

NEVADA DENTAL BENEFITS NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL AND DENTAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

We at Nevada Dental Benefits are required by law to maintain the privacy of your health information. Your health information includes information relating to your mental or physical health and to the health care provided to you, including information and materials like your dental records, dental x-rays, and payment records. Some documents containing your health information may include such sensitive personal information as a Social Security number, credit card number, genetic information, alcohol/substance abuse records, positive HIV status, and other kinds of sensitive personal information.

We are also required to make available this Notice which explains how we may use your health information and when we can disclose that information to others. We must follow the privacy practices that are described in this Notice while it is in effect. This Notice takes effect on May 1, 2017, 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, and to make new Notice provisions effective for all health information that we maintain. When we make a material change in our privacy practices, we will revise this Notice and post the new Notice clearly and prominently at our practice location, and we will provide copies of the new Notice upon request.

You may request a copy of our Notice at any time. 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.

HOW WE MAY USE OR DISCLOSE YOUR HEALTH INFORMATION

We may use and disclose your health information for different purposes, including treatment, payment, and health care operations, and as further described below.

Treatment. We may use and disclose your health information to aid in your treatment or the coordination of your care with other providers.

Payment. We may use and disclose your health information for payment activities, including billing, collections, claims management, and determinations of eligibility and coverage, to obtain payment from you, an insurance company, or another third party. For example, we may use or disclose your health information to your dental plan to obtain payment for dental services provided to you.

Health Care Operations. We may use or disclose your health information as necessary to operate and manage our business activities related to providing your dental care. Our health care operations include quality assessment and improvement activities, conducting training programs and analyzing data to determine how we might improve our services.

Individuals Involved in Your Care. We will disclose your health information to your family or friends, or any other individual identified by you, when they are involved in your care or in the payment for your care. We will also disclose information about you to a lawful patient representative. If a person has the authority by law to make health care decisions for you, we

will treat that patient representative the same way we would treat you with respect to your health information.

Providing Information on Health Related Programs or Products. We may use your health information to notify you of health related programs and products, including alternative dental treatments, subject to limits imposed by law.

Reminders. We may use your health information to send you reminders about your care, such as dental appointment reminders.

Disaster Relief. We may use or disclose your health information to assist in disaster relief efforts.

Required by Law. We may use or disclose your health information when we are required to do so by law.

Public Health Activities. We may disclose your health information for public health activities, including disclosures to prevent or control disease outbreaks or to notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence.

National Security. We may disclose health information to military authorities of the Armed Forces and other appropriate governmental authorities under certain circumstances. We may also disclose health information to authorized federal officials for intelligence, counterintelligence, and other national security activities, and we may disclose to correctional institution officials or law enforcement officials having lawful custody of a patient.

Secretary of HHS. We will disclose your health information to the Secretary of the U.S. Department of Health and Human Services when required by the Secretary.

Worker's Compensation. We may disclose your health information to the extent authorized by, and to the extent necessary to comply with, applicable laws relating to worker's compensation or other similar programs established by law.

Law Enforcement. We may disclose your health information for law enforcement purposes as required by law, or in response to a subpoena or court order.

Health Oversight Activities. We may disclose your health information to an oversight agency for activities authorized by law. These oversight activities may include audits, investigations, inspections, and credentialing as necessary for licensure, and for the government to monitor the health care system, government programs, and compliance with civil rights laws.

Judicial and Administrative Proceedings. If you are involved in a lawsuit or a dispute, we may disclose your health information in response to a court or administrative order. We may also disclose health information about you in response to a subpoena, discovery request, or other lawful process instituted by someone else involved in the dispute, but only if efforts have been made, either by the requesting party or us, to tell you about the request or to obtain an order protecting the information requested.

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

Coroners, Medical Examiners, and Funeral Directors. We may disclose your health information to a coroner or medical examiner for purposes such as identification of a deceased person or determination of the cause of death. We may also disclose health information to funeral directors, consistent with applicable law, to enable them to carry out their duties.

Organ Procurement Programs. We may disclose your health information to authorized entities that handle procurement and/or transplantation of organs or tissue.

Business Associates. We may disclose your health information to our Business Associates who perform certain services for us if that information is necessary for the Business Associates to perform such services. Our Business Associates are required by contract and by applicable law to protect the privacy of your health information.

OTHER USES AND DISCLOSURES OF HEALTH INFORMATION

Except for uses and disclosures described above, your written authorization is required for disclosure of psychotherapy notes, disclosure of health information for marketing, and disclosure in the sale of health information. We will also obtain your written authorization before using or disclosing your health information for purposes other than those provided for in this Notice. You may revoke an authorization in writing at any time. Upon receipt of the written revocation, we will stop using or disclosing your health information, except to the extent that we have already taken action in reliance on the authorization.

Certain federal and state laws may require special privacy protections that further restrict the use and disclosure of certain health information, including HIV/AIDS information, mental health information, genetic testing information, sexually transmitted disease information, reproductive health information and alcohol/substance abuse information. When a use or disclosure of health information described above in this Notice is prohibited or materially limited by other laws that apply to us, we will comply with the requirements of the more stringent law(s).

YOUR HEALTH INFORMATION RIGHTS

Access to Health Information. You have the right to look at, or obtain, copies of your health information, with limited exceptions. You must make the request in writing by sending us a letter to the address at the end of this Notice. If you request information that we maintain on paper, we may provide photocopies. If you request information that we maintain electronically, you have the right to an electronic copy. We will use the form and format you request if readily producible. We will charge you a reasonable cost-based fee for the cost of supplies and labor of copying, and for postage if you want copies mailed to you. You may contact us using the information listed at the end of this Notice for an explanation of our fee structure. If you are denied a request for access, you have the right to have the denial reviewed in accordance with the requirements of applicable law.

Disclosure Accounting. With the exception of certain disclosures, you have the right to receive an accounting of disclosures of your health information in accordance with applicable law. To request an accounting of disclosures of your health information, you must submit your request in writing to our Privacy Official designated below. If you request this accounting more than once in a twelve (12) month period, we may charge you a reasonable, cost-based fee for responding to the additional request(s).

Requesting a Restriction. You have the right to request additional restrictions on our use or disclosure of your health information by submitting a written request to our Privacy Official. Your written request must include: (i) what information you want to limit, (ii) whether you want to limit our use, disclosure, or both, and (iii) to whom you want the limits to apply. We are not required to agree to your request except in the case where the disclosure is to a health plan for purposes of carrying out payment or health care operations, and the information pertains solely to a health care item or service for which you, or a person on your behalf (other than the health plan), has paid us in full.

Confidential or Alternative Communication. You have the right to request that we communicate with you about your health information confidentially or by alternative means or at alternative

locations. You must make your request in writing. Your request must specify the alternative means or location, and provide a satisfactory explanation of how payments will be handled under the alternative means or location you request. We will make our best efforts to accommodate all reasonable requests. However, if we are unable to contact you using the ways or locations you have requested, we may contact you using the information in our possession.

Amendment of Health Information. You have the right to request that we amend your health information. Your request must be in writing and it must explain why the information should be amended. We may deny your request under certain circumstances. If we agree to your request, we will amend your record(s) and notify you of such action. If we deny your request for an amendment, we will provide you with a written explanation of why we denied it and explain your rights.

Right to Notification of a Breach. You are entitled to receive notifications of breaches of your unsecured protected health information as required by law.

Paper Copy of Notice. You may receive a paper copy of this Notice upon request, even if you have agreed to receive this Notice electronically on our Web site or by electronic mail (e-mail).

SUBMITTING REQUESTS, QUESTIONS AND COMPLAINTS

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

If you are concerned that we may have violated your privacy rights, or if you disagree with a decision we made about access to your health information or in response to a request you made to amend or restrict the use or disclosure of your health information, or if you disagree with a decision we made regarding a request to have us communicate with you by alternative means or at alternative locations, you may submit a written complaint to us using the contact information listed at the end of this Notice. You may also submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint with the U.S. Department of Health and Human Services upon request.

We at Nevada Dental Benefits support your right to the privacy of your health information. 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.

Nevada Dental Benefits, Ltd.
Fred. L. Horowitz, DMD, Privacy Official
7872 W. Sahara Avenue
Las Vegas, NV 89117
Phone: (702) 478-2014
Fax: (702) 333-9140
E-Mail: fhorowitz@ndbltd.com