

Beta Health Association, Inc. Notice of Privacy Practices

This Notice of Privacy Practices applies to Beta Health Association Inc.'s discount fee for service dental and vision plans, including but not limited to Alpha Dental Plan, and to its services as a broker for fee for service dental insurance issued by Companion Life Insurance Company, and as a broker for any other health, dental, disability or other insurance involving personally identifiable health information.

***This notice describes how personally identifiable health information, including application and payment information, about you may be used and disclosed and how you can get access to this information.
Please review it carefully.***

Beta Health Association, Inc.¹ considers personal information to be confidential. We protect the privacy of that information in accordance with federal and state privacy laws, as well as our own company privacy policies.

This notice describes how we may use and disclose information about you in administering dental and vision plans and brokering other insurance products, and it explains your legal rights regarding the information.

When we use the term "personal information," we mean financial, health and other information about you that is nonpublic, and that we obtain so we can enroll you in dental and vision plans, or broker your insurance coverage. By "health information," we mean information that identifies you and relates to your dental or vision history (i.e., the dentist you see, the dental or vision care you receive, or the amounts paid for participation in the dental or vision plans).

This notice is effective on April 14, 2003.

How Beta Health Association Uses and Discloses Personal Information

In order to provide you with participation in our plans, we need personal information about you, and we obtain that information from many different sources – including you, your employer or benefits plan sponsor, other dental and vision plans, other insurance brokers, insurers, third-party administrators (TPAs), and dental and vision care providers. In administering your participation in our plans, we may use and disclose personal information about you in various ways, including:

Dental and Vision Plan and Insurance Brokerage Operations: We may use and disclose personal information during the course of running our business: for instance, during operational activities such as receipt of applications for participation in our plans, or for insurance products through our brokerage; assignment of participants to dental and vision providers; quality assessment and improvement; licensing; accreditation by independent organizations; performance measurement; services research; and case management and care coordination.

¹ For purposes of this notice, "Beta Health Association" and the pronouns "we," "us" and "our" refer to all of the affiliates and subsidiaries of Beta Health Association, including Alpha Dental Plan. These entities have been designated as a single affiliated covered entity for federal privacy purposes.

Other operational activities requiring use and disclosure include transfer of plan participants or contracts from and to other health plans or providers; facilitation of a sale, transfer, merger or consolidation of all or part of Beta Health Association, Inc. with another entity (including due diligence related to such activity); and other general administrative activities, including data and information systems management, and customer service.

Payment: We will use and disclose personal information, including your name, birth date, social security number, address, phone number, name of dependents, and dependents' birth dates, to account for participation in our plans, and to facilitate payment for your participation in our plans or for insurance products brokered by us.

Treatment: We may disclose information to doctors, dentists, pharmacies, hospitals and other health care providers who take care of you. For example, doctors may request personal information from us to supplement their own records or to facilitate payment to them. We do not ordinarily obtain treatment or other medical, dental, vision records from health care providers.

Disclosures to Other Covered Entities: We may disclose personal information to other covered entities, or business associates of those entities for treatment, payment and certain health care operations purposes. For example, we may disclose personal information to other health plans maintained by your employer if it has been arranged for us to do so in order to have certain expenses reimbursed.

Additional Reasons for Disclosure

We may use or disclose health information about you in providing you with treatment alternatives, treatment reminders, or other health-related benefits and services. We also may disclose such information in support of:

- **Plan Administration** - to your employer, when we have been informed that appropriate language has been included in your plan documents, or when summary data is disclosed to assist in bidding or amending a group health, dental, vision or other insurance plan.
- **Research** - to researchers, provided measures are taken to protect your privacy.
- **Business Associates** - to persons who provide services to us and assure us they will protect the information.
- **Industry Regulation** - to state insurance departments, boards of pharmacy, U.S. Food and Drug Administration, U.S. Department of Labor and other government agencies that may regulate us.
- **Law Enforcement** - to federal, state and local law enforcement officials.
- **Legal Proceedings** - in response to a court order or other lawful process.
- **Public Welfare** - to address matters of public interest as required or permitted by law (e.g., child abuse and neglect, threats to public health and safety, and national security).

Disclosure to Others Involved in Your Health Care

We may disclose health information about you to a relative, a friend, the subscriber of your dental or vision benefits plan or any other person you identify, provided the information is directly relevant to that person's involvement with your dental or vision care or payment for that care. You have the right to stop or limit this kind of disclosure by informing us in writing of any limits on the dissemination of your personal information.

If you are a minor, you also may have the right to block parental access to your health information in certain circumstances, if permitted by state law.

Uses and Disclosures Requiring Your Written Authorization

In all situations other than those described above, we will ask for your written authorization before using or disclosing personal information about you. If you have given us an authorization, you may revoke it at any time, if we have not already acted on it.

Your Legal Rights

The federal privacy regulations give you the right to make certain requests regarding personal information about you. You may ask us to:

- Communicate with you in a certain way or at a certain location. For example, if you are covered as an adult dependent, you might want us to send health information to a different address from that of your subscriber. We will accommodate reasonable requests.
- Restrict the way we use or disclose health information about you in connection with health care operations, payment and treatment. We will consider, but may not agree to, such requests. You also have the right to ask us to restrict disclosures to persons involved in your health care.
- Obtain a copy of health information that is contained in a "designated record set" - medical records and other records maintained and used in making enrollment, payment, claims adjudication, medical management and other decisions. We may ask you to make your request in writing, may charge a reasonable fee for producing and mailing the copies and, in certain cases, may deny the request.
- Amend health information that is in a "designated record set." Your request must be in writing and must include the reason for the request. If we deny the request, you may file a written statement of disagreement. Please note that we do not maintain or request treatment records which would ordinarily be considered a "designated record set." The personal information we maintain is ordinarily limited to your name, birth date, social security number, address, phone number, name of dependents, and dependents' birth dates, to account for participation in our plans, and to facilitate payment for your participation in our plans or for insurance products brokered by us.
- Provide a list of certain disclosures we have made about you, such as disclosures of health information to government agencies that license us. Your request must be in writing. If you request such an accounting more than once in a 12-month period, we may charge a reasonable fee.

You may make any of the requests described above, or may request a paper copy of this notice, by contacting us in writing.

You also have the right to file a complaint if you think your privacy rights have been violated. To do so, please make the complaint to us in writing, within 180 days of the conduct about which you are complaining. You also may write to the Secretary of the U.S. Department of Health and Human Services. You will not be penalized for filing a complaint.

Beta Health Association's Legal Obligations

The federal privacy regulations require us to keep personal information about you private, to give you notice of our legal duties and privacy practices, and to follow the terms of the notice currently in effect.

This Notice is Subject to Change

We may change the terms of this notice and our privacy policies at any time. If we do, the new terms and policies will be effective for all of the information that we already have about you, as well as any information that we may receive or hold in the future.

Please note that we do not destroy personal information about you when you terminate your participation in our plans or insurance with companies for which we have served as a broker. It may be necessary to use and disclose this information for the purposes described above even after your plan participation or coverage terminates, although policies and procedures will remain in place to protect against inappropriate use or disclosure.

If you have questions regarding this notice, or wish to give us notice under any provision of this Notice of Privacy Practices, please write to Beta Health Association, 609 E. Speer Blvd., Suite #200, Denver, CO 80203. You may also call us at 303-744-3007 or 800-807-0706. Our fax number is _____. If you need to contact us, please include your complete name, address, and telephone number.