



## **HIPAA Privacy Notice**

**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.**

ACE USA and Dental Select value their relationship with you. Protecting the privacy of information we have about you is of great importance to us. We want you to understand how we protect the confidentiality of that information as well as how and why we use and disclose it. We are required by law to maintain the privacy of protected health information and to provide you with notice of our legal duties and privacy practices with respect to this information. "Protected health information" includes any individually identifiable information that we obtain from you or others that relates to your physical or mental health, the health care you have received, or payment for your healthcare.

The following provides details of our practices and procedures for protecting the security of nonpublic personal information both while you are our customer and when you are no longer our customer. This privacy policy applies to dental care policies administered by Dental Select and underwritten by ACE American Insurance Company or ACE Insurance Company of Texas. We are required to comply with the terms of this notice. If you receive a copy of this notice electronically you may obtain a copy upon written request. We reserve the right to change the terms of this notice, and should that occur, we will provide you with a copy of the new notice.

### **USE AND DISCLOSURE OF YOUR MEDICAL INFORMATION**

In order to provide you with insurance coverage, we need personal health information about you, and we obtain that information from many different sources –particularly your plan sponsor, other insurers, HMOs or Third Party Administrators (TPAs), and health care providers. In administering your benefits, we may use and disclose this information in various ways.

#### **Your Authorization**

Except as outlined below, we will not use or disclose your personal health information for any purpose unless you have signed a form authorizing the use or disclosure. You have the right to revoke that authorization in writing; however your revocation will not affect any use or disclosure permitted while your authorization was in effect.

#### **Uses and Disclosures for Payment**

We may use and disclose your personal health information as necessary for payment purposes. For instance, we may use and disclose information regarding your medical care to process and pay claims.

#### **Uses and Disclosures for Treatment**

While we don't provide treatment, we might share protected health information to assist your provider in supplying treatment to you.

#### **Uses and Disclosures for Health Care Operations**

We may use and disclose your personal health information as necessary, and as permitted by law, for our health care operations such as customer service, premium rating, fraud and abuse prevention and detection, and other functions related to your dental plan. We may use and disclose your personal health information to provide you with information about treatment alternatives or other benefits and services that may be of interest to you.

#### **Family, Friends, and Others Involved In Your Care**

With your approval, we may disclose your personal health information to designated family, friends, and others, to assist that person in caring for you or in paying for your care. If you are unavailable, incapacitated, or facing an emergency medical situation, and we determine that a limited disclosure may be in your best interest, we may share limited personal health information with such individuals without your approval.

#### **Business Associates**

At times it may be necessary for us to provide some personal health information to one or more outside persons or organizations who assist us with our business activities. We require these business associates to appropriately safeguard the privacy of your information.

### **Additional Uses and Disclosures Without Your Authorization**

We are permitted or required by law to make certain other uses and disclosures of your personal health information without your authorization, including under the following conditions:

- to the plan sponsor for use in administration of the insurance plan;
- for any purpose as required by law;
- for public health activities, such as required reporting of certain diseases;
- as required by law if we suspect child abuse or neglect; we may also release your personal health information as required by law if we believe you to be a victim of abuse, neglect, or domestic violence;
- if required by law to a government oversight agency conducting audits, investigations, or civil or criminal proceedings; or if required to do so by a court or administrative ordered subpoena, discovery request, or qualified protective order; to law enforcement officials as required by law;
- to coroners and/or funeral directors consistent with law;
- if necessary to arrange an organ or tissue donation from you or a transplant for you;
- if you are a member of the military as required by armed forces services; we may also release your personal health information if necessary for national security or intelligence activities;
- if necessary to avert a serious threat to health or safety; or,
- to Workers Compensation agencies if necessary for your workers compensation benefit determination.

## **YOUR HIPAA PRIVACY RIGHTS**

### **Access to Your Personal Health Information**

You have the right to obtain a copy and inspect specific items of your personal health information, such as your policy or claim information, for as long as we maintain it. We may deny your request to access certain personal health information, as permitted or required by law. We may require your request for access in writing. Your request for access should contain as much detail as possible regarding the personal health information you wish to review. We may charge a reasonable fee for access to your personal health information.

### **Amendments to Your Personal Health Information**

You have the right to request an amendment of the personal health information we maintain about you if you believe it is incorrect. We are not legally obligated to make all requested amendments but will give each request appropriate consideration. Requests for amendment must be in writing and must state the reasons for the amendment request.

### **Accounting for Disclosures of Your Personal Health Information**

You have the right to request a list or accounting of certain disclosures of your personal health information. We are not legally obligated to provide an accounting of every disclosure but will give each request appropriate consideration. Requests must be made in writing. The accounting will not include disclosures made prior to April 14, 2003.

**Restrictions on Uses and Disclosures of Your Personal Health Information** You have the right to request restrictions on certain uses and disclosures of your personal health information for treatment, payment, or health care operations by notifying us of your request for a restriction in writing. We are not legally required to agree to your restriction request.

### **Confidential Communication of Personal Health Information**

You have the right to request to receive communications from us regarding your personal health information by another method of contact or at an alternative address. We will accommodate reasonable requests, which must clearly state that disclosure of all or part of the information could endanger your health or safety.

### **Complaints**

If you believe your privacy rights have been violated, you can file a complaint with us or with the Secretary of the U.S. Department of Health and Human Services in Washington D.C. There will be no retaliation for filing a complaint.

### **How To Contact Us**

If you have questions or need further assistance regarding this Notice, or wish to exercise any of the above-mentioned rights, you may write to us at ACE USA Accident & Health Compliance Office, Two Liberty Place, TL36, 436 Walnut Street, Philadelphia, PA 19103 or call 215-640-2611. You may contact Dental Select directly at: Dental Select, Attn: Compliance Officer, 5373 S. Green Street, 4<sup>th</sup> Floor, Salt Lake City, UT 84123 or call 801-495-3000 or 800-999-9789. Please include your name, address, plan sponsor, and policy number in any correspondence.