures include the following:

- Uses and/or disclosures of PHI in facilitating treatment.
For example, Delta may use and/or disclose your PHI to determine eligibility for services requested by your dentist.
- Uses and/or disclosures of PHI for payment.
For example, Delta may use and/or disclose your PHI to bill you or your plan sponsor.
- Uses and/or disclosures of PHI for health care operations.
For example, Delta may use and/or disclose your PHI to review the quality of care provided by its network of dentists.

Disclosures Delta is Permitted to Make Without an Authorization

Under HIPAA, Delta is permitted to disclose your PHI to you or your authorized personal representative (with certain exceptions), when required by the U.S. Secretary of Health and Human Services to investigate or determine Delta's compliance with law, and when otherwise required by law. Delta is also permitted to disclose your PHI without your prior authorization in response to one or more of the following:

- Court order;
- Order of a board, commission, or administrative agency for purposes of adjudication pursuant to its lawful authority;
- Subpoena in a civil action;
- Investigative subpoena of a government board, commission, or agency;
- Subpoena in an arbitration;
- Law enforcement search warrant; or
- Coroner's request during an investigation.

Disclosures Delta Makes With Your Authorization

Delta will not use and/or disclose your PHI without your prior authorization if the law requires your authorization. You can later revoke that authorization in writing to stop any future use and disclosure. The authorization will be obtained from you by Delta or by a person requesting your PHI from Delta.

Your Rights Regarding Your PHI

You have the right to request an inspection of and obtain a copy of your PHI. You may access your PHI by contacting Delta as listed in the contact section below. You must include (1) your name, address, telephone number and identification number and (2) a description of the PHI you are requesting. Delta may charge a reasonable fee for providing you copies of your PHI. Delta only maintains that PHI that it obtains or utilizes in providing your health care benefits. Most PHI, such as treatment records or x-rays, is returned by Delta to your provider after Delta has completed its review of the information. You may need to contact your health care provider to obtain PHI that Delta does not possess.

You may not inspect or copy PHI compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, or PHI that is otherwise not subject to disclosure under federal or state law. In some circumstances, you may have a right to have this decision reviewed. Please contact Delta if you have questions about access to your PHI.

You have the right to request a restriction of your PHI. You have the right to ask that Delta limit how it uses and discloses your PHI. Delta will consider your request but is not legally required to accept it. If Delta accepts your request, it will put any limits in writing and abide by them except in emergency situations. You may not limit the uses and/or disclosures that Delta is legally required or allowed to make.

You have the right to correct or update your PHI. This means that you may request an amendment of your PHI for as long as Delta maintains this information. In certain cases, Delta may deny your request for an amendment. If Delta denies your request for amendment, you have the right to file a statement of disagreement with Delta. Delta may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. If your PHI was sent to Delta by another entity, it may refer you to that entity to amend your PHI. For example, Delta may refer you to your provider to amend your treatment chart or to your employer, if applicable, to amend your enrollment information. Please contact Delta as noted below if you have questions about amending your PHI.

You have the right to request or receive confidential communications from Delta by alternative means or at a different address. Delta will agree to accommodate a reasonable request if disclosure of your PHI through standard means of communication could endanger you. You may be required to provide Delta with a statement of possible danger, a different address, another method of contact or information as to how payment will be handled. Please make this request in writing to Delta.

You have the right to receive an accounting of certain disclosures Delta has made, if any, of your PHI. This right does not apply to disclosures for purposes of treatment, payment, or health care operations or for information Delta disclosed after it received a valid patient authorization from you. Additionally, Delta does not need to account for disclosures made to you, to family members or friends involved in your care, or for notification purposes. Delta does not need to account for disclosures made for national security reasons or certain law enforcement purposes, disclosures made as part of a limited data set, incidental disclosures, or disclosures made prior to April 14, 2003. Please contact Delta if you would like to receive an accounting of disclosures or if you have questions about this right.

You have the right to receive this notice via e-mail. Even if you have agreed to receive this notice via e-mail, you also have the right to request a paper copy of this notice.

Complaints

You may complain to Delta or to the U.S. Secretary of Health and Human Services if you believe that Delta has violated your privacy rights. You may file a complaint with Delta. Delta will not retaliate against you for filing a complaint.

Contact

You may contact Delta at the address and telephone number listed below for further information about the complaint process or any of the information contained in this notice.

Address: Delta Dental
One Delta Drive
Mechanicsburg, Pennsylvania 17055

Phone: 717-766-8500

This notice is effective on or after April 14, 2003.