

## Altus Dental Insurance Company, Inc. Notice of Privacy Practices

Revised Effective June 1, 2011

**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 COMMITMENT TO YOUR PRIVACY

We are dedicated to maintaining the privacy of your individually identifiable health information (“health information”, “protected health information” or “PHI”) in the manner set forth in this notice. In conducting our business and thereby providing you with products and services, we will create records regarding you and the services we provide to you. In doing so, we are required by law to maintain the privacy of your PHI and will observe all laws concerning the confidentiality of your PHI.

In accordance with applicable law, we are providing you with this notice of our privacy practices. It applies to those members with insured dental coverage with us.<sup>1</sup> We are required to abide by the terms of the notice that is currently in effect. However, we reserve the right to revise, change, or amend this notice. Any revision or amendment to this notice will be effective for all of the information that we already have about you, as well as any information that we may receive, create, or maintain in the future. We will post a copy of our current notice on our website at [altusdental.com](http://altusdental.com), and you may request a copy of our most current notice at any time by calling customer service at 877-223-0588.

### HOW WE USE AND DISCLOSE YOUR PHI

Below we provide examples of our use or disclosure of health information in categories recognized by federal law although not every use or disclosure in a category may be listed. Please note that we may limit the amount of information we disclose about you for these purposes in accordance with laws regarding the special nature of the information (e.g. HIV/ AIDS).

**Payment:** We may use and disclose your PHI for payment purposes. For example, we may use and disclose your PHI to make determinations of eligibility or coverage including coordination of benefits; the adjudication or subrogation of health benefits claims; collecting premium; obtaining payment under a contract for reinsurance; and in conducting medical necessity and utilization reviews. We also mail notices, Explanation of Benefits, and other information about you to the address we have on record for the subscriber (i.e. the primary insured). In addition, we may make your claims information contained on our website and telephonic claims status sites available to any covered person under your plan unless you notify us in writing otherwise.

**Treatment:** We may use and disclose your PHI for treatment purposes. For example, we may disclose your PHI to your dentist in order to supplement your records.

**Health Care Operations:** We may use and disclose your PHI to operate our business and improve our operations. For example, we may use and disclose your PHI for quality assessment and improvement; case management and care coordination; accreditation, certification, licensing and credentialing activities; underwriting and premium rating; business planning and development; facilitation of a sale, transfer, merger or consolidation with another entity; and business management and other administrative activities. For example, we use PHI to conduct member satisfaction surveys.

**Disclosure to Other Entities:** We may disclose your PHI to other entities required to follow federal privacy law for their treatment, payment and limited health care operations purposes. For example, we may disclose PHI to other plans maintained by your employer if it has been arranged for us to do so in order to have certain expenses reimbursed.

**Marketing:** We may use your health information in furnishing a promotional gift of nominal value or in describing a health-related product or service, or payment for a product or service, that is included in a plan of benefits. For all other marketing uses or disclosures, as defined by the Federal Privacy Regulations, we will first obtain your written authorization.

**Caregivers:** We may disclose your PHI to a relative, friend, or other person you identify, who is involved in your care or payment for your care unless you notify us in writing that you do not want such disclosures made. We may also disclose your PHI regarding the status of an insurance transaction to the certificate holder or policyholder of your coverage as permitted by law. If you are a minor, you may have the right to block parental access to your PHI in certain circumstances, if permitted by state law.

**Disclosures Required by Law:** We will use and disclose your PHI when required to do so by federal, state, or local law.

**Health Oversight Activities:** We may disclose your PHI to government agencies that are responsible for oversight of the health care system.

**Lawsuits and Similar Proceedings:** We may disclose your PHI in response to a court or administrative order, or under certain circumstances, in response to a discovery request or subpoena from another party.

**Law Enforcement:** We may release your PHI to law enforcement officials for certain purposes.

**Research:** We may disclose your PHI to researchers in certain situations, provided that measures are taken to protect your privacy.

**Public Health / Security Disclosures:** We may use or disclose your health information to avert a serious threat to health or safety; for military purposes; for national security; for workers compensation; for public health activities; for abuse, neglect, or domestic violence issues; to coroners and medical examiners; and for organ and tissue donation purposes.

**Treatment Alternatives:** We may use or disclose your PHI to provide you with treatment alternatives, treatment reminders, or other health related benefits and services.

**Plan Administration:** We may disclose PHI to your employer (or other plan sponsor) when the employer is engaged in plan administration (e.g., beneficiary advocacy) and we have been informed that appropriate language has been included in your plan documents, or we may disclose summary data to assist in bidding or amending a group health plan.

**Authorization:** All other uses or disclosures of PHI will only be made with your written authorization. If you have given us an authorization, you may revoke it at any time, if we have not already acted on it.

#### YOUR RIGHTS REGARDING YOUR PHI

With respect to your PHI, the Federal privacy regulations give you the following rights. To exercise these rights, you must submit a request in writing to the contact person listed in this notice.

**Requesting Restrictions:** You have the right to request that we restrict the ways we use and disclose your PHI

for purposes of treatment, payment and health care operations purposes. We will consider but do not have to agree to such requests. In addition, you may request a restriction on disclosures to your caregivers and persons involved in the payment for your care.

**Confidential Communications:** You have the right to request that we communicate with you in a certain manner or at a certain location if other means of communication could place you in danger. We will accommodate reasonable requests.

**Inspection and Copies:** You have the right to inspect and obtain a copy of PHI that may be used to make decisions about you. We may charge a reasonable fee, and, under certain circumstances, deny the request.

**Amendment:** You have the right to request an amendment to PHI that may be used to make decisions about you if you believe it is incomplete or incorrect. We may require a reason for the request, and deny the request under certain circumstances.

**Accounting of Disclosures:** You have the right to request an accounting of certain disclosures of PHI. We may charge a fee for more than one request in any twelve-month period.

**Right to a Paper Copy of this Notice:** You have the right to receive a paper copy of this notice at any time.

**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.

#### HOW TO CONTACT US

If you have any questions regarding this Notice, would like to exercise your rights described in this Notice, or would like to file a complaint with us, please contact:

**Director of Compliance**  
**Altus Dental Insurance Company, Inc.**  
**10 Charles Street, Providence, RI 02904-2208**  
**877-223-0577**

<sup>1</sup> If your employer plan funds the coverage, please refer to that plan's notice of privacy practices.