

# NOTICE OF PRIVACY PRACTICES

**THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND SHARED, HOW YOU CAN GET THIS INFORMATION.**

**PLEASE REVIEW THIS CAREFULLY.**

**THE PRIVACY OF YOUR HEALTH INFORMATION IS IMPORTANT TO US.**

## **OUR DUTIES**

We are required by law to make sure that your protected health information is kept private and secure. We will let you know as soon as possible if a mistake happens that may affect the privacy or security of your information. We must follow the duties and privacy practices that are listed in this notice and give you a copy of it. We will not use or share your information other than what is listed 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](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html). We can change this notice, and the changes will apply to all of the information we have about you. You can see the notice on our website or ask us to mail you a copy.

## **OUR USES AND SHARING**

How do we typically use or share your health information?

### **Treat You**

We can use your health information and share it with other providers who are treating you. Example: A dentist treating you asks another doctor about your overall health.

### **Run our organization**

We can use and share your information to run our company and contact you when we need to. Example: We use health information about you to improve services for you.

### **Pay/Bill for your health services**

We can use and share your health information as we pay for your health services. Example: We share information about you with your dental provider or plan to make sure your dental work is paid for the right way.

### **Administer your plan**

We may share your health information to your health plan sponsor so they can manage your plan. Example: Your Company contracts with us to provide a health plan, and we give your data to explain how much we charge them.

### **How else can we use or share your health information?**

There are reasons we are allowed to share your information; public health, research, stop disease; helping with product recalls; reporting adverse reactions to medications; reporting if we think there might be abuse, neglect, or domestic violence; trying to stop or reduce a serious threat to anyone's health or safety. We have to follow the law before we can share your information for these reasons.

### **Comply with the law**

We will share information about you if laws require us to. We will share information with the Department of Health and Human Services if they want to see that we are following privacy laws.

### **Respond to organ and tissue donation requests and work with a medical examiner or funeral director**

We can share health information about you with companies that try to find organ donations, coroner, medical examiner, or funeral director when someone dies.

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

We can use or share health information about you for workers' compensation claims; law enforcement reasons or with a law enforcement officials; with some health agencies for things that are allowed by the law; special government areas such as military, national security, and presidential protective services.

## **Respond to lawsuits and legal actions**

We can share health information about you if we get a court or administrative order, or a subpoena.

## **YOUR CHOICES**

For certain health information, you have both the right and choice to tell us to share information with; family, close friends or others involved in payment for your care; Share information in a disaster relief situation. If you can't tell us what you want us to do, for example if you are not conscious, we may share your information if we think it is what is best for you. We may also share your information when needed to reduce a serious threat to health or safety.

In these cases we never share your information unless you give us written permission; Marketing purposes, Sale of your information

## **YOUR RIGHTS**

**When it comes to your health information, you have rights.** This section explains your rights and some of our duties to help you.

### **Get a copy of health and claims records**

You can ask to see or get a copy of your health, claims and dental records, and other health information. Ask us how to do this. We will give you a copy within 30 days of when you asked for them. We may charge a fee to pay the costs to do this.

### **Ask us to correct health and claims records**

You can ask us to correct your health claims or dental records if you think they are incorrect or incomplete. Ask us how to do this. We may say "no" to your request, but we'll tell you why in writing within 60 days.

### **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. We are not required to agree to your request, and we may say "no" if it would affect your care. You can ask us not to share information about a service with your health insurer if you pay for a service or health care item out-of-pocket in full. We will say "yes" unless a law requires us to share that information.

### **Get a list of those with whom we've shared information**

You can ask for a list of the times we have shared your health information for up to six years before the date you asked. We will tell you who we shared it with, and why. We will include all the times we have shared it except when it was about treatment, payment, and health care operations, and certain other times (such as when you asked us to share it). We will provide one list per year for free. We will charge a cost-based fee if you ask for another one within 12 months.

### **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 by email. We will provide you with a paper copy right away.

### **File a complaint if you feel your rights are violated**

You can complain if you feel we have violated your privacy rights by contacting us at one of the following:

Compliance Officer - CONFIDENTIAL  
465 Medford St  
Charlestown, MA 02129  
1-866-471-6685 (TTY 711)  
Email: Compliance@advantagedental.com

U.S. Department of Health and Human Services  
Office for Civil Rights  
200 Independence Avenue SW Washington, D.C. 20201  
Toll-Free (877) 696-6775 or TTY (866) 788-4089  
Email: OCRComplaint@hhs.gov  
[www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/)

We will not react against you for filing a complaint.