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NOTICE OF PRIVACY PRACTICES

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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.

THE PRIVACY OF YOUR HEALTH INFORMATION IS IMPORTANT TO THE PLAN.

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The Plan

The Self-Insured Dental Plan of the City and County of Denver (the “City”), established on January 1, 2005, provides dental benefits for eligible City employees and their eligible spouses or eligible domestic partners, and eligible dependents of City employees. The City contracts with one or more Third Party Administrators, such as Delta Dental Plan of Colorado, to provide administrative services related to the Plan, including, but not limited to, claim payment processing as such may be considered as a “group health plan” and be subject to the Federal Health Insurance Portability and Accountability Act (“HIPAA”) of 1996 Privacy Policy. This Privacy Policy Notice is drafted to be consistent with and in furtherance of the HIPAA Privacy Policy.

The Privacy Policy and the policies and procedures and the methods of implementation developed under the Policy as well as this notice are subject to final approval of the City.

THIS NOTICE AND THE PRIVACY POLICY REFERENCED HEREIN PERTAINS ONLY TO THE HEALTH RECORDS THAT ARE IN THE CUSTODY OF, OR BECOME IN THE CUSTODY OF, THE PLAN.

Definitions.

“City” shall mean City and County of Denver, Colorado, which is also a hybrid entity under HIPAA Privacy Policy.

“The Plan” shall mean those employees in the Benefits Section of the City’s Career Service Authority who assist in the administration of the Plan, in the processing of dental claims, or in enrolling participants, including but not limited to the Claims Administrator and the Primary Official, and shall also include the attorneys with the City Attorney’s Office who advise the Benefits Section of the City’s Career Service Authority, those designated persons in ERS who assist the Benefits Section of the City’s Career Service Authority, and internal auditors of the Auditors Office when conducting an internal audit.

The Plan’s Legal Duty

To improve the efficiency and effectiveness of the health care system, HIPAA, included provisions that required the Federal Department of Health and Human Services (“HHS”) to adopt national standards for privacy protections for individually identifiable health information. In response to the HIPAA mandate, HHS published a final regulation in December of 2000, in

the form of a Privacy Policy, containing a compliance date of April 14, 2003, for covered entities to protect and guard against the misuse of certain health information. This Policy set forth national standards for the protection of health information, as applied to three types of covered entities: health plans, health care clearinghouses, and healthcare providers who conduct certain healthcare transactions electronically. After public comment, the Policy was modified as published in August of 2002.

The Privacy Policy requires the Plan to maintain the privacy of your health information. The Plan is also required to give you this Notice about the Plan's privacy practices, the Plan's legal duties, and your rights concerning your health information. The Privacy Policy, however, does not replace Federal, State or other law that grants individuals even greater privacy protections.

You may request a copy of the Plan's Notice at any time. For more information about the Plan's privacy practices, or for additional copies of this Notice, please contact the Plan using the information listed at the end of this Notice.

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## USES AND DISCLOSURES OF HEALTH INFORMATION

The Plan may use and disclose health information about you for treatment, payment, and healthcare operations. For example:

**Treatment:** The Plan may use or disclose your health information to a physician or other healthcare provider providing treatment to you.

**Payment:** If any payment or charge is due or made, the Plan may use and disclose your health information to obtain payment for health care services that the Plan provided to you, or to process a claim for reimbursement.

**Healthcare Operations:** The Plan may use and disclose your health information in connection with the Plan's healthcare operations. Healthcare operations include quality assessment and improvement activities, reviewing competence or qualifications of healthcare professionals, evaluating practitioner and provider performance, and conducting training programs, accreditation, certification, licensing or credentialing activities.

**Your Authorization:** In addition to the Plan's use of your healthcare information for treatment, payment or healthcare operations, you may give the Plan written authorization to use your healthcare information or to disclose it to anyone for any purpose. If you give the Plan an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it is in effect. Unless you give the Plan a written authorization, the Plan cannot use or disclose your health information for any reason except those described in this Notice.

**To Your Family and Friends:** The Plan must disclose your health information to you, as described in the Patient's/Participant's Rights section of this Notice. The Plan may disclose your health information to a family member, friend or other person to the extent it is necessary to help

with your healthcare or with payment for your healthcare claims, but only if you agree that the Plan may do so.

**Persons Involved In Care:** The Plan may use or disclose health information to notify, or assist in the notification of (including identifying or locating) a family member, your personal representative or another person responsible for your care, of your location, your general condition, or death. If you are present, then prior to use or disclosure of your health information, The Plan will provide you with an opportunity to object to such uses or disclosures. In the event of your incapacity or emergency circumstances, the Plan will disclose health information based on a determination using the Plan's professional judgment disclosing only health information that is directly relevant to the person's involvement in your healthcare.

**Marketing Health-Related Services:** The Plan will not use your health information for marketing communications.

**Required By Law:** The Plan may disclose your health information when the Plan is required to do so by law, including but not limited to Public Health, law enforcement, abuse or neglect and National Security (discussed below).

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

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

**Inmates:** If you are an inmate of a jail or prison or in custody, the Plan may disclose to correctional institution or law enforcement official having lawful custody of protected health information of inmate under certain circumstances.

**Organ Donation:** For Participants who have died and who are organ donors, the Plan may give out health information to organ procurement organizations.

**Funeral Home and Coroner or Medical Examiner:** For Participants who have died, the Plan may give out health information to funeral homes, necessary for their duties. The Plan must give health information to a coroner or medical examiner when the law requires it. These records might be needed to learn why a person has died or to identify a dead person.

**Appointment Reminders:** The Plan may use or disclose your health information to provide you with appointment reminders (such as voicemail messages, postcards, or letters).

**Notice Change:** The Plan reserves the right to change the Plan's privacy practices and the terms of this Notice at any time, provided such changes are permitted by applicable law. The Plan

reserves the right to make changes in the Plan's privacy practices and the new terms of the Plan's Notice effective for all health information that the Plan maintains, including health information that the Plan created or received before the Plan made the changes. Before the Plan makes a significant change in the Plan's privacy practice, the Plan will change this Notice and make a new Notice available upon request.

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## PARTICIPANT'S RIGHTS

**Access:** You have the right to look at or get copies of your health information, with limited exceptions. You may request that the Plan provide copies in a format other than photocopies. The Plan will use the format you request, unless the Plan cannot practicably do so. You must make a request in writing to obtain access to your health information. You may obtain a form to request access by using the contact information listed at the end of this Notice. The Plan may charge you a reasonable cost-based fee for expenses such as copies and staff time. You may also request access by sending the Plan a letter to the address at the end of this Notice. If you request copies, the Plan will charge you \$0.25 for each page, and \$15 per hour for staff time to locate and compile your health information (prorated by quarters of an hour for the first hour only), and postage if you want the copies mailed to you. If you request an alternative format, the Plan will charge cost-based fee for providing your health information in that format. If you prefer, the Plan will prepare a summary or explanation of your health information for a fee of \$15 per hour (prorated by quarters of an hour for the first hour only). Contact the Plan using the information listed at the end of this Notice for a full explanation of our fees structure.

**Disclosure Accounting:** You have the right to receive a list of instances in which the Plan or the Plan's business associate disclosed your information for purposes, other than treatment, payment, healthcare operations and certain other activities, for the last 6 years, but not before January 1, 2005. If you request this accounting more than once in a 12-month period, the Plan may charge you a reasonable cost-based fee for responding to these additional requests.

**Restriction:** You have the right to request in writing that the Plan place additional restrictions on the Plan's use or disclosure of your health information. The Plan is not required to agree to these additional restrictions, but if the Plan does agree, then the Plan will abide by the agreement (except in an emergency), unless the Plan terminates the agreement to the restriction.

**Alternative Communication or Location:** You have the right to request that the Plan communicate with you about your health information by alternative means or to alternative locations. You must make your request in writing. Your request must specify the alternative means or location, and provide satisfactory explanation how payment of any additional cost will be handled under the alternative means or location you request.

**Amendment:** You have the right to request that the Plan amend your health information. (Your request must be in writing and it must explain why the information should be amended.) The Plan may deny your request under certain circumstances.

**Electronic Notice:** If you receive this Notice on the Plan's web site or by electronic mail (e-mail), you are entitled to receive this Notice in written form.

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## QUESTIONS AND COMPLAINTS

If you want more information about the Plan's privacy practices or have questions or concerns, please contact the Plan.

If you are concerned that the Plan may have violated your privacy rights, or you disagree with a decision the Plan 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 to have the Plan communicate with you by alternative means or at alternative locations, you may complain to the Plan 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. The Plan will provide you with the address to file your complaint with the U.S. Department of Health and Human Services upon request.

The Plan supports your right to the privacy of your health information. The Plan will not retaliate in any way if you choose to file a complaint with the Plan or with the U.S. Department of Health and Human Services.

Privacy Official and Contact Officer:

Bruce Backer  
Personnel Division Director – Compensation and Benefits  
Career Service Authority  
201 West Colfax Ave., Dept. 412  
Denver, CO 80202  
(720) 913-5643