

We care about your privacy

We are required by law to maintain the privacy of protected health information, to provide individuals with notice of our legal duties and privacy practices with respect to protected health information and to notify affected individuals following a breach of unsecured protected health information. This notice describes how health information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

At Moda, we respect the privacy of your protected health information and will maintain its confidentiality in a responsible and professional manner. Protected health information includes any information regarding your healthcare that can identify you as the recipient of the healthcare services. We are required by law to provide you with this notice and abide by its terms.

This notice explains how we gather and use information about you and when we can share information with others. It also describes your rights as our valued customer and how you can exercise these rights.

How we collect and protect information

We collect information from enrollment or application forms. Examples of information gathered are: member name, address and Social Security number, general health status information, employment and other information relevant to coverage. We also collect information from healthcare coverage transactions with Moda and our affiliates. This includes information such as claims, service authorization requests, deductible and copayments. While most information we collect is in writing, we may also gather information in person, by telephone or electronically.

We ensure the security of your information through physical, technical and procedural safeguards. All information collected is treated in a confidential and secure manner whether you are a prospective, current or former customer.

How we use or share information

We use protected health information and may share it with others to assist in your treatment, payment for your treatment and our business operations.

- We will use the information to pay your healthcare bills that have been submitted to us by dentists, doctors, hospitals and others.
- We may share your information with healthcare professionals to help them provide medical and dental care to you. For example, we may send medical information about you to a specialist as part of a referral.
- We may use or share your information with others to help manage your healthcare. For example, we may talk to your doctor to suggest a disease management or wellness program that could help improve your health.

Providing healthcare information where it's needed

We may use information about you for the following reasons:

- To give you information about alternative medical treatments and programs, or about health-related products and services you may be interested in. For example, we sometimes send out newsletters to let you know about "healthy living" alternatives such as smoking cessation or weight loss programs.
- For underwriting or other activities relating to the issuance of a contract for healthcare coverage. Please note that we are prohibited from using or disclosing genetic information for underwriting purposes.

We may share your information for the following reasons:

- With a family member or friend to the extent necessary to help with your healthcare or with payment for your healthcare when you are unable to provide authorization due to, for example, a medical emergency.
- With authorized private or public entities to assist in disaster relief efforts.
- With other individuals or companies who perform business functions on our behalf. For example, we may share your information with a company that does data entry on our behalf.
- With the plan sponsor, agent or consultant of the employee benefit plan through which you receive health benefits, to permit the sponsor to perform plan administration functions.

Protecting your personal healthcare information

Additional types of disclosures:

We will not use or disclose your protected health information unless we are allowed or required by law to do so. We may make additional types of disclosures to:

- State and federal agencies who regulate us. (For example, the U.S. Department of Health and Human Services and the State Insurance Department.)
- Authorized public health agencies. For instance, we may report concerns to the Food and Drug Administration regarding prescription drug and medical device problems.



Delta Dental of Oregon & Alaska

- Appropriate authorities, if we believe you are a victim of child abuse or neglect, domestic violence or other crimes.
- The appropriate agencies, if we believe there is a serious health or safety threat to you or others.
- Health oversight agencies for activities authorized by law, including audits, criminal investigations, licensure or disciplinary actions.
- Law enforcement agencies for identification and location of a suspect, fugitive, material witness, crime victim or missing person.
- A court or administrative agency in response to a search warrant, subpoena or other lawful process.
- Coroners, medical examiners and organ procurement entities, and for research in limited cases.
- Military authorities and authorized federal officials for intelligence, counterintelligence, and other national security activities.
- The extent necessary to comply with laws relating to worker's compensation or other similar programs.
- To a public or private entity authorized by law to assist in disaster relief efforts.

- Receive notifications of a breach of your unsecured protected health information.
- Receive an accounting of certain disclosures of your information made by us during the six years prior to your request. The accounting will not include disclosures that were made:
 - For treatment, payment and healthcare operations purposes
 - To you
 - Incidental to a use or disclosure otherwise permitted
 - Pursuant to your authorization
 - To persons involved in your care
 - For national security or intelligence purposes
 - To correctional institutions or law enforcement agencies
 - As part of a limited data set for research, public health or healthcare operations purposes; and
 - Prior to April 14, 2003

We will provide one accounting upon request every 12 months at no charge. We may charge a fee for an additional accounting within 12 months. We will inform you in advance of the fee and allow you to withdraw or modify your request.

Where your authorization is required

Your authorization is required for uses and disclosures other than those allowed or required by law. These uses and disclosures for which an authorization is required include but are not limited to:

- Most uses and disclosures of psychotherapy notes.
- Uses and disclosures of your protected health information for marketing purposes.
- Disclosures that would constitute the sale of your protected health information.

Know your rights

Your rights include the right to:

- Request that we not use or disclose your protected health information for treatment, payment or healthcare operations, or to persons involved in your care except when specifically authorized by you, when required by law or in an emergency. The request must be made in writing. While we will consider your request for restrictions, we are not required to agree to these restrictions.
- Request that your protected health information be communicated to you in a confidential manner, such as sending mail to an address other than your home. The request must be made in writing.
- In most cases, you have the right to inspect and obtain a copy of protected health information records that we use to make decisions about your care. Your request must be made in writing. We may charge a reasonable fee for copying and postage.
- Request that we amend the records, if you believe that the protected health information in your record is incorrect or if important information is missing. Your request must be in writing and include the basis for your request. We may deny your request if the information was not created by us, if it is not maintained by us, or if we determine that the record is accurate.

Exercising your rights

- You have a right to receive a paper copy of this notice upon request at any time. Visit www.modahealth.com to access this notice.
- If you have any questions about this notice or about how we use or disclose information, please contact the Moda Privacy Office at 800-852-5195, ext. 5033, or by email at privacy@modahealth.com.
- If you believe your privacy rights have been violated, you may send a complaint to:

Moda
Attn: Privacy Office
601 SW Second Ave.
Portland, OR 97204

- You may also file a written complaint with the Department of Health and Human Services (DHHS), Office of Civil Rights. Visit www.hhs.gov/ocr to find the contact information. You may also contact our office for more specific information.
- We will not take any action against you for filing a complaint.

Changes to our notice

This notice is effective on August 1, 2013. We reserve the right to change the terms of this notice and to make the new notice effective for all protected health information we maintain. If revised, we will notify you that a change has been made by mailing you a new Notice of Privacy Practices. The new notice will also be available online at modahealth.com.

Reviewed 9/2016

Moda, Inc. complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. ATENCIÓN: Si habla español, hay disponibles servicios de ayuda con el idioma sin costo alguno para usted. Llame al 1-877-605-3229 (TTY: 711). 注意：如果您說中文，可得到免費語言幫助服務。請致電 1-877-605-3229（聾啞人專用：711）