



DELTA DENTAL OF IOWA

Hawki Privacy Practice

NOTICE OF PRIVACY PRACTICES

Your Information. Your Rights. Our Responsibilities.

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.

Updated: September 2023

Delta Dental of Iowa
Privacy Official
P.O. Box 9040
Johnston, IA 50131-9040
1-888-472-2793



Our Uses and Disclosures

Your health information can be used or shared at different times without you agreeing to it being shared. This section lists the following ways we can use or share your health information without your permission or authorization:

Help manage the health care treatment you receive:	<ul style="list-style-type: none">• We can use your health information and share it with professionals who are treating you. Example: A dentist sends us information about your treatment plan to further explain why services are needed.• We can contact you to remind you of appointments. We may also provide recommendations for the other treatment options and additional benefits and services that may be of interest to you.
Health care operations:	<ul style="list-style-type: none">• We can use and disclose your information for health care options 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. Example: We use health information about you to develop better services for you.
Payment for your health services:	<ul style="list-style-type: none">• We can use and disclose your health information as we pay for your health services. Example: We share information about you with your dentist to coordinate payment for your dental work.

<p>Help with public health and safety issues:</p>	<ul style="list-style-type: none"> • We can share health information about you for certain situations such as: <ul style="list-style-type: none"> - Preventing or controlling disease - Helping with product recalls - Reporting adverse reactions to medications - Reporting suspected abuse, neglect, or domestic violence - Helping with a work-related injury - Proof of immunization records - Preventing or reducing a serious threat to anyone’s health or safety
<p>For research purposes:</p>	<ul style="list-style-type: none"> • We can use or share your information for health research.
<p>Comply with the law:</p>	<ul style="list-style-type: none"> • We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if the Department wants to see that we’re complying with federal privacy law.
<p>Respond to requests and work with a medical examiner or funeral director and requests for organ, eye or tissue donation purposes:</p>	<ul style="list-style-type: none"> • We can share health information with a coroner, medical examiner, or funeral director when an individual dies. Also, your information may be shared with an organ procurement organization for organ donation purposes.
<p>Address workers’ compensation, law enforcement, and other government requests:</p>	<ul style="list-style-type: none"> • We can use or share health information about you: <ul style="list-style-type: none"> - For workers’ compensation claims - For law enforcement purposes or with law enforcement officials - With health oversight agencies for activities authorized by law - For special government functions such as military, national security, and presidential protective services - With correctional institutions, if you are an inmate
<p>Respond to lawsuits and legal actions:</p>	<ul style="list-style-type: none"> • We can share health information about you in response to court or administrative orders, or in response to a subpoena.

How else can we use or share your health information?

- We are allowed or required to share your information in other ways. Usually in ways that contribute to the public good, such as public health, administering your plan, and research. We have to meet many conditions in the law before we can share your information for these purposes.
 - These additional ways may relate to the following:
 - Fundraising Activities: we may disclose your health information for fundraising activities, such as raising money for a charitable foundation. If we contact you for use of your information, you will have the chance to opt-out or stop receiving these communications if you wish.
 - Administering Your Plan: We may disclose your health information to your health plan sponsor for plan administration. For example, the Iowa Department of Health and Human Services contracts with us to provide dental benefits, and we provide them information regarding the services you received.
 - Underwriting Purposes: If we use your health information for underwriting purposes, such as to make a determination about coverage application, we are unable to using any health information that relates to genetic information during the process.
 - For more information see: <https://www.hhs.gov/hipaa/for-professionals/privacy/index.html>
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Your Choices

For certain health information, you can tell us your choices with what we share. This is your right. 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.

Here are examples where you can tell us your choice with whether information is shared or not:	<ul style="list-style-type: none">• Share information with your family, or others involved in payment or your care.• Share information in a disaster relief situation.
Here are examples of when you would not be able to share your choice, and we would have to decide:	<ul style="list-style-type: none">• If you are not able to tell us your preference, for example 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.
Here are examples of when we would never share your information unless you give us written permission:	<ul style="list-style-type: none">- Marketing purposes.- Sale of your information.- Psychotherapy notes. <ul style="list-style-type: none">• If you provide authorization for any of the above, you may revoke that authorization at any time.

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Right to ask for 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. Your request must be in writing. It must include a reason to support the request.
- We will provide a copy or a summary of your health and claims records, within 30 days of your request. We may charge a reasonable, cost-based fee.
- To review or request a copy of your records, send a written request to:

Delta Dental of Iowa
Privacy Official
P.O. Box 9040
Johnston, IA 50131-9040

- We may say “no” to your request but will tell you why in writing within 30 days of your request. If we say “no”, you may have the denied request reviewed and/or submit a complaint.

Right to 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. Your request must be in writing. It must include a reason to support the request. We will respond to your request within 60 days.
- Send your written request with the reasons for the change to:

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P.O. Box 9040
Johnston, IA 50131-9040

- We may say “no” to your request but will tell you why in writing within 30 days of your request. If we say “no”, you may have the denied request reviewed and/or submit a complaint.

Right to request confidential communications:	<ul style="list-style-type: none">• You can ask us to contact you in a specific way. For example, you can ask that we only contact you by home or office phone or send mail to a different address.• We will consider all reasonable requests. We must say “yes” if you tell us you would be in danger if we do not say “yes”. Your request must be in writing. It must include how or where you wish to be contacted.• Send your written request to: Delta Dental of Iowa Privacy Official P.O. Box 9040 Johnston, IA 50131-9040
Right to ask us to limit what we use or share:	<ul style="list-style-type: none">• You can ask us not to use or share certain health information for treatment, payment, or our operations.• Your request must be in writing. It should tell us:<ul style="list-style-type: none">- What information to limit- If we are to limit our use, disclosure, or both- To whom you want the limits applied to. For example, disclosures to your spouse.• Send your written request to: Delta Dental of Iowa Privacy Official P.O. Box 9040 Johnston, IA 50131-9040• We are not required to agree to your request, and we may say “no” if it would affect your care and/or the need of emergency treatment.

Right to 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 the last six years prior to the date you ask. You can also request a list for a period of time less than six years prior to the date you ask. Your request must be in writing. The list you will receive from us will include the following information:
 - The date the information was shared
 - The name and address of who we shared the information with
 - A summary of what information was shared, and
 - A summary of why the information was shared.
- 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).
- Send your written request to:

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- We will provide a list within 60 days of your request. We will provide one list within a 12-month period for free. We may charge a reasonable, cost-based fee if you ask for another list within the 12-month period.
- We will notify you of this cost. You may choose to withdraw or modify your request before you are charged.

<p>Right to get a copy of this privacy notice:</p>	<p>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.</p> <p>You may get a copy of this Notice at our website: https://www.deltadentalia.com/dwp/hawki/resources--forms/.</p> <p>To get a paper copy, contact:</p> <p style="padding-left: 40px;">Delta Dental of Iowa Privacy Official P.O. Box 9040 Johnston, IA 50131-9040</p>
<p>Choose someone to act for you:</p>	<ul style="list-style-type: none"> • 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.
<p>File a complaint if you feel your rights are violated:</p>	<ul style="list-style-type: none"> • You can complain if you feel we have violated your rights by sending a letter to: <p style="padding-left: 40px;">Delta Dental of Iowa Privacy Official P.O. Box 9040 Johnston, IA 50131-9040</p> • You can also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights. Send a letter to: <p style="padding-left: 40px;">U.S. Department of Health and Human Services Office of Civil Rights 200 Independence Avenue, S.W. Washington, D.C. 20201 Phone: 1-877-696-6775 or by visiting: https://www.hhs.gov/hipaa/filing-a-complaint/index.html</p> • WE WILL NOT RETALIATE AGAINST YOU FOR FILING A COMPLAINT.

Our Responsibilities

We are responsible and committed to protecting your health information. This Notice is available for your viewing at all times on our website. Here is our commitment to you:

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this Notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: <https://www.hhs.gov/hipaa/for-professionals/privacy/index.html>

Changes to the Terms of this Notice

We can change the terms of this Notice, and the changes will apply to all information we have about you. The new Notice will be available upon request, on our website, and we will mail a copy to you. The Notice will contain the effective date on the first page, in the bottom left-hand corner.

Contact Information

If you have any questions regarding this Notice or your rights to your health information, please contact us in writing or by phone using the information listed below.

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Telephone: 1-888-472-2793