

GOLDEN WEST DENTAL & VISION

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

Use and Disclosure of Your Health Information

Golden West Health Plan, Inc. may use your health information for purposes of making or obtaining payment for your care and conducting health care operations. We have established policies and procedures to guard against inappropriate disclosure of your health information, beyond the provisions of law. We also maintain physical, technical and administrative safeguards to protect your health information.

THE FOLLOWING IS A SUMMARY OF THE CIRCUMSTANCES UNDER WHICH AND PURPOSES FOR WHICH YOUR HEALTH INFORMATION MAY BE USED AND DISCLOSED:

To Make or Obtain Payment: We may use or disclose your health information to make payment to or collect payment from third parties, such as other health plans or providers, for the care you receive. For example, we may provide information regarding your coverage or health care treatment to other health plans to coordinate payment of benefits.

To Conduct Health Care Operations: We may use or disclose health information for our own operations to facilitate administration and as necessary to provide coverage and services to all of Plan's participants. Health care operations includes such activities as:

- Quality assessment and improvement activities.
- Activities designed to improve health or reduce health care costs.
- Contacting health care providers and participants with information about treatment alternatives and other related functions.
- Health care professional competence or qualifications review and performance evaluation.
- Accreditation, certification, licensing or credentialing activities.
- Review and auditing, including compliance reviews and claim and referral reviews.
- Administrative activities, including customer service and resolution of grievances.

For Distribution of Health-Related Benefits and Alternatives: We may use or disclose your health information to provide to you information on health-related benefits and services; or to recommend treatment options or alternatives that may be of interest to you.

When Legally Required: Information about you may be used or disclosed to regulatory agencies, such as during audits, licensure or other proceedings; for administrative or judicial proceedings; to public health authorities; or to law enforcement officials, such as to comply with a court order or subpoena.

Authorization: Other than as stated above, we will not disclose your health information other than with your written authorization, unless otherwise permitted or required by law. If you authorize us to use or disclose your health information, you may revoke that authorization in writing at any time. Any revocation will have no effect on uses or disclosures of your health information already made in reliance on the authorization.

Your Rights Regarding Your Health Information

Right to Request Restrictions: You may request restrictions on certain uses and disclosures of your health information. However, we are not required to agree to your request.

Right to Receive Confidential Communications: You may request that we communicate with you about health matters using reasonable alternative means or at an alternative address, if communications to your home address could endanger you.

Right to Inspect and Copy Your Health Information: You have the right to inspect and copy your health information. A request to inspect and copy records containing your health information must be made in writing.

Right to Amend Your Health Information: If you believe that your health information records are inaccurate or incomplete, you may request that we amend the records that we have created. If we did not create the information, we will refer you to the source, such as your dental or vision provider. A request for an amendment of records must be made in writing. We may deny the request, if the health information you wish to amend falls within an exception to the health information you are permitted to inspect and copy or if we determine that the records containing your health information are accurate and complete.

Right to an Accounting: You have the right to receive an accounting of our disclosures of your health information, except when those disclosures are made for treatment, payment or health care operations, or the law otherwise restricts the accounting. The request should specify the time period for which you are requesting the information, but may not start earlier than April 14, 2003. Accounting requests may not be made for periods of time going back more than six (6) years.

Right to a Paper Copy of this Notice: You have a right to request and receive a paper copy of this notice at any time, even if you have received this notice previously or have obtained it from our Web site (www.goldenwestdental.com).

Duties of Plan

We are required by law to maintain the privacy of your health information as set forth in this notice and to abide by its terms, which may be amended from time to time. We reserve the right to change the terms of this notice and to make the changes effective for all health information that we maintain or will maintain in the future. We will communicate any changes in the notice to you within 60 days.

Complaints

You have the right to express complaints to us and to the Secretary of the Department of Health and Human Services if you believe that your privacy rights have been violated. Any complaints should be made in writing. You will not be discriminated against in any way for having filed a complaint.

Contact Information

Golden West Member Services is the contact for all issues regarding patient privacy and your privacy rights. You may contact Golden West Member Services at:

Golden West Dental & Vision - Member Services Department
P.O. Box 659444, San Antonio, TX 78265
Office: 1-800-995-4124
Fax: 1-805-713-2435
www.goldenwestdental.com