

**Delta Dental of Massachusetts Notice of Privacy Practices**  
At Delta Dental We Care About Your Privacy As Much As You Do  
Effective: September 23, 2013

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

- **Treatment:** Delta Dental discloses your health information to dentists who 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.
- **Payment:** Delta Dental uses and discloses your health information for payment purposes. For example, we pay claims submitted by dentists who provide treatment to you.
- **Health Care Operations:** Delta Dental discloses your health information for health care operations in the normal course of our business. For example, we may use or disclose your information for purposes of underwriting, enrollment, and other activities related to creating, renewing, or replacing a benefits plan. We may not, however, use or disclose genetic information for underwriting purposes.

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 or disclose your health information for other reasons. These include uses and disclosures that are:

- Required by law, including pursuant to a court order or to health oversight agencies or law enforcement agencies.
- For public health activities or to coroners and medical examiners in the event of death.
- For communications with family or friends or a legal guardian involved in your care or who is authorized by you or by law.
- To your employer (or other plan sponsor) for administration of the plan (unless you are covered by an individual policy).
- For workers compensation, as permitted by law.

Except as described in this notice, we may not use or disclose your information without your written authorization. You may give us written authorization to use your protected health information or to disclose it to anyone for any purpose. If you give us written authorization, you may revoke it at any time by notifying us of your revocation in writing. Your revocation will not affect any use or disclosure permitted by the authorization while it was in effect. We need your written authorization to sell information about you to a third party or, in most circumstances, to use or disclose your information to send you communications about products and services. We do not need your written authorization, however, to send you communications about health related products or services, as long as the products or services are associated with your coverage or are offered by us.

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

Below is a list of your rights with respect to your protected health information. You may exercise any of these rights by contacting the Privacy Officer using the contact information listed below.

- 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 communications of protected health information from Delta Dental at an alternative address or using alternative means (i.e., e-mail), provided that disclosure of all or part of the information using the current delivery method could endanger you.
- You have the right to see or obtain a copy of the protected health information that we maintain about you in a designated record set (certain fees may apply).
- You have the right to amend the protected health information that we maintain about you in a designated record set if it is incorrect or outdated.
- You have the right to receive an accounting of disclosures of your protected health information.
- 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 is required by law and by its contractual obligations to:

- Maintain the privacy of your health information;
- Provide you with notice of our legal duties and a description of our privacy practices with respect to your protected health information; and
- Notify affected parties of a breach of unsecured protected health information.

Delta Dental is obligated to provide this notice to you and abide by the terms of the notice currently in effect. We reserve the right to change privacy practices and make new practices effective for all the information we maintain. We will notify you of a material change to our privacy notice. Revised notices will be available to you at our website [www.deltadentalma.com](http://www.deltadentalma.com) and, upon request, we will mail a revised notice to you.

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

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

Dental Service of Massachusetts, Inc.  
Attn: Customer Service  
P.O. Box 2907  
Milwaukee, WI 53201-2907

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: 1-800-451-1249, or mail:

Dental Service of Massachusetts, Inc.  
Attn: Privacy Officer  
P.O. Box 2907  
Milwaukee, WI 53201-2907

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.