



NOTICE OF PRIVACY PRACTICES

This notice describes how medical information about you may be used and disclosed and how you can get access to this information.

This Notice of Privacy Practices covers the following separate but legal entities: Healthplex, Inc., Dentcare Delivery Systems, Inc., International Healthcare Services, Inc., Healthplex IPA, Inc., Healthplex of NJ, Inc., Healthplex of CT, Inc., and Healthplex Insurance Company.

Healthplex, its affiliates, and Dentcare know that the privacy and confidentiality of your dental health information is important. We have safeguards in place to protect this information including:

- Corporate policies and procedures regarding privacy and security for protecting personal health information.
- When using or disclosing protected health information or when requesting protected health information from another organization Healthplex has system restrictions and guidelines to limit protected health information to the minimum necessary to accomplish the intended purpose of the use, disclosure, or request.
- Training employees regarding Healthplex privacy policies and procedures.

YOUR RIGHTS

When it comes to your health information, you have certain rights under the HIPAA privacy rule. This section explains your rights and some of our responsibilities to help you.

Get a copy of your dental health and claims records

- You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health and claims records, usually within 30 days of your request.

Ask us to correct dental health and claims records

- You can ask us to correct your dental health and claims records if you think they are incorrect or incomplete.
- While we may deny your request, we will notify you in writing within 60 days of your request.

Request confidential communications

- You can ask us to contact you in a specific way (*for example, home or office phone*) or to send mail to a different address.
- We will consider all reasonable requests, and must say “yes” if you tell us you would be in danger if we do not.



Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations.
- *Please note: We are not required to agree to your request, and we may say “no” if it would affect your care.*

Get a list of those with whom we’ve shared information

- You can ask for a list of the times we’ve shared your health information for six years prior to the date you ask, who we shared the information, and the purpose for sharing this information.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (*such as any you asked us to make*).

Get a copy of this privacy notice

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act on your behalf

- 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.
- Healthplex will make sure the person has this authority and can act on your behalf before we take any action.

File a complaint if you feel your rights are violated

- If you feel we have violated your rights you can file a complaint by contacting us as follows:

Telephone	516.542.2200 800.468.0600	Mail	Privacy Officer Healthplex, Inc. 333 Earle Ovington Blvd., Suite 300 Uniondale, NY 11553-3608
Facsimile	516.228.1734		or Privacy Officer
Email	info@healthplex.com		Dentcare Delivery Systems, Inc. 333 Earle Ovington Blvd., Suite 300 Uniondale, NY 11553-3608

- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
- We will not retaliate against you for filing a complaint.



YOUR RIGHTS

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in payment for your care
- Share information in a disaster relief situation

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest.

In these cases we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information

Our Uses and Disclosures

How do we typically use or share your health information?

We typically use or share your health information in the following ways.

Help manage the health care treatment you receive

- We can use your health information and share it with professionals who are treating you.

Example: We may give your dental information to a network dental specialist. This will help you receive covered treatment under your dental plan.

Run our organization

- We can use and disclose your information to run our organization and contact you when necessary.

Example: We may review your dental information with dental consultants. This will help us review the plan and the services of health care professionals.

Pay for your health services

- We can use and disclose your health information as we pay for your health services.

Example: We may discuss your services with your dentist so benefits can be paid.

Administer your plan

- We may disclose your health information to your health plan sponsor for plan administration.

Example: Your plan sponsor contracts with us to provide a dental plan, and we provide them with certain statistics to explain the premiums we charge.

How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

Do research

- We can use or share your information for health research.

Comply with the law

- We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Work with a medical examiner or funeral director

- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers' compensation, law enforcement, and other government requests

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services



Respond to lawsuits and legal actions

- We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, on our web site, and we will mail a copy to you.

