

## Notice of Privacy Practices Effective April 14, 2003

***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 You***

Dominion Dental Services, Inc. (DOMINION) values you as a customer and respects your right to privacy. We have established the following *Notice of Privacy Practices* to assure you that we are committed to protecting the privacy of your Protected Health Information (PHI). This Notice will describe how DOMINION protects, uses and discloses member PHI, as well as your rights concerning your PHI. PHI is defined for this Notice as individually identifiable health information that relates to past, present, or future health or payment information.

### ***Uses and Disclosures of Health Information***

Our policy is to restrict all disclosures of member PHI to the minimum necessary disclosure required to accomplish the intended purpose. The following are examples of situations in which we are permitted to use and disclose member PHI.

**Treatment:** DOMINION does not provide treatment. However, we may use and disclose PHI to dentists in order to facilitate the care given to our members.

**Payment:** DOMINION may use and disclose PHI to determine eligibility, coordinate care, reimburse providers, and collect premiums. For example, we may share information with group administrators in order to process enrollment or with our participating dentists in order to make payments and provide eligibility rosters.

**Operations:** DOMINION may use and disclose PHI in order to support our business activities. This includes assessment of the quality of care provided by our participating dentists and disclosures to our business associates in the ordinary course of business.

**Personal Representatives:** DOMINION may share PHI with other family members on your policy or with those who have a relationship with you that gives them the right to act on your behalf. Examples include spouses on the same plan, parents of an unemancipated minor, or those having a Power of Attorney. If you do not want your PHI to be shared, please let us know in writing.

### **As Required By Law and Regulatory Oversight:**

DOMINION is required to disclose PHI in order to comply with federal, state, or local law. This includes subpoenas, law enforcement, national security activities, state audits, and other Healthcare oversight.

**Business Associates:** DOMINION has business partners who use and disclose member PHI on DOMINION's behalf, such as information systems consultants. We have entered into contracts with our Business Associates, requiring them to implement safeguards to protect member PHI.

**Health Related Benefits:** DOMINION may use or disclose member PHI to inform you of health-related benefits and services that may be of interest, such as alternative plans offering additional benefits.

**Public Interest:** DOMINION may also use or disclose PHI in certain public interest situations. Examples include protecting victims of abuse or neglect, preventing a serious threat to health or safety, tracking diseases or medical devices, informing military authorities if you are an armed forces member, worker's compensation, national security, and coroners.

### ***Uses and Disclosures Requiring Member Authorizations***

Other uses and disclosures of member PHI will be made only after receiving signed authorization from the member. Once a member signs an authorization, they have the right to revoke it at any time by submitting a request in writing. That revocation of the authorization will not apply to any action taken previous to the revocation.

### ***Your Rights***

**Request Restrictions on Certain Uses and Disclosures of PHI:** You have the right to request certain restrictions in the use or disclosure of your PHI. Your request must be in writing and must include: (1) name and ID number of the member, (2) PHI you wish to restrict, (3) whether you want to restrict our use, disclosure, or both, (4) person or company to whom the restriction applies, for example, disclosure to a spouse, (5) expiration date, and (6) signature of member.

DOMINION is not required to agree to a request to restrict the use or disclosure of PHI. However, if we do agree, we will not use or disclose member PHI in violation of that agreement unless it is required for emergency treatment. You may revoke a previously agreed upon restriction at any time, by writing to us.

**Request for Confidential Communication:** If receiving PHI would endanger your life, you have the right to request that we communicate with you about your PHI by alternative means or at an alternative location. For example, you may wish to receive email or phone calls at work, rather than at home. This request must be made in writing and state that receiving PHI at your home would endanger your life. DOMINION will accommodate all reasonable requests.

**Access to and Copy of Your PHI:** You have the right to request access to and a copy of most of your PHI that DOMINION maintains. You must submit this request in writing. A charge may be applied to cover copying, mailing, and other associated costs. Under limited circumstances, DOMINION may deny all or part of your request. If your request is denied, you may have the right to request a review of the denial.

**Request to Amend PHI:** You have the right to request that DOMINION amend your PHI maintained by DOMINION if you feel it is incorrect or incomplete. This request must be made in writing, must describe the PHI you want amended, and must include the reason for the amendment. DOMINION may deny your request if we determine the PHI is correct or as otherwise determined by law. If your request is denied, you have the right to file a letter of disagreement and have that letter included in your file of PHI.

**Accounting of Disclosures:** You have the right to request a list of disclosures we have made of your PHI. This request must be made in writing. All requests must state a time period, which may not exceed a date 6 years prior to the request and may not include dates before April 14, 2003. This right applies to all disclosures, except those made: for treatment, for payment, for health care operations, to you, by authorization, and all other types excluded by law. You have a right to one free accounting per year. Any additional requests may incur a charge.

**Notice of Privacy Practices:** You have the right to obtain a paper copy of this *Notice of Privacy Practices* at any time, even if you have previously agreed to receive this document electronically. To obtain a copy of this Notice, contact our Privacy Officer. You may also access this Notice on DOMINION's website at [www.DominionDental.com/PrivacyNotice](http://www.DominionDental.com/PrivacyNotice).

### ***Our Responsibilities***

As a dental plan, DOMINION is required by law to maintain the privacy of member PHI, to provide you this Notice of our legal duties and privacy practices with respect to your PHI, and to abide by the terms of the Notice currently in effect. We reserve the right to change the terms of this Notice and to make the new Notice effective for all member PHI currently maintained by DOMINION, as well as any future PHI. If we do change this Notice, you will receive a copy of the new version. The most current version of this Notice will also be posted on our website at [www.DominionDental.com/PrivacyNotice](http://www.DominionDental.com/PrivacyNotice).

### ***Complaints***

If you believe your rights under this Notice have been violated, you have the right to file a complaint with DOMINION, or with the Secretary of the Department of Health and Human Services. You will not be penalized or retaliated against in any way for lodging a complaint with us or the Secretary of Health and Human Services.

### ***Contact Information***

If you have questions regarding this Notice, you wish to file a complaint, or you would like to exercise your rights outlined in this Notice, please contact:

Privacy Officer  
Dominion Dental Services, Inc.  
115 South Union Street  
Suite 300  
Alexandria, VA 22314  
(703) 518-5000  
(888) 681-5100  
[PrivacyCoordinator@DominionDental.com](mailto:PrivacyCoordinator@DominionDental.com)



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