

Superior Dental Care Alliance, Inc. 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. PLEASE REVIEW IT CAREFULLY.

Superior Dental Care Alliance (“SDC”) is required by law to notify you of how we may use your protected health information (PHI). PHI is information that can be used to personally identify you and is related to your past, present, or future physical or mental health or condition. SDC receives and uses your PHI to administer your dental benefits as allowed by law and only uses the minimum amount of PHI necessary to accomplish our required tasks.

The SDC Pledge Regarding Your PHI

SDC employees are trained to respect member’s privacy and of the importance of safeguarding this information. SDC is required by law to:

- Maintain the privacy of your PHI, to include the protection of both physical and electronic data;
- Provide you this Notice discussing our legal duties and privacy practices with respect to your PHI;
- Abide by the terms of this Notice; and
- Notify you if there is a breach of your unsecured PHI.

We reserve the right to change our privacy practices as outlined in this Notice and to make the new provisions effective for all PHI we maintain. We will notify you of any material changes.

When Can We Disclose Your PHI Without Your Permission?

To Make or Obtain Payment: SDC may use or disclose your PHI to make payment to participating dentists after you receive dental care. For example, SDC may share information regarding your coverage or health care treatment with other health plans to coordinate payment of benefits.

To Conduct Health Care Operations: SDC may use or disclose PHI within SDC to manage Health Care Operations. Health Care Operations can include activities such as enrollment and eligibility functions, premium billing, legal services, and general administrative activities of SDC. For example, SDC may use your PHI to detail coverage to dental offices in order to verify your treatment plan and pay your benefits.

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

As Required By Law: We will disclose PHI about you when required to do so by federal, state or local law or regulations. For example, we may disclose PHI when required by a court order or search warrant, to comply with a coroner’s request during investigations, for malpractice lawsuits or to comply with health oversight functions

To Family Members and Others Involved in Care: If you agree, or if professional judgment requires otherwise, we may disclose, to a family member, other relative, a friend, or any other person you identify, any PHI directly relevant to their involvement in your care or payment for that care.

To Avert a Serious Threat to Health or Safety: We may use and disclose your PHI if we, in good faith, believe it necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.

For Specialized Government Functions: SDC may disclose your PHI as legally required for specialized government functions. For example, we may disclose your PHI to your command authority if you are a veteran or member of the military, for national security functions, for correctional institution and other law enforcement custodial situations and for worker's compensation claims.

To Business Associates: SDC may disclose PHI, when necessary, to business associates that perform functions for us or provide services to us. For example, we contract with Insurance Brokers who advise Group Plan Sponsors on SDC plan options. All of our business associates are obligated, under contract with us and by federal law, to protect the privacy of your information.

For Distribution of Health-Related Benefits and Services: SDC may use or disclose your PHI to inform you of health-related benefits and services for which you are eligible, such as eligible vision discounts or dental prescription coverage.

To Group Health Plan Sponsor/Employer: We may disclose your PHI to your Group Health Plan Sponsor/Employer so they are able to (i) obtain premium bids for your dental insurance coverage or (ii) decide whether to modify, amend or terminate your group dental health plan. Your Group Health Plan/Sponsor is contractually and legally obligated to confidentially maintain your PHI.

HIV and Other Protected Status: Special privacy protections apply to HIV-related, alcohol and substance abuse information. If your treatment involves this information, please contact the Privacy Officer for additional information about these protections.

When Do We Need Your Permission?

Other uses and disclosures of PHI not covered by this Notice will be made only with your written authorization. If your permission is granted, you may revoke this authorization at any time by submitting a written request to our Privacy Officer except to the extent that we relied on your authorization or if the authorization was obtained as a condition of obtaining insurance coverage.

We will not sell your PHI or use your PHI for marketing purposes without your written authorization. We will not disclose your genetic PHI for underwriting purposes and we will not use your PHI to fundraise.

What Are Your Rights To Your PHI?

You have the right **to request a restriction** or limitation on the PHI we use or disclose about you for (i) treatment, payment or health care operations and (ii) to persons involved in your care or payment for your care. We are not, however, required to agree to your request. To request restrictions, you must make your request in writing and tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply.

You may **obtain a paper copy** of **SDC's Notice of Privacy Practices** upon request. You also may obtain a copy of the current version at our website, www.superiordental.com.

You have the right to **request access and/or receive a copy** of the PHI maintained in designated record sets by SDC. To access and/or receive a copy, you must submit your request in writing and specify whether you would like hard or electronic copies. If you would like us to send your PHI directly to a third party, you must submit a written and signed request that specifically identifies the designated person to whom we should send your PHI. We may charge a reasonable cost-based fee. We will respond to your request within thirty (30) days. If the PHI is maintained off-site, we will respond within sixty (60) days.

You may ask us **to amend** PHI that you feel is incorrect or incomplete. To request an amendment, you must submit your request in writing and include a reason that supports your request. We may deny your request if it is not in writing, does not list a reason to support the request, or if you ask us to amend information that (i) is not part of the PHI kept by or for SDC; (ii) was not created by us, unless the person or entity that created the PHI is no longer available to make the amendment; (iii) is not part of the PHI which you would be permitted to request and copy; or (iv) the PHI is accurate and complete. If you

disagree with SDC's written determination, you may submit a statement of disagreement that will be added to your records.

You may **obtain an accounting of disclosures** of your PHI that does not pertain to payment, treatment, health care operations or other disclosures permitted by law. The request must be made in writing and specify the time period for which you are requesting the information. Requests may not be made for periods of time going back more than six (6) years from the date of the request. SDC will provide the first accounting during any twelve (12) month period without charge. Subsequent accounting requests may be subject to a reasonable cost-based fee. SDC will inform you in advance of the fee, if applicable.

You may **request confidential communications**. You must make your request in writing specifying how or where you wish to be contacted. We will accommodate all reasonable requests.

To exercise any of your rights, please contact the SDC Privacy Officer listed at the end of this Notice.

Our Privacy Officer and the Effective Date of This Notice

Please submit any questions or complaints to:

Bettina Imes, Privacy Officer
6683 Centerville Business Parkway
Dayton OH 45459
Phone: (937) 438-0283 or Fax: (937) 291-8695
E-mail: 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: 9/23/13.