

**Notice Of Privacy Practices For Protected Health Information**

**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**

Dear Delta Dental Subscriber:

This notice describes how Delta Dental Plan of New Mexico, Inc., ("Delta Dental") protects the medical information we have about you which relates to your dental benefit coverage. We understand that medical information about you and your health is private. Delta Dental is committed to protecting the confidentiality and security of your medical information.

We are required to provide this notice to you by law, specifically, the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"). We must:

- make certain we maintain the privacy of your Protected Health Information;
- give you this notice of our legal duties and privacy practices with respect to your Protected Health Information;
- follow the terms of the notice that is currently in effect, and
- describe your rights with respect to your Protected Health Information and how you can exercise those rights.

This notice was effective April 14, 2003 and will remain in effect until we replace it.

Protected Health Information is information about you that may identify you and that relates to your past, present or future health, treatment, or payment for health care services. This notice applies to all of the medical records we maintain. Your personal dentist may have different policies or notices regarding the dentist's use and disclosure of your medical information created in the dentist's office.

We protect your Protected Health Information from inappropriate use or disclosure. Our employees, and those of companies that help us service your dental benefits, are required to comply with our requirements that protect the confidentiality of Protected Health Information. We will not disclose your Protected Health Information to any other company or person for their use in marketing their products to you without your permission. However, as described in this notice, we will use and disclose Protected Health Information about you for business purposes to administer your dental benefit coverage and when required or authorized by law.

If you have any questions about this notice, contact us at:

Delta Dental of New Mexico  
HIPAA Privacy Office  
2500 Louisiana Blvd. NE, Suite 600  
Albuquerque, NM 87110  
505-883-4777  
800-999-0963

You may view and copy our Notice of Privacy Practices at our website: [www.deltadentalnm.com](http://www.deltadentalnm.com)

*This notice refers to Delta Dental by using the terms "us," "we," or "our." The term "you" and "your" refers to each individual covered under our plan; that is, the primary subscriber as well as each enrolled dependent, if any.*

## How We May Use and Disclose Your Protected Health Information

The following categories describe different ways that we are permitted to use and disclose medical information. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

- **Payment:** We may use and disclose Protected Health Information to determine eligibility for Plan benefits, to make benefit payments for the treatment and services you receive from dentists, to determine benefit responsibility under the Plan, to issue premium billings and to coordinate Plan coverage. For example, we may use medical information about you contained on claims to reimburse dentists for their services. We may tell your dentist about your dental history to determine whether the Plan will cover the treatment. We may also disclose Protected Health Information to other insurance carriers to coordinate benefit payments with respect to a particular claim.
- **Health Care Operations:** We may use and disclose Protected Health Information as necessary for our company operations. For example, we may use medical information in connection with: providing customer service, establishing premiums and underwriting rules, evaluating a request for dental benefit products, administering those products, quality assurance, professional review, and processing transactions requested by you. In certain instances, we may provide Protected Health Information to the employer who is the plan sponsor of a group health plan. We may also disclose Protected Health Information to Delta Dental affiliates, and to business associates outside of Delta Dental, if they need to receive Protected Health Information to provide a service to us and will agree to abide by specific rules relating to the protection of Protected Health Information. Examples of business associates are data processing companies, insurance agents, attorneys, auditors or companies that furnish administrative support or services.
- **Health-Related Benefits or Services:** We may use Protected Health Information to provide you with information about benefits available to you under your current coverage or policy.
- **Incidental Disclosures:** Certain incidental disclosures of your Protected Health Information occur as a byproduct of lawful and permitted use and disclosure of your Protected Health Information. These incidental disclosures are permitted if we apply reasonable safeguards to your Protected Health Information.
- **Others Involved in Your Healthcare:** Unless you object, we may disclose your Protected Health Information to a member of your family, a relative, or any other person you identify, that directly relates to that person's involvement in your health care or payment for health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary in an emergency or if we determine that it is in your best interest based on our professional judgment.
- **As Authorized by You:** Other uses and disclosures of Protected Health Information not covered by this notice and permitted by the laws that apply to us will be made only with your written authorization or that of your legal representative. You may authorize us to use your Protected Health Information or disclose it to another person and for the purpose you designate. You may withdraw the authorization in writing at any time, except to the extent that we have taken action relying on the authorization. You should understand that we would not be able to take back any disclosures we have already made with authorization.
- **Authorized by Law for Public Benefit:** We may use or disclose your Protected Health Information as authorized by law for the following purposes deemed to be in the public interest:
  - as required by law;
  - to avert a serious threat to health or safety;
  - to report to federal, state or local agencies engaged in disaster relief as well as to private disaster relief or disaster assistance agencies to allow such entities to carry out their responsibilities in specific disaster situations;
  - for public health activities including reporting births and deaths, victims of abuse or neglect, reaction to medications or problems with products and to prevent or control disease, injury or disability;
  - to a coroner, medical examiner or funeral directors to assist in identifying a deceased individual or to determine the cause of death. We may also release Protected Health Information for organ donation purposes;

- in response to a request by a law enforcement official made through a court order, subpoena, warrant, summons or similar process;
- to federal officials for intelligence, counterintelligence, and other national security activities authorized by law;
- as authorized to comply with workers' compensation laws and other similar legally established programs;
- if you are an inmate of a correctional institution or under the custody of law enforcement officials, we may release medical information about you to the correctional institution or law enforcement official; and in response to a court or administrative order if you or your estate is involved in a lawsuit or a dispute. We may also disclose Protected Health Information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the Protected Health Information requested. We may disclose Protected Health Information to any governmental agency or regulator with whom you have filed a complaint or as part of a regulatory agency examination.

### Your Individual Rights Regarding Protected Health Information

You have the following rights as a consumer under HIPAA concerning your Protected Health Information. You may contact us at the location listed on the front of this notice to submit a request or for an explanation on how to submit a request, obtain forms, or other additional information.

- **Right to Inspect and Copy Your Protected Health Information:** In most cases, you have the right to inspect and obtain a copy of the Protected Health Information that we maintain about you. To inspect and copy Protected Health Information, you must submit your request in writing. If you request a copy of your Protected Health Information, you may be charged a fee for the costs of copying, mailing or other supplies associated with your request. However, certain types of Protected Health Information will not be made available for inspection and copying. This includes Protected Health Information collected by us in connection with, or in reasonable anticipation of any claim or legal proceeding. In very limited circumstances we may deny your request to inspect and obtain a copy of your Protected Health Information. If we do, you may request that the denial be reviewed. An individual chosen by us who was not involved in the original decision to deny your request will conduct the review. We will comply with the outcome of that review.
- **Right to Amend Your Protected Health Information:** If you believe that your Protected Health Information is incorrect or that an important part of it is missing, you have the right to ask us to amend your Protected Health Information while it is kept by or for us. You must provide your request and your reason for the request in writing. We may deny your request if it is not in writing or does not include a reason that supports the request. In addition, we may deny your request if you ask us to amend Protected Health Information that (a) is accurate and complete; (b) was not created by us, unless the person or entity that created the information is no longer available to make the amendment; (c) is not part of the Protected Health Information kept by or for us; or (d) is not part of the Protected Health Information which you would be permitted to inspect and copy.
- **Right to a List of Disclosures:** You have the right to request a list of the disclosures we have made of Protected Health Information about you. This list will not include disclosures made (a) for treatment, payment, health care operations, (b) for purposes of national security, law enforcement or to corrections personnel, (c) made pursuant to your authorization or (d) made directly to you. To request this list, you must send your request in writing and state the time period from which you want to receive a list of disclosures. The time period may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper or electronically). The first list you request within a 12-month period will be free. We may charge you for responding to any additional requests. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.
- **Right to Request Restrictions:** You have the right to request a restriction or limitation on Protected Health Information we use or disclose about you for treatment, payment or health care operations, or that we disclose to someone who may be involved in your care or payment for your care, such as a family

member. To request a restriction, you must send your request in writing and tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply (for example, disclosures to your spouse or parent). While we will consider your request, we are not required to agree to it. We will not agree to restrictions on Protected Health Information uses or disclosures that are legally required, or which are necessary to administer our business.

- **Right to Request Confidential Communications:** You have the right to request that we communicate with you about Protected Health Information in a certain way or at a certain location if you tell us that communication in another manner may endanger you. For example, you can ask that we only contact you at work or by mail. To request confidential communications, you must send your request in writing and specify how or where you wish to be contacted. We will accommodate all reasonable requests.
- **Right to Receive a Copy of the Notice:** You may request a copy of our notice at any time by contacting the Privacy Office or by using our website, [deltadentalnm.com](http://deltadentalnm.com). If you receive this notice on our web site or by electronic mail, you are also entitled to request a paper copy of the notice.
- **Right to File a Complaint:** If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of the Department of Health and Human Services. All complaints must be submitted in writing. You will not be penalized for filing a complaint. If you have questions as to how to file a complaint please contact us at (505) 883-4777, (800) 999-0963 or [HIPAAprivacy@ddpnm.com](mailto:HIPAAprivacy@ddpnm.com).

#### ADDITIONAL INFORMATION

**Changes to This Notice:** We reserve the right to change the terms of this notice at any time. We reserve the right to make the revised or changed notice effective for Protected Health Information we already have about you as well as any Protected Health Information we receive in the future. The effective date of this notice and any revised or changed notice may be found on the bottom left hand corner of the notice. You will receive a copy of any revised notice from Delta Dental by mail or by e-mail, but only if e-mail delivery is offered by Delta Dental and you agree to such delivery.

**Further Information:** You may have additional rights under other applicable laws. For additional information regarding our HIPAA Medical Information Privacy Policy or our general privacy policies, please contact us at [HIPAAprivacy@ddpnm.com](mailto:HIPAAprivacy@ddpnm.com), (505) 883-4777, (800) 999-0963 or write to us at

Delta Dental of New Mexico  
HIPAA Privacy Office  
2500 Louisiana Blvd., NE, Suite 600  
Albuquerque, NM 87110