

## UNITED CONCORDIA COMPANIES, INC., AND SUBSIDIARIES

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| United Concordia Dental Plans, Inc.                | United Concordia Dental Plans of Pennsylvania, Inc. |
| United Concordia Dental Corporation of Alabama     | United Concordia Dental Plans of Texas, Inc.        |
| United Concordia Dental Plans of California, Inc.  | United Concordia Insurance Company                  |
| United Concordia Dental Plans of Florida, Inc.     | United Concordia Life and Health Insurance Company  |
| United Concordia Dental Plans of Kentucky, Inc.    | United Concordia Insurance Company of New York      |
| United Concordia Dental Plans of the Midwest, Inc. |   |



## Notice of Privacy Policies and Practices (HIPAA)

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 LEGAL DUTY

United Concordia Companies, Inc., and its subsidiaries (referred to as United Concordia) are committed to protecting your privacy and are required by applicable federal and state laws to maintain the privacy of your protected health information. "Protected health information" is your individually identifiable health information, including demographic information, collected from you or created or received by a health care provider, a health plan, your employer, or a health care clearinghouse that relates to: (i) your past, present, or future physical or mental health or condition; (ii) the provision of health care to you; or (iii) the past, present or future payment for the provision of health care to you.

This notice describes our policies and practices for collecting, handling, and protecting our members' protected health information. We are required to give you this notice about our privacy practices, our legal duties, and your rights concerning your protected health information. We must follow the privacy practices that are described in this notice while it is in effect. This notice takes effect 04/13/2003, and will remain in effect until we replace it.

We will continually review our privacy policies and practices and monitor our business practices to help ensure the security of our members' protected health information. Due to changing circumstances, it may become necessary to revise our privacy policies and practices and the terms of this notice at any time, provided that 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 protected health information that we maintain, including protected health information 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 notify all affected members in writing in advance of the change.

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.

### USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

In order to administer our dental benefit programs effectively, we collect, use and disclose protected health information for certain of our activities, including payment and health care operations. The following is a description of how we may use and/or disclose protected health information about you for payment and health care operations:

**Payment:** We may use and disclose your protected health information to pay claims for services provided to you by dentists covered by your dental plan.

**Health Care Operations:** We may use and disclose your protected health information to determine our premiums for your dental plan, to conduct quality assessment and improvement activities, to engage in care coordination or case management, to manage our business and the like.

We may use and/or disclose your protected health information for all activities that are included within the definition of "payment" and "health care operations" but we have not listed in this notice all of the activities included within the definition of "payment" and "health care operations", so please refer to 45 C.F.R. § 164.501 for a complete list.

We also may use and disclose protected health information to other covered entities, business associates, or other individuals (as permitted by the HIPAA Privacy Rule) who assist us in administering our programs and delivering health services to our members.

**Business Associates:** In connection with our payment and health care operations activities, we contract with individuals and entities (called “business associates”) to perform various functions on our behalf or to provide certain types of services (such as member service support, utilization management or subrogation). To perform these functions or to provide the services, business associates will receive, create, maintain, use, or disclose protected health information, but only after we require the business associates to agree in writing to contract terms designed to appropriately safeguard your information.

**Other Covered Entities:** In addition, we may use or disclose your protected health information to assist health care providers in connection with their treatment or payment activities, or to assist other covered entities in connection with certain of their health care operations. For example, we may disclose your protected health information to a health care provider when needed by the provider to render treatment to you, and we may disclose protected health information to another covered entity to conduct health care operations in the areas of quality assurance and improvement activities, or accreditation, certification, licensing or credentialing.

## OTHER POSSIBLE USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

In addition to uses and disclosures for payment and health care operations, we may use and/or disclose your protected health information for the following purposes.

**To Plan Sponsors:** We may disclose your protected health information and the protected health information of others enrolled in your group dental plan to the plan sponsor to permit it to perform plan administration functions. Please see your plan documents for a full explanation of the limited uses and disclosures that the plan sponsor may make of your protected health information in providing plan administration functions for your group dental plan.

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

**Others Involved in Your Health Care:** Unless you object, we may release protected health information about you to a friend or family member who is involved in your dental care or to someone who helps pay for your care. We may also disclose protected health information about you to an organization assisting in a disaster relief effort so that your family can be notified about your condition, status or location.

**Research, Death:** We may use or disclose our protected health information for research purposes in limited circumstances.

We may disclose the protected health information of a deceased person to a coroner, medical examiner, or funeral director.

**Public Health and Safety:** We may disclose your protected health information to the extent necessary to avert a serious and imminent threat to your health or safety or the health or safety of others. We may disclose your protected health information to a government agency authorized to oversee the healthcare system or government programs or its contractors, and to public health authorities for public health purposes. We may disclose your protected health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, domestic violence or other crimes.

**Required by Law:** We may use or disclose your protected health information when we are required to do so by law. For example, we must disclose your protected health information to the U.S. Department of Health and Human Services upon request for purposes of determining whether we are in compliance with federal privacy laws. We may disclose your protected health information when authorized by workers’ compensation or similar programs which provide benefits for work-related injuries or illness.

**Process and Proceedings:** We may disclose your protected health information in response to a court or administrative order, subpoena, discovery request, or other lawful process, under certain circumstances. Under limited circumstances, such as a court order, warrant, or grand jury subpoena, we may disclose your protected health information to law enforcement officials.

**Law Enforcement:** We may disclose limited information to a law enforcement official concerning the protected health information of a suspect, fugitive, material witness, crime victim or missing person. We may disclose the protected health information of an inmate or other person in lawful custody to a law enforcement official or correctional institution under certain circumstances. We may disclose protected health information where necessary to assist law enforcement officials to capture an individual who has admitted to participation in a crime or has escaped from lawful custody.

**Military and National Security:** We may disclose to Military authorities the protected health information of Armed Forces personnel under certain circumstances. We may disclose to authorized federal officials protected health information required for lawful intelligence, counterintelligence, and other national security activities.

**To You and on Your Authorization:** We must disclose your protected health information to you, as described in the Individual Rights section of this notice, below. You may give us written permission to use your protected health information or to disclose it to anyone for any purpose. If you give us permission, you may change your mind at any time. Your decision to revoke your prior authorization will not affect any use

or disclosures made while it was in effect. Without your written permission, we may not use or disclose your protected health information for any reason except those described in this notice.

## INDIVIDUAL RIGHTS

**Right to Inspect and Copy:** You have the right to inspect and copy protected health information that may be used to make decisions about your care. This includes dental records. To inspect and copy protected health information, you must submit your request in writing. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other costs associated with your request. We may deny your request to inspect and copy in certain limited circumstances. If you are denied access to protected health information, you may request a review of that decision.

Another health care professional will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

**Disclosure Accounting:** You have the right to receive a list of instances in which we or our business associates disclosed your protected health information for purposes other than treatment, payment, health care operations and certain other activities. We will provide you with the date on which we made the disclosure, the name of the person or entity to which we disclosed your protected health information, a description of the protected health information we disclosed, the reason for the disclosure, and certain other information. If you request this list more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to these additional requests.

**Restriction Requests:** You have the right to request that we place additional restrictions on our use or disclosure of your protected health information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in an emergency). To request restrictions, you must make your request in writing. In your request, you must tell us: (a) what information you want to limit; (b) whether you want to limit our use, disclosure or both; and (c) to whom you want the limits to apply, for example, disclosures to your spouse.

**Confidential Communication:** You have the right to request that we communicate with you about protected health information in a certain way or at a certain location. For example, you can ask that we only contact you at home or only by mail. To request confidential communications, you must make your request in writing. Your request must specify how or where you wish to be contacted. We will accommodate all reasonable requests as long as it permits us to collect premiums and pay claims under your dental plan.

**Amendment:** You have the right to request that we amend your protected health information. Your request must be in writing, and it must explain why the information should be amended. We may deny your request if we did not create the information you want amended or for certain other reasons. If we deny your request, we will provide you a written explanation. You may respond with a statement of disagreement to be included in the information you wanted amended. If we accept your request to amend the information, we will make reasonable efforts to inform others, including people you name, of the amendment and to include the changes in any future disclosures of that information.

**Right to a Paper Copy of This Notice:** You have the right to a paper copy of this notice, and you may ask us to give you a copy of this notice at any time. You may obtain an electronic copy of this notice at our website, [www.unitedconcordia.com](http://www.unitedconcordia.com).

## QUESTIONS AND COMPLAINTS

If you want more information about our privacy practices or have questions or concerns, please contact us using the information listed below.

If you are concerned that we may have violated your privacy rights, or you disagree with a decision we made about access to your protected health information or in response to a request you made to amend or restrict the use or disclosure of your protected health information or to have us communicate with you in confidence by alternative means or at an alternative location, you may complain to us using the contact information listed below. You also may 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 support your right to protect the privacy of your dental 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.

**Contact Office:** United Concordia Privacy Dept.  
**Telephone:** (866) 215-2352 (Toll Free)  
**Fax:** (717) 260-7494  
**Website:** [www.unitedconcordia.com](http://www.unitedconcordia.com)  
**Address:** 4401 Deer Path Road  
Harrisburg, PA 17110

*Continued on page 3*