



## **HIPAA Notice of Privacy Practices**

### **CONFIDENTIALITY OF YOUR 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.

Our privacy practices reflect applicable federal law as well as state law. The privacy laws of a particular state or other federal laws might impose a stricter privacy standard. If these stricter laws apply and are not superseded by federal preemption rules under the Employee Retirement Income Security Act of 1974, the Plans will comply with the stricter law.

We are required by law to maintain the privacy and security of your Protected Health Information (PHI). Protected Health Information (PHI) is information that is created, received, maintained or transmitted by Dentegra, which may identify you and that relates to your past, present, or future physical or mental health condition and related health care services.

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. We receive, use, and disclose your PHI to administer your benefit plan as permitted or required by law. Please note that once information is disclosed in accordance with the law, it may be subject to redisclosure by the recipient and may no longer be protected by the HIPAA privacy rule.

We must follow the federal and state privacy requirements described that apply to our administration of your benefits and the privacy practices contained in this notice that are currently in effect. We are also required to provide you with a copy of this notice. We reserve the right to change our privacy practices when needed and we promptly post the updated notice within 60 days on our website. We will also provide a copy to you with our next annual mailing.

### **PERMITTED USES AND DISCLOSURES OF YOUR PHI**

#### **Uses and disclosures of your PHI for treatment, payment, or health care operations**

Your explicit authorization is not required to disclose information for purposes of health care treatment, payment of claims, billing of premiums, and other health care operations. Examples of this include processing your claims, collecting enrollment information and premiums, reviewing the quality of health care you receive, providing customer service, resolving your grievances, and

sharing payment information with other insurers, determine your eligibility for services, billing you or your plan sponsor.

If your benefit plan is sponsored by your employer or another party, we may provide PHI to your employer or plan sponsor to administer your benefits. As permitted by law, we may disclose PHI to third-party affiliates that perform services on our behalf to administer your benefits. Any third-party affiliates performing services on our behalf has signed a contract agreeing to protect the confidentiality of your PHI and has implemented privacy policies and procedures that comply with applicable federal and state law.

### **Permitted uses and disclosures without an authorization**

We are permitted to disclose your PHI upon your request, or to your authorized personal representative (with certain exceptions), when required by the U. S. Secretary of Health and Human Services to investigate or determine our compliance with the law, and when otherwise required by law. We may disclose your PHI without your prior authorization in response to 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 investigations.

Some other examples include: to notify or assist in notifying a family member, another person, or a personal representative of your condition; to assist in disaster relief efforts; to report victims of abuse, neglect or domestic violence to appropriate authorities; 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, with certain restrictions, we are permitted to use and/or disclose your PHI for underwriting, provided it does not contain genetic information. Information can also be de-identified or summarized so it cannot be traced to you and, in selected instances, for research purposes with the proper oversight.

### **Disclosures made with your authorization**

We will not use or disclose your PHI without your prior written authorization unless permitted by law. If you grant an authorization, you can later revoke that authorization, in writing, to stop the future use and disclosure. Other uses and disclosures not described in this notice, and not otherwise permitted by law, will only be made with your written authorization.

## **YOUR RIGHTS REGARDING PHI**

**You have the right to request an inspection of and obtain a copy of your PHI.**

You may access your PHI by providing a written request. Your request must include (1) your name, address, telephone number and identification number, and (2) the PHI you are requesting. 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 fee for the costs of copying, mailing, or other supplies associated with your request. We will only maintain PHI that we obtain or utilize in providing your health care benefits. You may need to contact your health care provider to obtain PHI that we do 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.

**You have the right to request a restriction of your PHI.**

You have the right to ask that we limit how we use and disclose your PHI; however, you may not restrict our legal or permitted uses and disclosures of PHI. While we will consider your request, we are not legally required to accept those requests that we cannot reasonably implement or comply with during an emergency.

**You have the right to correct or update your PHI.**

You may request to make an amendment of PHI we maintain about you. We will respond to your request no later than 60 calendar days. In certain cases, we may deny your request for an amendment. If we deny your request for amendment, we will inform you of your rights that follow in that denial notice. We do not create patient dental or billing records and generally cannot grant an amendment. In those cases, we will refer you to your provider to amend your treatment chart or to your employer, if applicable, to amend your enrollment information.

**You have rights related to the use and disclosure of your PHI for marketing.**

We will obtain your authorization for the use or disclosure of PHI for marketing when required by law. You have the right to withdraw your authorization at any time. We do not use your PHI for fundraising purposes.

**You have the right to request or receive confidential communications from us by alternative means or at a different address.**

You have the right to request that we communicate with you in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted and must be requested in writing.

**You have the right to receive an accounting of certain disclosures we have made, if any, of your PHI.**

You have a right to an accounting of disclosures with some restrictions. This right does not apply to disclosures for purposes of treatment, payment, or health care operations or for information we disclosed after we received a valid authorization from you. Additionally, we do not need to account for disclosures made to you, to family members or friends involved in your care, or for notification purposes. We do not need to account for disclosures made for national security reasons, certain

law enforcement purposes or disclosures made as part of a limited data set. We will provide one accounting a year for free but may charge a reasonable, cost-based fee if you ask for another accounting within 12 months.

**You have the right to a paper copy of this notice.**

A copy of this notice is posted on our website. You may also request that a copy be sent to you.

**You have the right to be notified following a breach of unsecured protected health information.**

We will notify you in writing, at the address on file, if we discover we compromised the privacy of your PHI.

**You have the right to 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.

**CA Residents Only in relation to the Insurance Information and Privacy Protection Act**

If you are a resident of California, this additional section may apply to you.

Residents of California have certain rights concerning the use and disclosure of personal information (PI). In most cases, the PI our company receives is considered protected health information (PHI) and is handled in accordance with applicable federal law as outlined above. In limited situations where your PI is not also PHI, the information below may apply.

We do not sell your PI. We may use or disclose the PI that we collect for one or more of the following everyday business purposes:

- To provide dental benefit services.
- For identity and credential management, including identity verification, authentication, and system and technology administration.
- To protect the security and integrity of systems, networks, applications, and data, including detecting, analyzing, and resolving security threats and collaborating with cybersecurity centers, consortia, and law enforcement about imminent threats.
- For fraud detection and prevention.
- For legal and regulatory compliance, including all uses and disclosures of PI required by law or reasonably needed for compliance with company policies and procedures, security and incident response programs, and intellectual property, protection programs, and corporate ethics and compliance hotlines, as well as for compliance with civil, criminal, judicial, or regulatory inquiries, investigations, subpoenas, or summons.

- To exercise or defend the legal rights of the business and its employees, affiliates, customers, contractors, and agents.
- To comply with applicable laws.
- For corporate audit, analysis, and reporting.
- To make backup copies for business continuity and disaster recovery purposes.
- For corporate governance, including mergers, acquisitions, and divestitures.
- Internal Marketing purposes include developing promotional and advertising materials.

### **Access, Correction, Deletion, Nondisclosure for Marketing.**

Residents of California have certain rights concerning the use and disclosure of PI:

- **Right of Access | Right to Notice.** If you are a resident of California, you have the right to request that we disclose to you:
  - the categories of PI we have collected about you, the specific pieces of PI we have collected about you, the categories of sources from which the PI is collected, the business purpose or commercial purpose for collecting, selling, or sharing (if applicable) PI, the categories of third parties with whom we share PI, and the categories of PI we have disclosed about you for a business purpose.
  - a copy of the specific pieces of PI we have collected and retained per the organization's record retention policy.
- **Right to Deletion.** If you are a resident of California, you have the right to request that we delete the PI we collect from you. However, in certain situations, we are not required to delete your PI, such as when the information is necessary to complete the transaction for which the PI was collected, to provide a good or service requested by you, to comply with a legal obligation, to engage in research, to secure our websites or other online services, or to otherwise use your PI internally in a lawful manner that is compatible with the context in which you provided the information.
- **Right to Correct inaccurate PI and Opportunity to Indicate Nondisclosure for Marketing Purposes.** If you are a resident of California, you have the right to have us correct errors in the personal information we maintain about you and you may indicate that you do not want PI disclosed for marketing purposes.

To exercise the rights described above, you or your authorized agent may refer to the Contacts information below to submit a request. Our company will respond to your request within 30 business days.

### **COMPLAINTS**

Dentegra Dental PPO is underwritten by Dentegra Insurance Company, except in New York where it is underwritten by Dentegra Insurance Company of New England.

You may file a complaint with us and/or the U. S. Secretary of Health and Human Services if you believe we have violated your privacy rights. We will not retaliate against you for filing a complaint.

## **CONTACTS**

You may contact us by calling 877-280-4204, or you may write to the address listed below for further information about the complaint process or any of the information contained in this notice.

Dentegra Insurance Company  
PO Box 1850  
Alpharetta, GA 30023-1850

This notice is effective on and after April 1, 2025