

**“Every Smile Should be
a Healthy Smile”**

**Delta Dental of Massachusetts
cares about your oral health
almost as much as you do!
To learn more about improving
your oral health, please
visit our Web site
at www.deltamass.com
and click on the
Oral Health Topics Section.**

**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.

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DELTA DENTAL®

P.O. Box 9695
Boston, MA 02114

DELTA DENTAL®

SP444(4/06)275M

**At Delta Dental
We Care About Your
Privacy As Much As
You Do.**



**Delta Dental of Massachusetts
Effective: September 2003**

Member Privacy

Dental Service of Massachusetts, Inc., (DSM) who does business as Delta Dental of Massachusetts, takes your privacy seriously. We want to tell you about our privacy practices to protect your personal health information.

How Do We Use Health Information?

DSM uses your health information to pay dentists and others who provide you with dental care or services, and to conduct normal business known as dental care operations. Examples of how we use your information include:

- ▶ **Payment** – We pay claims submitted by dentists who treat you. We may also discuss your treatment plan with your dentist or provide prior authorization for certain services.
- ▶ **Dental Care Operations** – Health information is used for quality improvement, and for customer service.

We comply with all applicable state and federal laws, including any laws that impact our ability to use your health information for payment and operations.

Other Services

We may also use your information to:

- ▶ Inform you of research opportunities or benefits for alternative treatments.
- ▶ Tell you about benefits and services.
- ▶ Communicate with family or friends involved in your care.
- ▶ Communicate with other healthcare providers or business associates for treatment, payment, or health care operations. Business associates must follow our privacy rules.
- ▶ Communicate with the sponsor of your health plan.

Information We Share

There are limited times when we are permitted or required to disclose health information without your signed permission. These situations are listed below:

- ▶ To protect victims of abuse or neglect for federal and state health oversight activities such as fraud investigations.

- ▶ For judicial or administrative proceedings.
- ▶ If required by law or for law enforcement.
- ▶ To coroners, medical examiners and funeral directors.
- ▶ For specialized government functions such as national security and intelligence.
- ▶ To Workers' Compensation if you are injured at work.
- ▶ To a correctional institution if you are an inmate.

All other uses and disclosures, not previously described, may only be made with your signed authorization. You may revoke your authorization at any time.

Our Responsibilities

DSM is required by law to:

- ▶ Maintain the privacy of your health information.
- ▶ Provide this notice of our duties and privacy practices.
- ▶ Abide by the terms of the notice currently in effect.
- ▶ We reserve the right to change privacy practices, and make the new practices effective for all the information we maintain. Revised notices will be available to you at our Web site www.deltamass.com and upon your request, mailed to you.

Your Rights

You have the right to:

- ▶ Request that we restrict how we use or disclose your health information. We may not be able to comply with all requests.
- ▶ Request that we use a specific telephone number or address to communicate with you.*
- ▶ Inspect and copy your health information (fees will apply).*
- ▶ Request additions or corrections to your health information.*
- ▶ Receive an accounting of how your health information was disclosed (excludes disclosures for treatment, payment, healthcare operations and some required disclosures, as well as disclosures that you authorize).*
- ▶ Obtain a paper copy of this notice even if you receive it electronically.

Requests followed by an asterisk (*) must be in writing.

Financial Privacy Policy

We do not give your financial information to any person or persons not affiliated with DSM. It is important to us that you understand what financial information we gather and how we use it to administer your benefits and serve you better.

- ▶ **Financial Information** – In order to provide your dental services, we may gather financial information about you from you, your employer, your plan sponsor, or your dentist; with respect to claims, co-payments, and premium payments.
- ▶ **Security** – In compliance with state and federal standards, electronic, procedural and physical safeguards are in place to limit the collection and use of non-public information to the minimum necessary to provide you with quality products and services. Access to this information is limited to a “need to know” basis for our employees to perform their jobs. This applies to you whether you are a former or current member.

To Contact Us

If you have any comments or suggestions, please send an e-mail to privacy@deltamass.com, or contact us via our toll free Customer Service telephone number at 1-800-872-0500, or by mail at:

Dental Service of Massachusetts, Inc.
Attn: Corporate Compliance Office
P.O. Box 9695
Boston, MA 02114

If you would like to exercise your rights, or if you feel your privacy rights have been violated, or if you need more information, contact our Corporate Compliance Office at 1-800-451-1249, or by mail at:

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Attn: Corporate Compliance Office
P.O. Box 9695
Boston, MA 02114

All complaints will be investigated and you will not suffer retaliation for filing a complaint. You may also file a complaint regarding health information with the Secretary of Health and Human Services in Washington, D.C.