



Booz Allen Hamilton Privacy Practices for Protected Health Information

Your information. Your rights. Our responsibilities.

Booz Allen Hamilton contracts with Delta Dental to provide health plan services on behalf of Booz Allen's dental health plan. Since your health information is created, received, used and disclosed by Delta Dental, this notice explains how Delta Dental uses and discloses your health information and protects the rights of Booz Allen employees on behalf of Booz Allen. It describes how certain health information about you may be used and disclosed by Delta Dental and how you can get access to this information. Please review it carefully.

Our Privacy Practices and Responsibilities

- Booz Allen and Delta Dental are required by law to maintain the privacy and security of your health information. Because of this, Delta Dental employees' access to your health information is limited. Delta Dental and Booz Allen also implement the following privacy practices: We limit access to business partners, dentists and others we believe are necessary to treat, pay, provide health care operations and other uses as described in this notice.
- We have physical, electronic and process safeguards in place to restrict access to your health information, including secured office facilities and controlled computer network systems.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information in any way other than as described here, unless you provide written permission. If you provide permission, you may change your mind at any time, by letting us know of the change in writing.
- We will advise you if a breach occurs that compromises the privacy or security of your information.
- We reserve the right to change the terms of this notice at any time. The notice can be accessed at <https://boozallen.sharepoint.com/sites/benefits-wellbeing> or can be sent upon request. If we make material changes to this notice, we will mail you a notification.
- We send communications about health-related products or services as long as the products or services are associated with your coverage, or are offered by us.

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How Delta Dental of Virginia Uses and Discloses Your Health Information

Delta Dental typically uses or shares your health information without your permission in the following ways.

To communicate with you or any individual on your behalf	<p>Provide you customer service or respond to your request for information.</p> <p>Provide customer service to a person we believe in good faith is acting on your behalf and that you would not object to the disclosure.</p>	<p>Example: <i>We may respond to an inquiry from you questioning a claim status or payment.</i></p>
Pay for your health services	<p>Use and disclose your information when paying for your dental services or for coordinating care with other benefit plans you may have.</p> <p>Use and disclose your information to dentists or other non-employee professionals who review claims for us or are involved in claims appeals.</p>	<p>Example: <i>We send and receive information about your claims to coordinate payment for your dental work.</i></p>
Help manage the health care treatment you receive	<p>Use or disclose your health information and share it with professionals who are treating you.</p>	<p>Example: <i>We share dental information with your dentist to help them provide you with the care you need.</i></p>
Run our organization	<p>Use and disclose your information to run our organization.</p> <p>Use and disclose your information to companies that contract with us to perform insurance or insurance-related purposes.</p>	<p>Examples: <i>We use health information about you to develop better services for you.</i></p> <p><i>We share your contact information with companies that print checks or mail identification cards.</i></p>

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<p>Administer your plan</p>	<p>Disclose your summary information to Booz Allen for plan administration. Detailed information is not shared, unless Booz Allen includes appropriate language in your plan documents. We may disclose your information to agents, brokers and consultants for your Booz Allen health plan.</p>	<p>Examples: <i>Your company contracts with us to provide a dental plan service.</i></p> <p><i>Information may be exchanged between Delta Dental of Virginia and Booz Allen for underwriting, enrollment and similar activities.</i></p>
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How else can Delta Dental use or share your health information?

Delta Dental is allowed or required to share your information in other ways — usually in ways that contribute to the public good, such as public health and research. Delta Dental must meet many legal conditions before sharing your information for these purposes. For information, visit www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html. Delta Dental can share your health information as follows:

<p>Help with public health and safety issues</p>	<p>Share your health information for certain situations such as:</p> <ul style="list-style-type: none"> • Reporting suspected abuse, neglect or domestic violence. • Preventing or reducing a serious threat to anyone’s health or safety.
<p>Do research</p>	<p>Use or share your information for health research studies that meet all privacy requirements.</p>
<p>Comply with the law</p>	<p>Share information about you if state or federal laws require it, including with health oversight agencies for activities authorized by law.</p> <p>Share information with state insurance and health regulator authorities conducting state insurance or health examinations or when responding to a complaint.</p> <p>For law enforcement purposes, share with law enforcement or other government officials.</p>
<p>Address workers’ compensation and other government requests</p>	<p>Use or share health information about you:</p> <ul style="list-style-type: none"> • For workers’ compensation claims. • For special government functions such as military, national security and presidential protective services.
<p>Respond to lawsuits and legal actions</p>	<p>Share health information about you:</p> <ul style="list-style-type: none"> • In response to a court or administrative order, subpoena, discovery request, garnishment or other lawful proceeding. • To a coroner, medical examiner or funeral director, as necessary, when authorized by law. <p style="text-align: right;">Continued on next page</p>

If none of these situations apply, Delta Dental of Virginia must get your written permission, known as an authorization, before using or sharing your health information. If you sign an authorization, you may change or revoke your authorization at any time by writing to Delta Dental at the address listed on the last page of this notice.

Delta Dental Collection Practices

In order to provide you and your family with insurance services, Delta Dental needs personal information that includes (but is not limited to) your name, address, social security number and information about your dental history. You are the primary source of this information. However, Delta Dental also collects information from a variety of other sources. These other sources may include, but are not limited to:

- Booz Allen;
- Insurance agents, brokers and consultants who submit information on your behalf or on Booz Allen's behalf;

- Dentists and other professionals who provide dental and related services and their office personnel; and
- Other dental insurers, health insurers, HMOs and similar organizations with whom you may have other dental, hospital, medical or related coverage.

This information typically comes from your enrollment form, direct personal contact, correspondence, by phone, fax or through internet communications.

Your Responsibilities

- In order for Booz Allen and Delta Dental to protect your privacy, it is necessary that you provide us with accurate and complete personal information and contact us if a correction of such information is required.
- Do not share your user ID and passwords.

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and how Delta Dental and Booz Allen will help you.

Get an electronic or paper copy of your health information

You can ask to see or get an electronic or paper copy your health information. This includes enrollment, payment, claims determination, dental management activities, and information used to make enrollment, coverage or payment decisions about you. Your right to this information does not include copies of information:

- Made in reasonable anticipation of (or use in) a civil, criminal, or administrative action or proceeding;
- Subject to federal or state laws that do not allow us to give it to you;
- That could possibly harm you or another person. If we limit access because of this, you have the right to ask for a review of this decision, and your request must be made in writing.

Delta Dental will provide a copy or a summary of your health and claims records, usually within thirty (30) days of your request. Delta Dental may charge a reasonable, cost-based fee.

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Ask us to correct health and claims records	<p>You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this.</p> <p>We may say “no” to your request, but we’ll tell you why in writing, usually within sixty (60) days.</p>
Request confidential communications	<p>You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. We will consider all reasonable requests, especially if you are in danger, and will accommodate this request if the alternative address allows us to collect premiums and pay claims.</p>
Ask us to limit what we use or share	<p>You can ask us not to use or share certain health information for treatment, payment, or our operations, especially for services paid in full out-of-pocket without plan benefits.</p> <p>We are not required to agree to your request. For example, we may say “no” if it would affect your care.</p>
Get a list of those with whom we’ve shared information	<p>You can ask for a list (accounting) in writing of the times we’ve shared your health information for up to six years prior to the date you ask, who we shared it with, and why.</p> <p>We will include uncommon purposes such as requests from law enforcement. We will not include routine disclosures about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but may charge a reasonable, cost-based fee if you ask for another one within twelve (12) months.</p>
Get a copy of this privacy notice	<p>You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.</p>
Choose someone to act for you	<p>If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.</p> <p>We will make sure the person has this authority and can act for you before we take any action.</p>

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Ask a question or file a complaint if you feel your rights are violated

You can ask a question or submit a complaint if you feel Delta Dental has violated your rights by contacting us toll-free at 1-800-237-6060/TTY 877-287-9039. You may also file a written complaint to:

Delta Dental of Virginia
 Attn: Privacy Officer
 4818 Starkey Road
 Roanoke, VA 24018

You can also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to:

200 Independence Avenue, S.W.
 Washington, D.C. 20201

Or by calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.

We will not retaliate against you for filing a complaint.

Your choices

For certain health information, you can tell Delta Dental your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in payment for your care.
- Share information in a disaster relief situation.

If you are not able to tell us your preference, for example if you are unconscious, we may share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases, we never share your information unless you give us written permission:

- For marketing purposes
- For the sale of your information