



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.

This notice describes the legal obligations of Hawaii Dental Service (HDS) and your legal rights regarding your protected health information (PHI) under the Health Insurance Portability and Accountability Act of 1996, as amended (HIPAA). HDS is required by law to maintain the privacy of your PHI, to provide you this notice of HDS' legal duties and privacy practices with respect to your PHI and to notify you in the event of a breach of your unsecured PHI. This notice describes how your PHI may be used or disclosed to carry out treatment, payment, or health care operations, or for any other purposes that are permitted or required by law.

HDS must follow the practices described in this notice as long as this notice is in effect. This notice went into effect September 23, 2013. HDS reserves the right to revise or change its privacy practices for all PHI it maintains, and this notice, at any time. HDS also reserves the right to make new provisions regarding all PHI that it maintains as allowed or required by law. If HDS makes changes to this notice, HDS will post a revised notice to its website at HawaiiDentalService.com. HDS will also provide a revised notice to all who are eligible to receive it. You may always request a copy of our most current notice from our office, or you may access it on our website at HawaiiDentalService.com.

HOW HDS MAY USE OR DISCLOSE YOUR PHI

Under the law, HDS may use or disclose your PHI under certain circumstances without your permission. The following categories describe the different ways we may use and disclose your PHI. Not every use or disclosure in a category will be listed; however, all the ways we are permitted to use and disclose your PHI will fall within one of the categories.

Treatment. HDS may use or disclose your PHI to facilitate dental treatment or services by providers. For example, HDS may disclose information about your prior treatment to a provider if the prior treatment affects coverage for the current treatment.

Payment. HDS may use and disclose your PHI to determine eligibility for benefits, to facilitate payment for treatment and services you receive from

providers, to determine coverage under your dental plan, or to coordinate coverage. For example, HDS may share your PHI with another health plan to coordinate benefit payments.

Health Care Operations. HDS may use and disclose your PHI in connection with our health care operations. For example, HDS may use or disclose your PHI to conduct quality assessment and improvement activities; underwrite and perform other activities relating to coverage; conduct or arrange for legal services, audit services and fraud and abuse detection programs; and create de-identified health information or limited data sets.

Individuals Involved with Your Care or Payment. HDS may disclose your PHI to a family member, friend, or other person if (1) you provide us a written authorization to do so, or (2) you are unable to provide the required authorization because of emergency, accident or similar situation and we reasonably determine that disclosure would be in your best interest. In these situations, HDS may disclose PHI necessary for your treatment or payment.

Your Employer or Group Health Plan Sponsor. HDS may disclose certain PHI to your employer or sponsor of your group dental plan for plan administration purposes as permitted by HIPAA. For example, HDS may disclose summary health information to your employer or other plan sponsor for the purpose of responding to a request for a dental services program proposal or to modify, amend, or replace your dental coverage. HDS may disclose to your plan sponsor information about whether you have been enrolled, are participating, or are no longer enrolled in the group plan.

Business Associates. HDS may contract with individuals or entities known as business associates to perform various functions on HDS' behalf or to provide certain types of services. To perform these services, business associates will receive, create, maintain, transmit, use and/or disclose your PHI, but only after they agree to implement appropriate safeguards with respect to your PHI.

Required by Law. HDS may use or disclose your PHI when it is required to do so by law. For example, HDS may disclose your PHI when required by public health disclosure laws.

Law Enforcement. HDS may disclose your PHI for law enforcement purposes in response to a court order, subpoena, warrant, summons, or similar process; to identify or locate a suspect, fugitive, material witness or missing person; about the victim of a crime if we are unable to obtain the victim's agreement; about a death that may be the result of criminal conduct; or about criminal conduct.

Public Health Activities. HDS may disclose your PHI for public health activities, including disclosures to prevent or control disease, injury or disability; report child abuse or neglect; report reactions to medications or problems with products; notify people of recalls of products they may be using; notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; or notify the appropriate government authority if HDS believes a patient has been the victim of abuse, neglect or domestic violence.

Health and Safety. HDS may disclose your PHI when necessary to prevent serious threat to your health and safety, the health and safety of another person, or the health and safety of the public.

Health Oversight Activities. HDS may disclose your PHI to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and credentialing, as necessary for licensure.

Health Services. HDS may use and disclose your PHI to contact you to provide information about treatment alternatives or other health related benefits and services that may be of interest to you.

Workers Compensation. HDS may disclose your PHI to the extent authorized by and necessary to comply with laws and regulations related to workers compensation or other similar programs established by law.

Lawsuits and Disputes. If you are involved in a lawsuit or a dispute, HDS may disclose your PHI in response to a court or administrative order. HDS may also disclose your PHI in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute as permitted by HIPAA.

Military and Veterans. If you are a member of the armed forces, HDS may release your PHI as required by military command authorities.

National Security and Intelligence Activities. HDS may release your PHI to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

Inmates. If you are an inmate of a correctional institution or under the custody of a law enforcement official, HDS may release your PHI to the correctional institution or law enforcement official.

Coroners, Medical Examiners, and Funeral Directors. HDS may disclose your PHI to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release PHI to funeral directors as necessary to carry out their duties.

Research. HDS may disclose your PHI to researchers when such research has been approved by an institutional review board or privacy board that has reviewed the research proposal and established protocols to ensure the privacy of your information.

Use or Disclosure of Genetic Information. HDS is prohibited from using or disclosing genetic information for underwriting purposes.

REQUIRED DISCLOSURES

The following is a description of disclosures of your PHI HDS is required to make:

Government Audits. HDS is required to disclose your PHI to the Secretary of the United States Department of Health and Human Services when the Secretary is investigating or determining our compliance with HIPAA.

Disclosures to You. Upon your request, HDS is required to disclose to you the portion of your PHI that contains medical records, billing records and any other records used to make decisions regarding your health care benefits. HDS is also required, when requested, to provide you with an accounting of certain disclosures of your PHI.

OTHER USES OR DISCLOSURES OF PHI

For activities or purposes other than those noted above or as otherwise permitted by law, HDS must obtain your written authorization, prior to using or disclosing your PHI. For example, in general, HDS will not use or disclose your PHI for marketing and HDS will not sell your PHI, unless you give us a written authorization. If you provide HDS authorization to use or disclose your PHI, you may revoke that authorization, in writing, at any time. If you revoke your authorization, HDS will no longer use or disclose your PHI for the reasons covered by your written authorization. However, HDS is unable

to retract any information that was previously used or disclosed based on a valid authorization.

YOUR RIGHTS REGARDING YOUR PHI

Right to Inspect and Copy. You have the right to inspect and copy your PHI which HDS maintains. To inspect and copy your PHI, please contact the HDS Privacy Officer. If you request a copy of information, we may charge a fee for the costs of copying, mailing or other supplies needed to fulfill your request. If the information you request is maintained electronically, and you request an electronic copy, we will provide a copy in the electronic form and format you request, if the information can be readily produced in such form and format. If we cannot produce such information in the electronic form and format you requested, we will work with you to agree on an acceptable form and format. If we cannot reach agreement on an electronic form and format, we will provide you with a paper copy. We may deny your request to inspect and copy in certain limited circumstances. If you are denied access to your health information, you may request that the denial be reviewed by submitting a written request to the HDS Privacy Officer.

Right to Amend. If you feel your PHI maintained by HDS is incorrect or incomplete, you may request to amend the information by contacting the HDS Privacy Officer in writing. Your request must include the reason for the request. HDS may deny your request under certain circumstances. If HDS denies your request to amend, you have the right to file a statement of disagreement with us and any future disclosures of the disputed information will include your statement.

Right to an Accounting of Disclosures. You have the right to request an "accounting" of certain disclosures of your PHI. The accounting will not include: (1) disclosures for the purposes of treatment, payment or health care operations; (2) disclosures made to you; (3) disclosures made pursuant to your authorization; (4) disclosures made to family or your personal representative in your presence or because of an emergency; (5) disclosures for national security purposes; (6) disclosures to correctional institutions or law enforcement officials; (7) disclosures of limited data sets as permitted by HIPAA where various identifiers have been removed; and (8) disclosures incidental to otherwise permissible disclosures. To request an accounting of disclosures, submit your request in writing to the HDS Privacy Officer. Your request must state the period you want the accounting to cover, which may not be more than six years before the date of the request. If you request this accounting

more than once in a 12-month period, we may charge you a reasonable fee for responding to the additional requests. We will notify you of such charge and you may choose to withdraw or modify your request at that time before any costs are incurred.

Right to Request Restrictions. You have the right to request additional restrictions on the PHI we use or disclose about you by submitting a written request to the HDS Privacy Officer. We are not required to agree to your request, however, if we do agree to the request, we will honor the restriction until you revoke it, or we notify you. We will comply with any restriction request if (1) the disclosure is for the purpose of carrying out payment or health care operations and is not otherwise required by law, and (2) the PHI pertains solely to a product or service for which you or someone other than HDS paid the health care provider in full. To request restrictions, you must submit your request in writing to the HDS Privacy Officer. In your request, include (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.

Right to Request Confidential Communications. You have the right to request that we use a certain method to communicate with you or that we send your PHI to an alternative location. You must make your request in writing to the HDS Privacy Officer, and you must specify how or where you wish to be contacted. Where possible, we will accommodate all reasonable requests.

Right to Be Notified of a Breach. You have the right to be notified in the event that we discover a breach of your unsecured PHI.

Right to a Paper Copy of This Notice. Even if you have received this notice electronically, you are entitled to receive a paper copy of this notice. A request for a copy of the notice should be sent to the HDS Privacy Officer.

COMPLAINTS

If you believe your privacy rights have been violated by HDS, you may file a written complaint addressed to the Privacy Officer, Hawaii Dental Service, 900 Fort Street Mall, Suite 1900, Honolulu, HI 96813. You may also file a written complaint with the Secretary of the United States Department of Health and Human Services. You will not be retaliated against for filing a complaint with either HDS or the Secretary of the United States Department of Health and Human Services.

QUESTIONS

For questions regarding this notice, please contact: HDS Privacy Officer, Hawaii Dental Service 900 Fort Street Mall, Suite 1900, Honolulu, HI 96813, 1 (866) 505-9227