

## HIPAA 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.

### OUR RESPONSIBILITIES

The DENTAL SAFARI COMPANY is required by applicable federal and state law to maintain the privacy of your protected health information. “Protected health information” (**PHI**) is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services. We are also required to give you this notice about our privacy practices, our legal duties, and your rights concerning your PHI. We must follow the privacy practices that are described in this notice while it is in effect. This notice takes effect April 14, 2003, and will remain in effect until we replace it.

We reserve the right to change our privacy practices and the terms of this notice at any time, provided such changes are permitted by applicable law. We reserve the right to make the changes in our privacy practices and the new terms of our notice effective for all PHI that we maintain, including PHI we created or received before we made the changes. Before we make a significant change in our privacy practices, we will change this notice and make the new notice available upon request.

For more information about our privacy practices, or for additional copies of this notice, please contact us using the information listed at the end of this notice.

### USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

We use and disclose PHI about you for treatment, payment, and health care operations. For example:

*Treatment:* We may use or disclose your PHI to a physician or other health care provider providing treatment to you.

*Payment:* We may use and disclose your PHI to make benefit payments for the health care services provided to you.

*Health Care Operations:* We may use and disclose your PHI in connection with our health care operations. Health care operations include quality assessment and improvement activities, reviewing the competence or qualifications of healthcare professionals, evaluating practitioner and provider performance, conducting training programs, accreditation, certification, licensing or credentialing activities.

*Abuse or Neglect:* We may disclose your PHI to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. We may disclose your PHI to the extent necessary to avert serious threat to your health or safety or the health or safety of others.

*On Your Authorization:* You may give us written authorization to use your PHI or to disclose it to another person and for the purpose you designate. If you give us an authorization, you may withdraw it in writing at any time. Your withdrawal will not affect any use or disclosures permitted by your authorization while it was in effect. Unless you give us a written authorization, we cannot use or disclose your PHI for any reason except those described in this notice or required by law.

*Personal Representatives:* We will disclose your PHI to your personal representative when the personal representative has been properly designated by you and the existence of your personal representative is documented to us in writing through a written authorization.

*Disaster Relief:* We may use or disclose your PHI to a public or private entity authorized by law or by its charter to assist in disaster relief efforts.

*Health Related Services:* We may use your PHI to contact you with information about health-related benefits and services or about treatment alternatives that may be of interest to you. We may disclose your PHI to a business associate [1] to assist us in these activities.

*Public Benefit:* We may use or disclose your PHI as authorized by law.

## **INDIVIDUAL RIGHTS**

You may contact us using the information at the end of this notice to obtain the forms described here, explanations on how to submit a request, or other additional information.

*Access:* You have the right, with limited exceptions, to look at or get copies of your PHI contained in a designated record set. A “designated record set” contains records we maintain such as enrollment, claims processing, and case management records. You may request that we provide copies in a format other than photocopies. We will use the format you request unless we cannot practicably do so. You must make a request in writing to obtain access to your PHI and may obtain a request form from us.

*Disclosure Accounting:* You have the right to receive a list of instances since April 14, 2003 in which we or our business associates disclosed your PHI for purposes, other than treatment, payment, health care operations, or as authorized by you, and for certain other activities. If you request this accounting more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to these additional requests. We will provide you with more information on our fee structure at your request.

*Restriction:* You have the right to request that we place additional restrictions on our use or disclosure of your PHI. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in an emergency).

Any agreement we may make to a request for additional restrictions must be in writing signed by a person authorized to make such an agreement on our behalf. We will not be bound unless our agreement is in writing.

*Confidential Communication:* You have the right to request that we communicate with you about your PHI by alternative means or to alternative locations. **You must make your request in writing.** This right only applies if the information could endanger you if it is not communicated by the alternative means or to the alternative location you want. You do not have to explain the basis for your request, but you must state that the information could endanger you if the communication means or location is not changed. We must accommodate your request if it is reasonable, specifies the alternative means or location, and provides satisfactory explanation how payments are handled under the alternative means or location you request.

*Amendment:* You have the right, with limited exceptions, to request that we amend your PHI. **Your request must be in writing,** and it must explain why the information should be amended. We may deny your request under certain circumstances.

*Right to Receive a Copy of the Notice:* You may request a copy of our notice at any time by contacting the HIPAA Officer or by using our web site, [www.DentalSafariCompany.com](http://www.DentalSafariCompany.com). If you receive this notice on our web site or by electronic mail (e-mail), you are also entitled to request a paper copy of the notice.

**Questions and Complaints**

If you want more information about our privacy practices or have questions or concerns, please contact us using the information listed at the end of this notice.

If you are concerned that we may have violated your privacy rights, you may complain to us using the contact information listed at the end of this notice. You also may submit a written complaint to the U.S. Department of Health and Human Services; see information at its website: [www.hhs.gov](http://www.hhs.gov). If you request, we will provide you with the address to file your complaint with the U.S. Department of Health and Human Services.

We support your right to the privacy of your PHI. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

**Contact Information**

HIPAA Officer Dental Safari Company 7562 Old Rt 13 Marion, IL 62959 (618) 993-8333 <a href="mailto:contact@DentalSafariCompany.com">contact@DentalSafariCompany.com</a>	[1] A “business associate” is a person or entity who performs or assists THE DENTAL SAFARI COMPANY with an activity involving the use or disclosure of medical information that is protected under the Privacy Rules. For example, our Administrator, Blue Cross and Blue Shield of Illinois, is a business associate.
--	--