

Your Privacy & Confidentiality Notice

Dental Health Services is required by law to maintain the privacy and security of your protected health information. This Notice describes how your medical and dental information may be used and disclosed and how you can access and control your information. Please review it carefully. This notice is updated effective March 1, 2018.

Dental Health Services is devoted to protecting your privacy and the confidentiality of your dental, medical, and personal health information. We do not sell our Member information. Your personal information will not be disclosed to nonaffiliated third parties, unless permitted or required by law, or authorized in writing by you.

Throughout this Notice, unless otherwise stated, your medical and dental health information refers only to information created or received by Dental Health Services and identified in this Notice as Protected Health Information (PHI). Examples of PHI include your name, address, phone number, email address, birthdate, treatment dates and records, enrollment and claims information. Please note that your dentist maintains your dental records, including payments and charges. Dental Health Services will have a record of this portion of your PHI only in special or exceptional circumstances.

Under what circumstances must Dental Health Services share my PHI?

Dental Health Services is required to disclose your PHI to you, and to the U.S. Department of Health and Human Services (HHS) when it is conducting an investigation of compliance with legal requirements. Dental Health Services is also required to disclose your PHI, subject to certain requirements and limitations, if the disclosure is compelled by any of the following:

- A court order or subpoena
- A board, commission or administrative agency pursuant to its lawful authority;
- An arbitrator or panel of arbitrators in a lawfully-requested arbitration;
- A search warrant
- A coroner in the course of an investigation; or by other law.

When may Dental Health Services disclose my PHI without my authorization?

Dental Health Services is permitted by law to use and disclose your PHI, without your authorization, for purposes of treatment, payment, and health care administration.

- Treatment purposes include disclosures related to facilitating your dental care.
- Payment purposes include activities to collect Premiums, to determine or maintain coverage and related data processing, including pre-authorization for certain dental services.
- Health Care Administration means basic activities essential to Dental Health Services' function as a Limited Health Care Service Contractor, and includes reviewing the qualifications, competence, and service quality of your dental care provider; and providing referrals for specialists.

- In some situations, Dental Health Services is permitted to use and disclose your PHI, without your authorization subject, to limitations imposed by law. These situations include, but are not limited to:
 - Preventing or reducing a serious threat to the public's health or safety;
 - Concerning victims of abuse, neglect or domestic violence;
 - Health oversight agency;
 - Judicial and administrative proceedings including the defense by Dental Health Services of a legal action or proceeding brought by you;
 - Law enforcement purposes, subject to subpoena or law;
 - Workers Compensation purposes;
 - Parents or guardians of a minor; and
 - Persons or entities who perform services on behalf of Dental Health Services and from whom Dental Health Services has received contractual assurances to protect the privacy of your PHI.

Is Dental Health Services ever required to get my permission before sharing my PHI?

Uses and disclosures of PHI other than those required or permitted by law will be made by Dental Health Services only with your written authorization. You may revoke any authorization given to Dental Health Services at any time by written notice of revocation to Dental Health Services, except to the extent that Dental Health Services has relied on the authorization before receiving your written revocation. Uses and disclosures beyond those required or permitted by law, or authorized by you, are prohibited.

What is Dental Health Services' "Minimum Necessary" Policy?

Dental Health Services uses reasonable efforts to limit the use and disclosure of your PHI to the minimum necessary to accomplish the purpose of the use or disclosure. This restriction includes requests for PHI from another entity, and to requests made by Dental Health Services to other entities. This restriction does not apply to the requests by:

- Your dentist for treatment purposes;
- You; or
- Disclosures covered by an authorization you provided to another entity.

What are my rights regarding the privacy of my PHI?

- You may request Dental Health Services to restrict uses and disclosures of your PHI in the performance of its payment or health care operations. However, a written request is required. Your health is the top priority and Dental Health Services is not required to agree to your requested restriction. If Dental Health Services agrees to your restriction, the restriction will not apply in situations involving emergency treatment by a health care provider.

- Dental Health Services will comply with your reasonable requests that you wish to receive communications of your PHI by alternative means or at alternative locations. Such request must be made to Dental Health Services in writing.
- You have the right to have the person you've assigned medical power of attorney, or your legal guardian, exercise your rights and make choices about your health information. We will ensure the person has this authority and can act for you before we take any action.
- You have the right, subject to certain limitations, to inspect and copy your PHI. Your request must be made in writing. Dental Health Services will act on such request within thirty (30) days of receipt of the request.
- You have the right to amend your PHI. The request to amend must be made in writing, and must contain the reason you wish to amend your PHI. Dental Health Services has the right to deny such requests under certain conditions provided by law. Dental Health Services will respond to your request within sixty (60) days of receipt of the request and, in certain circumstances may extend this period for up to an additional thirty (30) days.
- You have the right to receive an accounting of disclosures of your PHI made by Dental Health Services for up to six (6) years preceding such request subject to certain exceptions provided by law. These exceptions include, but are not limited to:
 - Disclosures made for treatment, payment or health care operations.

Your request must be made in writing. Dental Health Services will provide the accounting within sixty (60) days of your request but may extend the period for up to an additional thirty (30) days. The first accounting requested during any twelve (12) month period will be made without charge. There is \$25 charge for each additional accounting requested during such twelve (12) month period. You may withdraw or modify any additional requests within thirty (30) days of the initial request in order to avoid or reduce the fee.

You have the right to receive a copy of this Privacy Notice by contacting Dental Health Services at 855-495-0907 or membercare@dentalhealthservices.com. This notice is always available at www.dentalhealthservices.com/privacy.

All written requests desired or required by this Notice, must be delivered to Dental Health Services, 205 SE Spokane Street, Suite 334, Portland, OR 97202-6413 by any of the following means:

- Personal delivers;
- Email deliver to: membercare@dentalhealthservices.com
- Fax: 503-968-0187
- First class or certified U.S. Mail; or
- Overnight or courier delivery, charges prepaid

What duties does Dental Health Services agree to perform?

Dental Health Services will maintain the privacy of your PHI and provide you with notice of its legal duties and privacy practices with respect to PHI.

Dental Health Services will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.

Dental Health Services will abide by the terms of this Notice and any revised Notice, during the period that it is in effect.

Dental Health Services reserves the right to change the terms of this Notice or any revised notice. Any new terms shall be effective for all PHI that it maintains including PHI created or received by Dental Health Services prior to the effective date of the new terms.

Each time Dental Health Services revises this Notice, it will promptly post the notice on its website and distribute a new version within sixty (60) days of revision.

What if I am dissatisfied with Dental Health Services' compliance with HIPAA (Health Insurance Portability and Accountability Act) privacy regulations?

You have the right to express your dissatisfaction or objection to the Secretary of HHS and/or Dental Health Services if you believe your privacy rights have been violated.

Your written dissatisfaction must describe the acts or omissions you believe to be in violation of the provisions of this Notice or applicable laws. Your written objection to HHS or Dental Health Services must be filed within 180 days of when you knew or should have known of the act or omission. You will not be penalized or retaliated against for communicating your dissatisfaction.

You can file a complaint with the US Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Ave., S.W., Suite 515F, HHH Building, Washington DC, 20201, calling 800- 368-1019, 800- 537-7697(TDD), or by visiting <https://www.hhs.gov/hipaa/filing-a-complaint/index.html>.

You may express dissatisfaction about Dental Health Services' privacy policy in writing to Dental Health Services, 205 SE Spokane Street, Suite 334, Portland, OR 97202-6413, Attn: Member Satisfaction Assurance Specialist.

Who should I contact if I have any questions regarding my privacy rights with Dental Health Services?

You may obtain further information regarding your PHI privacy rights by contacting your Member Services Specialist at 855-495-0907, 888-645-1257 (TDD/TTY) during regular office hours or by email at membercare@dentalhealthservices.com, or any time through www.dentalhealthservices.com/OR. We are eager to assist you!



Non-Discrimination Notice

Dental Health Services, dba Dental Health Services, Your Dental Plan (Dental Health Services) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or gender. Dental Health Services does not exclude people or treat them differently because of race, color, national origin, age, disability, or gender.

Dental Health Services:

Provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

Provides free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, contact Member Satisfaction Assurance Specialist, Denise Haggerty at: 800-637-6453, 888-645-1257 (TDD/TYY).

If you believe that Dental Health Services has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or gender, you can file a grievance with: Denise Haggerty, Member Satisfaction Assurance Specialist, 205 SE Spokane Street, Suite 334, Portland, Oregon 97202-6413, call 800-637-6453, 888-645-1257 (TDD/TYY), fax 206-624-8755 or email dhaggerty@dentalhealthservices.com. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Member Satisfaction Assurance Specialist, Denise Haggerty is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-868-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Dental Health Services' Interpreter Services

English:

This notice has important information. This notice has important information about your application or coverage through Dental Health Services. There may be key dates in this notice. You may need to take action by certain deadlines to keep your health coverage or help with costs. You have the right to get this information and help in your language at no cost. Call 1-866-756-4259.

Oregon ONLY

English:

This notice has important information. This notice has important information about your application or coverage through Dental Health Services. There may be key dates in this notice. You may need to take action by certain deadlines to keep your health coverage or help with costs. You have the right to get this information and help in your language at no cost. Call 1-866-756-4259.

Spanish

Este aviso tiene información importante. Este aviso tiene información importante acerca de su solicitud o cobertura por medio de Dental Health Services. Es posible que haya fechas clave en este aviso. Es posible que tenga que tomar medidas antes de ciertas fechas límite para mantener su cobertura de salud o ayuda con los costos. Usted tiene derecho a obtener esta información y ayuda en su idioma de forma gratuita. Llame al 1-866-756-4259

Vietnamese

Thông báo này có các thông tin quan trọng. Thông báo này có các thông tin quan trọng về đơn yêu cầu hay bảo hiểm của quý vị thông qua Dental Health Services. Có thể có những ngày quan trọng trong thông báo này. Quý vị có thể cần hành động chậm nhất vào một số thời hạn cuối cùng để duy trì bảo hiểm y tế của quý vị hoặc để được trợ giúp với các chi phí. Quý vị có quyền nhận thông tin này và được trợ giúp miễn phí bằng ngôn ngữ của quý vị. Gọi 1-866-756-4259

Chinese

本通知包含重要資訊。本通知包含關於您的Dental Health Services申請或保險的重要資訊。本通知中可能包含重要日期。您可能需要在特定截止日期之前採取行動，以維持您的健康保險或幫助解決費用相關問題。您有權免費獲取本資訊與以您母語進行的幫助。致電1-866-756-4259

Russian

Данное извещение содержит важную информацию. Данное извещение содержит важную информацию о Вашем заявлении или страховом покрытии услуг стоматологии. Извещение может содержать ключевые даты. Возможно Вам необходимо будет предпринять соответствующие действия в определенных временных рамках. Вы имеете право на получение данной информации и помощи на своем родном языке. Позвоните по телефону 1-866-756-4259

Korean

본 안내문에는 중요 정보가 있습니다. 본 안내문에는 Dental Health Services를 통한 귀하의 보험 또는 신청서에 관한 중요 정보가 포함되어 있습니다. 본 안내문에 중요 날짜가 적혀 있을 수 있습니다. 본인의 건강 보험 또는 비용 보조를 유지하려면 특정 마감일까지 조치를 취하셔야 할 수도 있습니다. 관련 정보를 본인의 사용 언어로 무료로 받아볼 권리가 있습니다. 1-866-756-4259번으로 전화하십시오

Ukrainian

Це сповіщення містить важливу інформацію. Це сповіщення містить важливу інформацію щодо вашого запиту або страхового покриття за планом Dental Health Services. Це сповіщення може містити ключові дати. Можливо вам знадобиться виконати певні дії до вказаних кінцевих дат, щоб зберегти медичне страхування або отримати допомогу із витратами. Ви маєте право на безкоштовне отримання цієї інформації і допомоги вашою мовою. Зателефонуйте за номером 1-866-756-4259

Japanese

本通知には、重要な情報が含まれています。本通知には、Dental Health Servicesによる、お客様の申請または保障に関する重要な情報が含まれています。本通知には、重要な日付が含まれる場合があります。お客様の医療保障を維持するため、または、費用を節約するため、特定の期限までに行わなければ

ならない項目がある場合があります。お客様には、無料で、この情報を取得し、お客様の言語でサポートを受ける権利があります。 1-866-756-4259にお電話をおかけください

Arabic

هذا الإخطار يضم معلومات مهمة. يشتمل هذا الإخطار على معلومات مهمة تتعلق بطلبك وتغطيتك التي تتلقاها عبر Dental Health Services. وقد تحتاج إلى اتخاذ إجراءات قبل حلول مواعيد نهائية معينة حتى تحتفظ 1-866-756-4259 بتغطيتك الصحية أو المساعدة في التكاليف. يحق لك الحصول على هذه المعلومات وكذلك المساعدة بأي لغة دون تكلفة. اتصل بالرقم 4259

Romanian

Acest aviz conține informații importante. Acest aviz conține informații importante despre cererea dvs. sau despre acoperirea medicală asigurată prin intermediul Dental Health Services. În acest aviz pot exista date cheie. Este posibil să fie necesar să luați măsuri înainte de anumite date limită pentru a vă menține acoperirea medicală sau pentru a acoperi anumite costuri. Aveți dreptul să obțineți gratuit aceste informații și asistență în limba dvs. Apelați numărul de telefon 1-866-756-4259

Cambodian

ការជូនដំណឹងនេះមានព័ត៌មានសំខាន់ៗ។ ការជូនដំណឹងនេះមានព័ត៌មានសំខាន់ៗអំពីពាក្យសុំរបស់លោកអ្នក ឬការធានារ៉ាប់រងតាមរយៈ Dental Health Services ។ អាចមានកាលបរិច្ឆេទសំខាន់ៗនៅក្នុងការ ជូនដំណឹងនេះ។ លោកអ្នកអាចចាំបាច់ត្រូវចាត់វិធានការត្រឹមកាលបរិច្ឆេទជាក់លាក់ដើម្បីទុកការធានារ៉ាប់ រងសុខភាពរបស់លោកអ្នក ឬជួយខាងថ្លៃថ្នូរណាមួយ។ លោកអ្នក មានសិទ្ធិដើម្បីទទួល បានព័ត៌មាននេះ ហើយ ជួយ ជាការសាលោកអ្នកដោយឥតគិតថ្លៃ។ សូមទូរស័ព្ទទៅ 1-866-756-4259

Cushite

Beekisni kun odeeffannoo barbaachisaa qaba. Beekisni kun waa'ee iyyannoo ykn haguuggii Dental Health Services keessan ilaalchisee odeeffannoo barbaachisaa qabatee jira. Beekisni kana keessa guyyoon furtoon jiraachuu danda'u. Haguuggii fayyaa argachuu keessan itti fufuuf ykn baasii keessan hirrisuuf akka isin gargaaruuf daangaa guyyaa ta'een dura tarkaanfii fudhachuun isin barbaachisuu danda'a. Odeeffannoo kana fi gargaarsa afaan keessanii tola argachuuf mirga qabdu. 1-866-756-4259 irratti bilbilaa.

German

Diese Mitteilung enthält wichtige Informationen. Diese Mitteilung enthält wichtige Informationen zu Ihrem Antrag oder Leistungen durch Dental Health Services. Diese Mitteilung kann wichtige Termine enthalten. Sie müssen möglicherweise innerhalb bestimmter Fristen handeln, um Ihre Leistungen oder eine Kostenübernahme zu gewährleisten. Sie können diese Informationen und Hilfestellung kostenfrei in Ihrer Sprache anfordern. Rufen Sie an unter 1-866-756-4259

Persian

این اعلامیه حاوی اطلاعات مهمی است. این اعلامیه حاوی اطلاعات مهمی درباره درخواست شما و طرح پوشش بیمه Dental Health Services است. ممکن است تاریخ های مهمی در این اعلامیه عنوان شده باشد. ممکن است لازم باشد تا تاریخ خاصی اقداماتی را انجام دهید تا پوشش بیمه تان حفظ شود یا کمک مالی دریافت کنید. شما از این حق برخوردار هستید تا این اطلاعات و راهنمایی ها را به زبان خودتان و به صورت رایگان دریافت کنید. با شماره 1-866-756-4259 تماس بگیرید

French

Cette notice contient d'importantes informations. Cette notice contient des informations importantes à propos de votre couverture ou de votre demande de couverture chez Dental Health Services. Cette notice peut contenir des dates clés. Il se peut que vous deviez entreprendre des démarches dans un délai imparti pour conserver votre couverture de santé ou pour l'aide financière. Ces informations et aides peuvent vous être fournies dans votre langue sans coût supplémentaire. Appelez-nous au : 1-866-756-4259

Thai

ประกาศนี้มีข้อมูลสำคัญ ประกาศนี้มีข้อมูลสำคัญเกี่ยวกับการใช้งานหรือความคุ้มครองของ **Dental Health Services** อาจมีวันที่สำคัญในประกาศนี้
คุณอาจต้องดำเนินการภายในกำหนดเวลาเพื่อรักษาสุขภาพความคุ้มครองด้านสุขภาพของคุณหรือรับความช่วยเหลือด้านค่าใช้จ่าย
คุณมีสิทธิได้รับข้อมูลนี้และความช่วยเหลือด้านภาษาโดยไม่มีค่าใช้จ่าย โทร **1-866-756-4259**