

# Superior Dental Care Alliance

## NOTICE OF PRIVACY PRACTICES

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**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.**

Superior Dental Care Alliance (Superior) may use your health information, as defined in the Privacy Rule of the Administrative Simplification provision of the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), for purposes of making or obtaining payment for your care and conducting health care operations. Superior has established this Notice of Privacy Practices to guard against unnecessary disclosure of your health information.

### **YOUR RIGHTS WITH RESPECT TO YOUR HEALTH INFORMATION**

Although your health record is the physical property of the health care entity that compiled it, the information belongs to you. You have the following rights regarding your health information that Superior maintains:

- To **request a restriction** on certain uses and disclosures of your health information as provided by 45 CFR 164.522. However, Superior is not required to agree to your request.
- To **obtain a paper copy** of **Superior's Notice of Privacy Practices** upon request. You also may obtain a copy of the current version of Superior's Notice at our website, [www.superiordental.com](http://www.superiordental.com).
- To **inspect or receive copies of your health record** as provided for in 45 CFR 164.524. If you request a copy of your health information, Superior may charge a reasonable fee for copying, assembling costs and postage, if applicable, associated with your request.
- To **amend your health record** as provided in 45 CFR 164.528. That request may be made as long as the information is maintained by Superior. Superior may deny the request if it does not include a reason to support the amendment. The request also may be denied if your health information records were not created by Superior, if the health information you are requesting to amend is not part of Superior's records, if the health information you wish to amend falls within an exception to the health information you are permitted to inspect and copy, or if Superior determines the records containing your health information are accurate and complete.
- To **obtain an accounting of disclosures** of your health information as provide in 45 CFR 164.528. You have the right to request a list of certain disclosures of your health information that Superior is required to keep a record of under the Privacy Rule, such as disclosures for public purposes authorized by law or disclosures that are not in accordance with the Plan's privacy policies and applicable law. The request must be made in writing to Superior's Privacy Officer as indicated below (See section titled: CONTACT PERSON). The request should specify the time period for which you are requesting the information, but may not start earlier than April 14, 2003. Accounting requests may not be made for periods of time going back more than six (6) years. Superior will provide the first accounting you request during any 12-month period without charge. Subsequent accounting requests may be subject to a reasonable cost-based fee. Superior will inform you in advance of the fee, if applicable.
- To **request communication** of your health information **by alternative means or at alternative locations**. Superior will attempt to honor your reasonable requests for confidential communications.

To initiate any of these privileges, please contact Superior's Privacy Officer as indicated below (See section titled: CONTACT PERSON).

### **DUTIES OF SUPERIOR AS YOUR HEALTH PLAN**

Superior employees are trained to respect member's privacy and of the importance of safe guarding this information. Superior is required by law to:

- Maintain the privacy of your health information; to include the protection of both physical and electronic data;
- Provide you with a Notice as to our legal duties and privacy practices with respect to your health information we collect and maintain about you;
- Abide by the terms of this Notice;
- Notify you if we are unable to agree to a requested restriction; and,
- Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.

We reserve the right to change our privacy practices as outlined in this Notice and to make the new provisions effective for all health information we maintain. Should we make such a change, we will mail a revised Notice to the address we have on file for you.

We will not use or disclose your health information without your written authorization, except as described in this Notice. If you authorize Superior to use or disclose your health information, you may revoke that authorization in writing at any time, except to the extent that we have taken action in reliance on your authorization.

## **USE AND DISCLOSURE OF HEALTH INFORMATION**

This listing summarizes the circumstances under which and purposes for which your health information may be used and disclosed by Superior without your authorization: *[Note: It is important for you to know that Superior routinely uses and discloses the minimum amount of health information necessary to accomplish these specified tasks.]*

**To Make or Obtain Payment.** Superior may use or disclose your health information to make payment to or collect reimbursement for over-payment from participating dentists, for the dental care you receive. For example, Superior may provide/share information regarding your coverage or health care treatment to other health plans to coordinate payment of benefits and to appropriately determine the order of coverage.

**To Conduct Health Care Operations.** Superior may use or disclose health information for its own operations to facilitate the administration of Superior and as necessary to provide coverage and services to all of Superior's participants. Healthcare operations include such activities as:

- Enrollment/eligibility functions.
- Underwriting, premium rating or related functions to create, renew or replace health insurance or health benefits.
- Processing premium billing to and payments from purchasing employers.
- Review and auditing, including compliance reviews, medical reviews, legal services and compliance programs.
- Business management and general administrative activities of Superior, including customer service, claims processing, and resolution of internal grievances.

For example, Superior may use your health information to: engage in customer service, detailing coverage and claims status to submitting offices, participating members, and agents acting on your behalf (such as a Human Resource Contact or associate of a Brokerage firm representing your employer/Plan Sponsor of your Group Health Plan); or resolution of grievances/appeals initiated by a member or submitting office. *[Note: Insurance Brokers are Business Associates of Superior that are contractually required to appropriately safeguard your information. Additionally, we have required certification from your Group Health Plan assuring they will not unlawfully use or disclose the health information of employees.]*

**For Treatment.** Superior may use and disclose your health information to advise you and the submitting dental office of the eligibility for proposed dental treatment, under the purchased plan. For example, the predetermination process provides you with information about eligible benefits or alternate benefits for proposed treatments allowing you to determine your financial responsibility prior to treatment.

**For Distribution of Health-Related Benefits and Services.** Superior may use or disclose your health information to provide to you information on health-related benefits and services that may be of interest to you; such as eligible vision discounts or dental prescription coverage, if applicable.

**For Disclosure to the Plan Sponsor.** Superior may use or disclose health information to the Plan Sponsor of a Group Health Plan.

**When Legally Required.** Superior will disclose your health information when it is required to do so by any federal, state or local law.

**To Conduct Health Oversight Activities.** Superior may disclose your health information to a health oversight agency (such as a State Department of Insurance or Dental Board) for authorized activities including audits, civil administrative or criminal investigations, inspections, licensure or disciplinary action.

**For Law Enforcement Purposes.** Superior may disclose your health information for law enforcement purposes as required by law or in response to a valid subpoena.

**For Worker's Compensation.** Superior may release your health information to the extent necessary to comply with laws related to worker's compensation or similar programs.

## **CONTACT PERSON & EFFECTIVE DATE**

Superior has designated Bettina Imes, ***Privacy Officer***, as its contact person for all issues/complaints regarding patient privacy and your privacy rights. You may contact her at 6683 Centerville Business Parkway, Dayton OH 45459; by phone at (937) 438-0283; by fax at (937) 291-8695; or by e-mail at [bimes@superiordental.com](mailto:bimes@superiordental.com). Additionally, complaints may be filed with the Secretary of Health and Human Services. You will not be subject to any retaliation for filing a complaint.

This Notice is effective April 14, 2003. **If you have any questions regarding this Notice, you are encouraged to contact our Privacy Officer.**