**Delta Dental of Massachusetts Notice of Privacy Practices**

At Delta Dental We Care About Your Privacy As Much As You Do

**Notice effective September 13, 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.

<table>
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<tr>
<th>Your Rights</th>
<th>When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.</th>
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| Get a copy of health and claims records | • You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this.  
  • We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee. |
| Ask us to correct health and claims records | • You can ask us to correct your health 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, and must say “yes” if you tell us you would be in danger if we do not. |
| Ask us to limit what we use or share | • You can ask us not to use or share certain health 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). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months. |
| Get a copy of this privacy notice | You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. 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 | • You can complain if you feel we have violated your rights by contacting us using the information on page 1.  
  • You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.  
  • We will not retaliate against you for filing a complaint. |

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<th>Your Choices</th>
<th>For certain health 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.</th>
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| 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 payment for your care  
  • Share information in a disaster relief situation  
  If you are not able to tell us your preference, for example if you are unconscious, 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 |

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<th>Our Uses and Disclosures</th>
<th>How do we typically use or share your health information?</th>
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| Help manage the health care treatment you receive | We can use your health information and share it with professionals who are treating you.  
  Example: A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services. |
| Run our organization | • We can use and disclose your information to run our organization and contact you when necessary.  
  • We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage. This does not apply to long term care plans.  
  Example: We use health information about you to develop better services for you. |
| Pay for your health | We can use and disclose your health information as we need to for purposes related to your health plan and to get the price of your care.  
  Example: We share information about you |
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, phone 800-451-1249 or mail: Delta Dental of Massachusetts 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.