



NOTICE OF PRIVACY PRACTICES

"THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY"

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

Healthplex and its affiliates know that the privacy and confidentiality of your dental health information is important. We have policies and procedures in place to protect this information. We are allowed by federal and state laws to use or disclose it for treatment, payment or other health care operations. For example:

- We may give your dental information to a network dental specialist. This will help you receive covered treatment under your dental plan.
- We may discuss your services with your dentist so benefits can be paid.
- We may review your dental information with dental consultants. This will help us review the plan and the services of health care professionals.
- We may mail a postcard to your home to help you and participating dentists identify your dental coverage. The ID card will not display information about your health.

There are many other times where we are allowed or required by federal or state laws to use or disclose protected health care information (PHI) without your written consent or authorization. For example, we will give PHI to:

- Relatives and others involved in your care.
- Groups providing relief and assistance in disasters such as floods, fires and terrorist attacks.
- Certain agencies or persons when required by law.
- Certain agencies for public health reasons.
- Certain authorities for notice of abuse, neglect or domestic violence.
- Health agencies for oversight activities authorized by law. This includes audits, civil & criminal investigations, inspections and other activities.
- A court or administrative body for judicial and other proceedings.
- Certain authorities in response to administrative subpoenas, summons, civil or authorized investigative demands or similar process authorized by law.
- Coroners, medical examiners and funeral directors, in line with the law, as needed to carry out their duties.
- Certain authorities for specialized government functions. Or, when needed to prevent or lessen a serious and likely threat, consistent with other ethical or legal standards that apply.
- A party responsible for payment of your workers' compensation benefits. Or, to an agency responsible for administering and/or paying your claim for workers' compensation benefits.

Some of the uses or disclosures for the purposes described above may be prohibited or limited by law. If so, Healthplex will abide by the "more stringent" law, as that term is defined by HIPAA. Other uses and disclosures will only be made with your written authorization, which you may change at any time.

Healthplex will not give any of your PHI to marketing firms. But, we may contact you about dental treatment options or other health benefits that you may find to be of interest. We may also give summary PHI to your group or plan sponsor if your coverage is provided from such an entity.

INDIVIDUAL RIGHTS

As a member in a Healthplex plan, you have rights as to the use and disclosure of your PHI:

- You have the right to request limits on our uses and disclosures of PHI. If we agree to your request, we will adhere to your limits until either you or Healthplex withdraw them.
- You have the right to receive PHI and correspondence from us at other addresses, in other forms (mail, email, etc.) or in envelopes.
- You have the right to inspect, copy and amend your PHI. Reasons must be given in writing for amendments. We will act on your request within 60 days. We may deny it if we did not create the PHI or if we find the information in our files to be correct.
- You have the right to receive a list of disclosures of your PHI during the last six years. This is not for purposes of treatment, payment, health care operations and certain other reasons excepted by federal or state laws.
- You have the right to get a paper copy of this notice upon request, even if you have agreed to receive this notice online or by email.
- You have the right to revoke an authorization to use or disclose PHI previously given to us, at anytime.

All of the requests noted above should be sent, in writing, to our Privacy Official (PO).

HEALTHPLEX'S RESPONSIBILITIES

As a covered entity, we must by law maintain the privacy of PHI and provide you with notice of our legal duties and privacy practices about PHI. We must abide by the terms of the notice currently in effect. We reserve the right to change privacy practices at our discretion.

We may change a privacy practice that is stated in our notice and may change our policies and procedures. If so, we may make the change effective for PHI that we created or received before the effective date of the notice change. When we change a privacy practice, you will receive a revised notice within 60 days of the change.

OTHER INFORMATION

If you feel that your privacy rights have been abused, you may complain to the Privacy Official of Healthplex. You may also mail a complaint to the Secretary of the Dept. of Health and Human Services at 200 Independence Ave. SW, Washington, DC 20201. You will not be penalized in any way for reporting a violation of your privacy rights.

To learn more about our privacy practices or to complain about our use or disclosure of your PHI, you may contact us as follows:

Telephone- 516.542.2230
800.468.0608
Facsimile- 516.794.3186

Mail- Privacy Official
Healthplex, Inc.
60 Charles Lindbergh Blvd.
Uniondale, NY 11553

Email- info@healthplex.com

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