



5415 Airport Road
Roanoke, VA 24012



Privacy Practices for Protected Health Information

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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.

Our Privacy Practices and Responsibilities

We are required by law to maintain the privacy and security of your health information and give you notice of our privacy practices and legal duties regarding your health information. We must abide by the terms of our Privacy Notice that is currently in effect. We reserve the right to change the terms of this notice at any time and to apply the terms of the new notice to all health information we maintain. We are also required by law to advise you if a breach occurs that compromises the privacy or security of your health information.

Our Uses and Disclosures

We routinely use or share your health information in the following ways.

<p>To communicate with you or a family member or friend on your behalf</p>	<p>We may communicate directly with you to respond to your questions or provide you information about your coverage.</p> <p>We may communicate with a person we believe in good faith is acting on your behalf, if we believe that you would not object to the disclosure.</p>	<p>Example: <i>We respond to your inquiry concerning claim status or payment of premium.</i></p>
<p>Treatment</p>	<p>We may disclose your health information to health care providers, so they have information necessary to provide you appropriate treatment.</p>	<p>Example: <i>We share health information with your health care provider to help them provide you with the care you need.</i></p>
<p>Payment</p>	<p>We may use and disclose your health information as necessary to pay for your health care and to collect premium or otherwise fulfill our responsibility for providing your benefits.</p>	<p>Example: <i>We exchange information with health care providers about your claims to coordinate payment for your health care services.</i></p>
<p>Health Care Operations</p>	<p>We use and disclose your health information as necessary to run our organization.</p>	<p>Example: <i>We use our members' health information to ensure our network includes the best health care providers.</i></p>

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How else can we use or share your health information?

We are allowed or required to share your health information in other ways — usually in ways that contribute to the public good, such as public health and research. We must meet various legal conditions before we can share your information for these purposes. For more information, visit <https://www.hhs.gov/hipaa/for-individuals/index.html>.

Health Oversight Agencies	We may be required to disclose member health information to agencies that oversee the health care system, such as the Virginia Bureau of Insurance or the Federal Department of Health and Human Services.
Required by Law	We must disclose member health information in response to court orders, discovery requests, and other circumstances as required by other laws; in response to inquiries from law enforcement agencies, coroners, medical examiners, or funeral directors, when authorized by law; and for special government functions, such as military and national security.
Public Health	We may disclose member health information to public health agencies when authorized by applicable law, to report abuse or neglect, and as necessary to prevent a serious threat of harm.
Workers Compensation	We may disclose member health information in accordance with workers compensation requirements
Business associates	We may disclose health information to vendors that perform various services for us, subject to contractual restrictions on how they may use and disclose health information.
To your employer	If your insurance coverage is sponsored by your employer, we may disclose limited information about your coverage to your employer.
Research	We may disclose member health information for health research studies that meet applicable privacy requirements.

We will not use or disclose your health information to a third party except as described in this notice, without your written permission. If you provide permission, you may change your mind at any time, by letting us know of the change in writing. Your revocation will not affect any use or disclosure we already made in reliance on your written permission.

We do not sell member health information or (except in limited circumstances) use it to send members communications about third parties' products and services. If we did, we would need your written authorization. We do not need your written authorization, however, to send you 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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Once we disclose member health information to a third party that is not subject to federal privacy rules (HIPAA), the information may be redisclosed without protection under those rules.

Your rights

When it comes to your health information, you have certain rights. This section explains those rights. To exercise these rights, please contact our Privacy Officer, at the address or number listed below.

<p>Get a copy of your health records</p>	<p>You can ask to see or get an electronic or paper copy of the health information we have about you. This includes enrollment, payment, claims determination, health care management activities, and information used to make enrollment, coverage, or payment decisions about you. We may charge a reasonable, cost-based fee for copies of the records.</p>
<p>Ask us to correct errors in your health records</p>	<p>You can ask us to correct your health records if you think they are incorrect or incomplete. We may say “no” to your request but, if we do, we’ll explain why in writing.</p>
<p>Request Confidential Communications</p>	<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 (or electronic) address. We will consider all reasonable requests, especially if you are in danger, and may accommodate a request that allows us to collect premiums and pay claims required by your health insurance plan.</p>
<p>Ask to restrict our uses or disclosures of your health records</p>	<p>You may ask that we limit how we use and how (or to whom) we disclose your health records for treatment, payment, and health care operations. We are not required to agree to your request. You may also ask that we limit how we disclose your health information to family members or friends.</p>
<p>Accounting of disclosures</p>	<p>You may request a list of the third parties to whom we disclosed your health records over the last 6 years for purposes other than treatment, payment and health care operations (and certain other types of disclosures). We will provide one accounting per year at no cost, but may charge a reasonable, cost-based fee if you ask for another one within twelve (12) months.</p>
<p>Get a copy of this privacy notice</p>	<p>You may request a paper copy of this notice at any time, even if you have agreed to receive the notice electronically.</p>

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Before we make any material change in our privacy practices, we will change this notice and post the new notice on our website. We will provide a copy of the new notice (or information about the changes to our privacy practices and how to obtain the new notice) in our next communication to our current members.

The current version of this notice can be accessed at <https://deltadentalva.com/>.

The Effective Date of this Notice is January 1, 2026.

If you have questions about this Notice of Privacy Practices, would like to exercise any of your rights under this Notice, or would like to submit a complaint related to how we have handled your information, you may contact us at, 1-800-237-6060/TTY 877-287-9039. You may also contact us by e-mail at privacy.7a@corvesta.com or at

Delta Dental of Virginia
Attn: Privacy Officer
5415 Airport Road
Roanoke, VA 24012

You may file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights.

We will not retaliate against you for filing a complaint.

This notice applies to Delta Dental of Virginia and Stryden, Inc.