



Site Partner Kit

DELTA DENTAL OF SOUTH DAKOTA FOUNDATION



WELCOME

We're excited to help you give healthy smiles to children in your community who wouldn't otherwise have access to dental care. Good oral health is an important part of a child's development.

A toothache can make it hard for a child to eat, sleep, and pay attention in school. Yet, untreated tooth decay is common for children. Cost, lack of insurance, transportation, or other access issues are primary reasons why they haven't seen a dentist. Our partnership with you will make a difference for those children.

WHAT'S IN THIS SITE PARTNER KIT?

A visit from our Mobile Program truck requires detailed planning by local Site Partners to accommodate the large truck; raise funds locally to support the visit; recruit and schedule patients; complete and collect necessary health care paperwork; and promote your efforts to help children in your community.

This Site Partner Kit outlines what is required of a Site Partner; provides instructions for every step of the process; includes necessary forms; and offers example materials for your use. Please read it thoroughly.

MATERIALS ONLINE

This Site Partner Kit and all of the materials in it is available online at www.deltadentalsd.com/sitepartnerkit

contacts at Delta Dental of SOUTH DAKOTA

We want to help you make the truck's visit a success. Contact our staff at any time in the planning process:

VICKIE SAMUELSON

Mobile Program Logistics Coordinator
720 N. Euclid Ave., Pierre, SD 57501
605-494-2565 • 800-627-3961
Fax: 605-494-2578
Vickie.Samuelson@deltadentalsd.com

ZACH PARSONS

Mobile Program Services Manager
720 N. Euclid Ave., Pierre, SD 57501
605-494-2558 • 800-627-3961
Fax: 605-494-2578
Zach.Parsons@deltadentalsd.com

Vickie is your primary contact for the truck visit. Contact her about scheduling, truck location and logistics, patient eligibility, and other general questions or issues.

Contact Zach if an immediate response is needed and Vickie is unavailable, or if the issue is about more than general visit logistics.

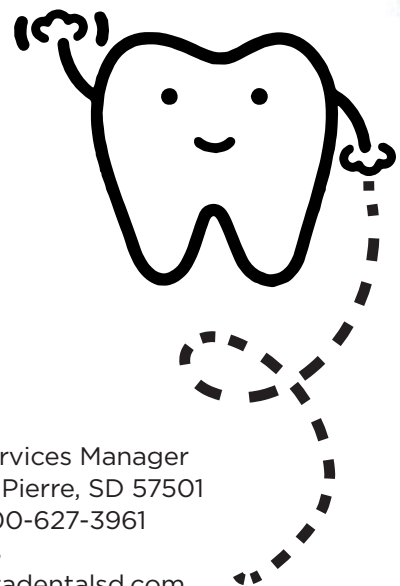




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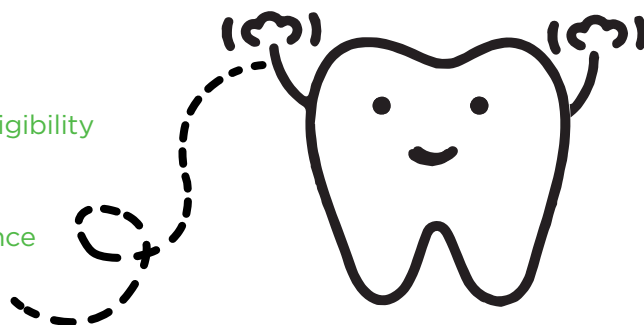
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the Delta Dental MOBILE PROGRAM



The Delta Dental Mobile Program provides oral health care to underserved children in South Dakota.

The Mobile Program includes two trucks that are fully equipped mobile dental clinics to provide preventive and restorative care across the state. Dental hygienists and community health workers based on the state's Native American reservations also provide preventive care and oral health education.

Care provided through the Mobile Program is at no cost to the child or family. No insurance is necessary. Medicaid and private insurance are billed to offset costs when the patient has dental coverage.

Each year our trucks
serve more than

**3,000 SOUTH
DAKOTA CHILDREN,
AND ANOTHER
3,000 CHILDREN**



receive care each year
from reservation-based
Mobile Program staff.



THE MOBILE PROGRAM TRUCKS

Delta Dental of South Dakota manages, operates, and staffs the trucks – each costing an average of \$25,000 per week to operate. Each truck travels with a dentist, dental hygienist, two dental assistants, and a coordinator, and is typically on-site for one work week.

Local community agencies act as Site Partners to host a mobile dental truck and identify children most in need of the care. Local site sponsors can help the Site Partner fund the \$2,500 stipend for the truck's visit.

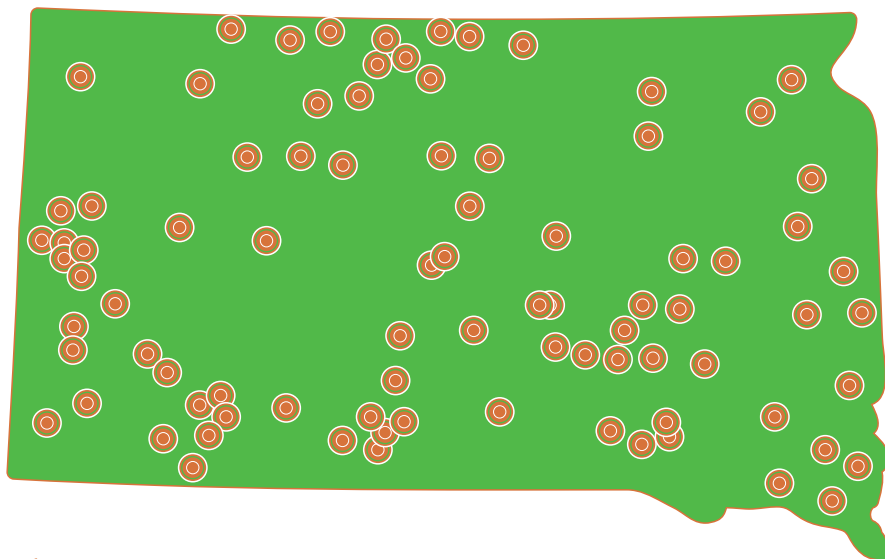
Both trucks are on the road for an average of 40 weeks every year and are scheduled up to a year in advance. The two trucks have been in 86 communities throughout South Dakota and provided more than \$28 million in dental care since the program began in 2004.



SITE PARTNERS & SITE SPONSORS

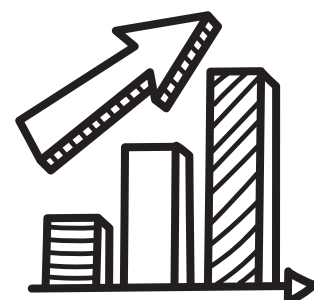
SITE PARTNER: A local Site Partner is the host agency or organization with a connection to underserved children with oral health needs. The Site Partner secures the location; identifies, recruits and registers patients; and promotes the mobile clinic. Examples of Site Partners are: Head Start programs, Boys & Girls Clubs, schools, churches, and social service agencies.

SITE SPONSOR: A local site sponsor can help the Site Partner fund the \$2,500 stipend for the truck's visit. Examples of site sponsors are United Way organizations, service clubs (Lions, Rotary, Kiwanis, etc.), local foundations, local businesses, and civic and charitable organizations. The Site Partner may also be the site sponsor.



86 communities throughout South Dakota: Aberdeen, Alcester, Allen, Armour, Belle Fourche, Bison, Brookings, Buffalo, Bullhead, Centerville, Chamberlain, Crow Creek, Custer, Deadwood/Lead, Dupree, Eagle Butte, Edgemont, Eureka, Faith, Flandreau, Fort Pierre, Fort Thompson, Freeman, Gettysburg, Herreid, Highmore, Hill City, Hot Springs, Huron, Iroquois, Isabel, Kennebec, Kyle, Lake Andes, Lake Norden, LaPlant, Lemmon, Little Eagle, Lower Brule, Madison, Manderson, Martin, Marty, McIntosh, McLaughlin, Mellette, Mission, Mitchell, Mobridge, Murdo, Newell, Oglala, Onida, Parmelee, Piedmont, Pierre, Pine Ridge, Plankinton, Pollock, Porcupine, Presho, Rapid City, Red Shirt, Rockyford, Rosebud, Sioux Falls, Sisseton, Spearfish, St. Francis, Stephan, Sturgis, Takini, Timber Lake, Union Center, Vermillion, Wagner, Wapala, Watertown, Webster, White Lake, White River, Whitewood, Winner, Woonsocket, Wounded Knee, Yankton

The two trucks
have been in **86**
COMMUNITIES
THROUGHOUT
SOUTH DAKOTA
and provided
MORE THAN
\$28 MILLION IN
DENTAL CARE
since the program
began in 2004.



CLINIC TYPES

Most truck visits are held at locations where kids are already gathered, like a school, Head Start program, or community youth agency. However, some truck visits are held at locations where kids are transported to the truck location by their parents or volunteers. Such clinics are called Transfer Clinics, since kids transfer to their appointment on the truck from somewhere else. Site Partners are asked to schedule the appointments for Transfer Clinics. More information is included in section 7 of this Site Partner Kit.

ABOUT DELTA DENTAL OF SOUTH DAKOTA

Delta Dental of South Dakota is an oral health company that manages dental benefits for groups, families, and individuals with the state's largest network of participating dentists.

As a non-profit organization, Delta Dental of South Dakota is dedicated to improving oral health through its Mobile Program and other efforts to increase access to care and provide prevention and education in the community.

Delta Dental of
South Dakota
is dedicated
to **IMPROVING**
ORAL HEALTH
through its
Mobile Program.

ELIGIBILITY

SITE PARTNERS

Requests for Mobile Program truck visits are accepted at any time. The trucks' schedule for the coming calendar year is generally set each Fall, but can be tentatively established at any time.

Site Partners are expected to demonstrate the need for the truck's visit by explaining:

- The current oral health condition and needs of the target population
- Circumstances in the community that affect access to dental care for the target population
- What, if any, other efforts have been done in the community or with the target population to address access to dental care

Between 40-60 children who meet patient eligibility guidelines should be identified and recruited for the greatest value from the truck's visit. Sometimes not all patients will receive treatment. The number of patients actually served depends on many factors, including the extent of treatment needed for individual patients.



The mission
of the Delta
Dental Mobile
Program is
TO HELP
CHILDREN
WHO DON'T
HAVE ACCESS
TO A DENTIST
because of
cost, lack of
insurance,
transportation,
or other
access issues.

PATIENTS

The best practice for oral health is to see a local dentist regularly. The mission of the Delta Dental Mobile Program is to help children who don't have access to a dentist because of cost, lack of insurance, transportation, or other access issues.

Children are eligible for care on the truck:

- From their first tooth (around 1 year old) through age 21; and
- If they have not seen a local dentist in two years or more; or
- Live at least 85 miles from the nearest dentist.

Children currently seeing a local dentist (within the last two years) should continue care with their local dentist.

Children may be treated by our Mobile Program more than once. Receiving treatment on the truck does not preclude future treatment by our Mobile Program or on our truck. Adults age 22 and older are not eligible.

MEDICAID/SCHIP AND PRIVATE INSURANCE

Care provided through the Mobile Program is at no cost to the child or family. No dental insurance of any kind – Medicaid/SCHIP or private insurance – is necessary to receive care.

Delta Dental will submit Medicaid/SCHIP or private insurance claims if the child is covered. Patients should be evaluated for Medicaid/SCHIP eligibility if possible.

Site Partners are asked to get a copy of the front and back of the dental insurance card if the child is covered by Medicaid/SCHIP or private dental insurance.

NONDISCRIMINATION STATEMENT

No patient will be subject to discrimination: (i) on the grounds of race, color, sex, national origin, disability, religion or sexual orientation; (ii) because the patient is unable to pay; or (iii) because payment for services would be made under Medicaid, the Children's Health Insurance Program or Indian Health Service.



GOOD
HABITS
BEGIN
YOUNG!

site partner RESPONSIBILITIES



The list below is an **OVERVIEW OF THE SITE PARTNER'S RESPONSIBILITIES** when hosting a Mobile Program truck. The responsibilities are covered in more detail in subsequent sections of the Site Partner Kit. Mobile Program staff can offer advice and assistance with these duties. Please don't hesitate to contact us.

1. Designate a project lead who will be responsible for ensuring all Site Partner responsibilities are completed in a timely manner. The designated person will be Delta Dental's contact for all arrangements. If the designated person changes, please notify us as soon as possible.
2. Complete, sign, and return the Letter of Agreement and the Business Associate Agreement as soon as possible after you receive them and before the truck arrives.
3. Distribute Patient Information Forms to potential patients and ensure a completed Patient Information Form is collected for every child who may receive care.
4. Identify a level hard-surface location for the 40' truck that is 10'4" wide (with slideouts), 13' high, and weighs 30,100 pounds; plus additional work space inside the building.
5. Secure funding for the \$2,500 stipend, either from the Site Partner agency or other site sponsor(s). Delta Dental will issue an invoice for the stipend after the truck's visit to the community.
6. Arrange any needed staff or volunteers to assist Mobile Program staff during the truck visit. This may include check-in help at the truck site or transporting kids from other locations to the truck site. Assistance needs vary for each community and should be discussed with Mobile Program staff in advance.
 - Ensure criminal background checks are completed for Site Partner staff or volunteers who will have direct contact with children when no other adult will be present.
7. Distribute the Nondiscrimination and Accessibility Statement to all potential patients.
8. Make available the HIPAA Notice of Privacy Practices to any parent or guardian of a child who will receive care.

A note on the value of the stipend: The value of dental care provided on the truck during a visit can be 10X or more than the stipend. It is a high-return investment in oral health for children in your community. The stipend helps offset costs of operating the truck, but is just 10% of the total cost to operate the truck for the week.



TO HELP YOU PREPARE FOR A TRUCK VISIT, A GENERAL TIMELINE OF THE PLANNING PROCESS FOLLOWS:

6 MONTHS BEFORE VISIT:

- A local person who will lead the planning for the visit and be the designated contact for DDSD should already be identified.
- Contact potential site sponsors, begin fundraising if needed.

3 MONTHS BEFORE VISIT (OR EARLIER)

- Sign and return the Letter of Agreement to DDSD.
- Sign and return the Business Associate Agreement to DDSD.

2 MONTHS BEFORE VISIT (OR EARLIER)

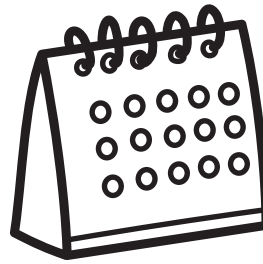
- Identify truck parking location and additional indoor work areas.
- Begin promotion of the upcoming truck visit by news media, social media and other outlets if desired.
- Distribute and collect patient information forms, verifying forms are completed and signed, and getting copies of Medicaid SCHIP/insurance cards (when applicable).
- Begin patient appointment scheduling (Transfer Clinics only).

6 WEEKS BEFORE VISIT

- Continue promotion of the upcoming truck visit by news media, social media, and other outlets if desired.
- Distribute and collect patient information forms, verify forms are completed and signed, and get copies of Medicaid/SCHIP/insurance cards (when applicable).
- Contact volunteers to help during the week of visit if needed.
- Begin staff and volunteer criminal background checks if needed.

1 MONTH BEFORE VISIT

- Continue promotion of the upcoming truck visit by news media, social media and other outlets.
- Distribute and collect patient information forms, verify forms are completed and signed, and get copies of Medicaid/SCHIP/insurance cards (when applicable).
- Continue patient appointment scheduling (Transfer Clinics only).



1-2 WEEKS BEFORE VISIT

- Contact us with any questions or issues. We'd be happy to help.
- Notify us immediately of any late changes in truck location and designated local project leader/contact.
- Gather and verify all patient information forms, and copies of Medicaid/SCHIP cards.
- Contact volunteers to confirm availability, schedule, and duties.
- Verify volunteer criminal background checks have been completed if needed.
- Continue/finalize patient appointment scheduling (Transfer Clinics only).

WEEK OF VISIT* (SECTION 8)

- Truck arrives Monday around noon.
- Give all completed patient information forms to DDSD staff.
- Transfer Clinic sites should provide the schedule for initial exams.
- Schools are asked to identify students who may be available for treatment appointments from 3-5 pm.
- Exams begin Monday afternoon.
- Treatment appointments begin Tuesday afternoon.
- Treatment appointments conclude Friday morning.

* Standard week. May vary by location.

AFTER VISIT (SECTION 9)

- Phone call from DDSD to discuss successes and challenges.
- Invoice for stipend sent and due within 30 days after receipt.
- Summary report sent with invoice for stipend.
- Promote results of the visit if desired.

stipend & FUNDRAISING



Local communities use different methods to fund the \$2,500 stipend for a Mobile Program truck visit. From bake sales to grants to individual donors, there are as many different ways to raise funds as there are communities who host the Mobile Program.

EXAMPLES

- Business donations and bake sales (Whatever It Takes Coalition, Newell)
- United Way funded (Capital Area United Way, Pierre)
- Grant programs (Kiwanis, Spearfish)
- Community Health Center funding (Community of Highmore)
- Business donations and student fundraisers (Community of Lemmon)

POTENTIAL DONORS

- Businesses
- Churches / church groups (ministerial associations, Knights of Columbus, etc.)
- Community foundations
- Social service organizations
- Charitable grant programs
- Hospital / health care foundations
- Civic clubs (Lions, Rotary, Kiwanis, etc.)
- Banks
- Chambers of commerce
- Economic development organizations
- Sorority groups (PEO, Delta Kappa Gamma, etc.)

POTENTIAL APPROACHES

- Sponsorships
- Grant Applications
- Community Events (5k walk, kids carnival, community meals)
- Raffles (follow all charitable gambling laws, see SDCL Chapter 22-25)

FROM BAKE SALES TO GRANTS TO INDIVIDUAL DONORS, there are as many different ways to raise funds as there are communities who host the Mobile Program.



ADVOCATE TALKING POINTS

Sometimes the hardest part of a conversation is starting it. Let us help by offering talking points for your discussion about helping underserved kids in your community get dental care.

THE RETURN ON INVESTMENT:

- For just \$2,500 you can get 10X or more in dental care for kids in your community who don't see the dentist because of cost, lack of insurance, or hardship making and getting to an appointment.

FINANCIAL REASONS KEEP MANY CHILDREN FROM SEEING A DENTIST:

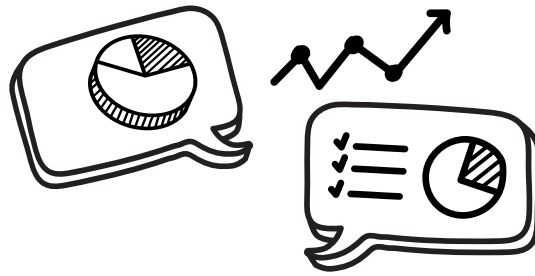
- Cost was the primary reason SD parents said their child hadn't been to the dentist in the past year¹.
- Of the children treated on the trucks:
 - 41% have no insurance, 51% have Medicaid/SCHIP, 8% have some private insurance.
 - 75% come from families with annual household income less than \$30,000.
 - 55% of SD children with Medicaid didn't have a dental visit in the last 12 months.²

THE TRUCKS PROVIDE MUCH NEEDED DENTAL CARE TO CHILDREN:

- For 1 in 6 children seen on the trucks, it is the first time they've ever seen a dentist.
- 1 in 12 of the children are in pain when they walk on the truck.
- 54% of the children seen on the trucks have tooth decay.

THE PROBLEM IS UNFORTUNATELY COMMON:

- 8% of SD children have never visited the dentist or a dental clinic³.
- 23% of SD children need dental care because of untreated tooth decay⁴.
- 6% of SD children missed school in the last 12 months because of tooth/mouth problems⁵.



IT'S NOT JUST A CAVITY. IT'S A HEALTH PROBLEM WITH HUMAN AND ECONOMIC COSTS:

- Tooth pain can affect a child's ability to eat, sleep, speak and socialize – all affecting their development. Research shows children with poor oral health are more likely to miss school and earn lower grades, and their parents are more likely to miss work because of their child's dental problems⁶.
- Costs can soar when cavities are left untreated. Young children with rampant tooth decay may need to be treated in hospitals under general anesthesia, which is much more costly than a filling, and the anesthesia can be a risk to kids' developing brains⁷.

¹SD Dept. of Health, 2014 Oral Health Survey of South Dakota Children

²American Dental Association, Health Policy Institute, Oral Health Care System: South Dakota

³SD Dept. of Health, The Health Behaviors of South Dakotans, 2017

⁴SD Dept. of Health, 2014 Oral Health Survey of South Dakota Children

⁵SD Dept. of Health, The Health Behaviors of South Dakotans, 2017

⁶Children's Dental Health Project, Talking Points on Ending Cavities for Oral Health Advocates

⁷Children's Dental Health Project, Talking Points on Ending Cavities for Oral Health Advocates





TELL YOUR STORY

While oral health statistics are important to share, the story with the biggest impact is yours.

Describe the need for oral care, including:

- Observed oral health conditions of the children;
- Families' general economic need or lack of resources; or
- Circumstances in the community that affect access to dental care.

If a Mobile Program truck has visited your community before, talk about the impact it had on individual children. Common stories include kids who:

- Were in pain and found relief;
- No longer suffered from chronic sickness, such as infections and colds.
- Didn't often smile because of how their teeth looked, but took pride in their smile after receiving care
- Needed extensive work, such as multiple cavities or extractions; or
- Became happier or more outgoing after the care.

Compelling stories can also come from Site Partner/site sponsor volunteers who've helped during prior truck visits or other program staff that have frequent contact with the children (teachers, child care workers).

**SPEAK FROM
YOUR HEART.**
Your desire to help kids you know in your community will be the best reason for a potential donor(s) to help fund the stipend for the truck's visit.

FUNDRAISING LETTER/EMAIL EXAMPLE

An example fundraising letter is provided for your use when approaching potential site sponsors. The content of the letter can also be used for an email for the same purpose. Variable information is noted inside [brackets] in the draft materials.

[for Site Partner letterhead]

[Date]

[Name]

[Address]

[City, State, Zip]

Dear [Name],

Oral health care is important for a child's development. A toothache can make it hard for a child to eat, sleep, and pay attention in school.

Nearly 1 in 4 South Dakota children has untreated tooth decay, but parents say cost is the reason their child hasn't seen a dentist in the last year¹. It is no different for the children of [community].

[Site Partner] is working with Delta Dental of South Dakota to bring one of their Mobile Program trucks to [community] for a week long clinic to provide dental care to children who can't afford or access a dentist. The care is provided at no cost to the child or family, and no insurance is necessary.

While [Site Partner] will plan and promote the truck's visit, we need your help. It costs \$2,500 per week to bring the dental truck to [community]. Sponsors are needed to help cover this cost. Any amount you can provide will help.

The return on our investment is big. The value of care provided can be up to 10 times or more the cost of bringing the truck to our community. More importantly, you'll help a child in pain. You'll give a child their first visit to the dentist. You'll let a child smile without being embarrassed.

[Tax deductible] donations can be made payable to [Site Partner agency] and sent to [site partner mailing address] in care of [name].

Please contact me at [phone /email] if you have any questions about the Delta Dental Mobile Program truck visit.

Thank you for considering being our partner to give the children of [community] healthy smiles.

Sincerely,

[Name]

[Title]

[Site Partner]



¹SD Dept. of Health, 2014 Oral Health Survey of South Dakota Children

truck location & site partner STAFFING REQUIREMENTS



Site Partners are responsible for finding a location for the large truck, a work space inside a nearby building, and providing some staff assistance during the Mobile Program visit.

TRUCK PARKING SPACE

TRUCK PARKING LOCATION

The truck requires a large, level, hard surface to park.

- The truck is 40' long, 10'4" wide (with slideouts), 13' high and weighs 30,100 pounds.
- The parking surface must be level.
- A concrete surface is preferred, but asphalt and gravel are acceptable. The truck will not park on grass areas.



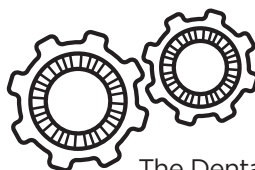
SITE TIP: look for trees, low overheads (utility lines/wires and canopies) and curbs that may interfere with the parking location.

Power request: access to external electric power is requested if available, including 50 and 100 amp plugs. Please call our Mobile Program to discuss possible availability of external power.

OVERNIGHT SECURITY

A location with security measures to protect the truck overnight is preferred. Examples include:

- In a brightly lit area;
- Inform local law enforcement of the truck's presence and request periodic overnight patrol checks;
- In view of a building's exterior security cameras; and
- Restricted access inside a locked fenced area.



ADDITIONAL WORK AREAS

DENTAL HYGIENE ROOM / PORTABLE DENTAL UNIT AREA

A private room in a building close to the truck or registration area is needed for portable dental equipment. This area will be used to provide dental hygiene for patients.

Minimum requirements for the portable dental unit area:

- At least 8' x 10' in size
- Closeable door or partitioned area for patient privacy
- An electrical outlet (household 120v); and
- 6' or longer: table, counter space, or open shelving.

The Dental Hygiene Room / Portable Dental Unit Area must be secured overnight. The room, larger interior area or building must be locked overnight to restrict access.

CHECK-IN / WAITING AREA (TRANSFER CLINICS ONLY)

Space should be provided for patient check-in and waiting. The check-in/waiting area can be a room in a building or covered area outdoors (weather permitting), and should include:

- Seating for patients, volunteers, and parents; and
- Access to a restroom (disability accessible preferred) for patients, staff, volunteers, and parents.

SCHEDULING CHILDREN/APPOINTMENTS

Generally, 40-60 children can be treated each week, but the total number can vary greatly, depending on the extent and severity of the children's needs.

Up to 26 children should be available for exams on Monday afternoon. Up to another 26 children should be available for exams on Tuesday morning.

Treatment appointments for children will be made by Mobile Program staff for Tuesday afternoon through Friday morning based on exams. Children in pain will be given priority. Schools are asked to identify students who may be available for treatment appointments from 3-5 pm to help ensure as many kids as possible receive treatment.

In some cases, these general schedules may not apply depending on the circumstances at a particular location. Let us know if there are any special considerations for specific children because of travel distance, special needs, or physical or health concerns.

ADDITIONAL ASSISTANCE FOR TRANSFER CLINICS

Site Partners are responsible for creating the schedule of appointments for the initial exams that will occur Monday afternoon and Tuesday morning during Transfer Clinics (where kids are transported to the truck location by parents or volunteers).

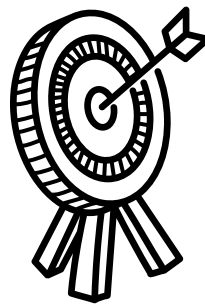
A sample schedule template and appointment card template is included in this kit in the Appendix of Forms. Electronic file versions in various formats are available online at www.deltadentalsd.com/sitepartnerkit

Site Partners are also asked to provide a staff person or volunteer to assist Mobile Program staff with patient form collection and check-in. This person(s) is needed generally from Monday afternoon through Friday morning (see also Section 7). The duty can be shared among multiple people, and some Site Partners recruit help from other civic organizations.

BACKGROUND CHECKS REQUIRED FOR CERTAIN VOLUNTEERS

THE GENERAL SAFETY RULE:

1. Two adults must be present whenever there is direct contact between Site Partner staff/volunteers and children; OR
2. The Site Partner staff/volunteer must have completed a criminal background check if the person will have direct contact with children when no other adult is present.



Generally,
40-60
CHILDREN
CAN BE
TREATED
EACH WEEK,
but the total
number can
vary greatly,
depending on
the extent and
severity of the
children's needs.



WHO NEEDS A BACKGROUND CHECK?

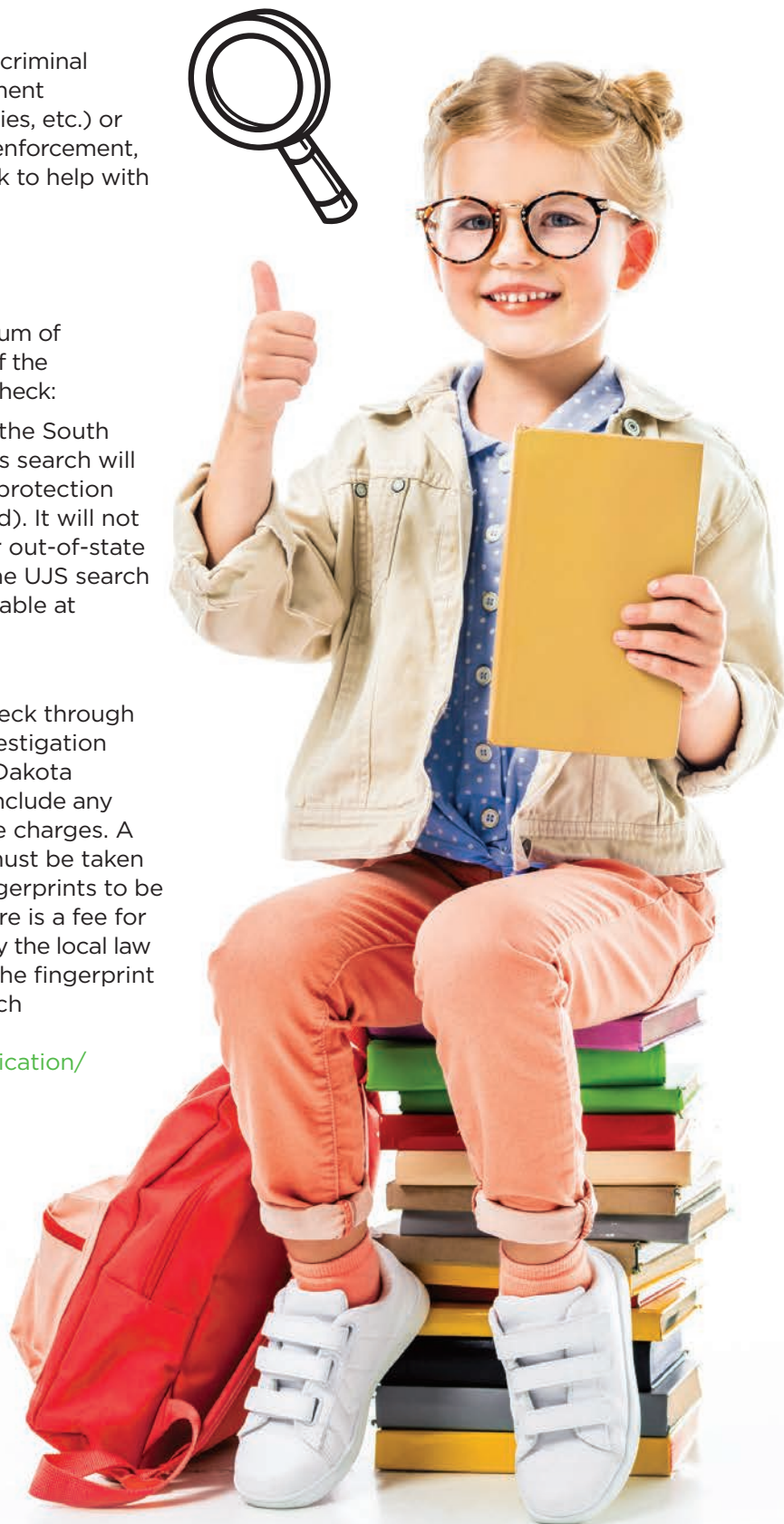
Any Site Partner staff or volunteer who will have direct contact with children when no other adult is present must have a criminal background check completed before the Mobile Program visit.

A person who has successfully completed a criminal background check for their current employment (public schools, licensed child welfare agencies, etc.) or professional licensure (dentists, nurses, law enforcement, etc.) does not need a new background check to help with the Mobile Program truck visit.

WHAT NEEDS TO BE INCLUDED IN THE BACKGROUND CHECK?

The background check must include a minimum of South Dakota criminal records, such as one of the two following two options, or an equivalent check:

1. A Public Access Records Search through the South Dakota Unified Judicial System (UJS). This search will include South Dakota criminal cases and protection orders from 1989 to present (unless sealed). It will not include any criminal records for federal or out-of-state charges. There is a fee for each search. The UJS search can be completed online. Details are available at www.ujslawhelp.sd.gov/recordsearch.aspx
2. A state fingerprint-based background check through the South Dakota Division of Criminal Investigation (DCI). This search will include any South Dakota criminal records unless sealed. It will not include any criminal records for federal or out-of-state charges. A fingerprint card is provided by DCI that must be taken to a local law enforcement agency for fingerprints to be taken and then submitted to the DCI. There is a fee for search (additional fees may be required by the local law enforcement agency for finger printing.) The fingerprint cards are destroyed by DCI after the search is completed. Details are available at: www.atg.sd.gov/LawEnforcement/Identification/backgroundcheckrequirements.aspx





SUPPLEMENTAL BACKGROUND CHECK RESOURCES

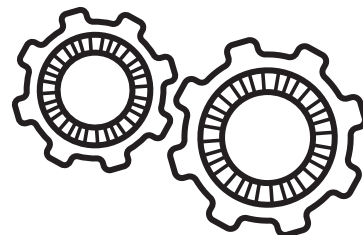
Additional resources are available that can supplement a South Dakota criminal records background check:

- The South Dakota Sex Offender Registry is a free searchable online database that lists all registered sex offenders in South Dakota. The registry is maintained by the Office of the Attorney General and includes federal and out-of-state sex offense convictions if the person is living in South Dakota. The registry is at www.sor.sd.gov
- The South Dakota Central Registry of Child Abuse & Neglect is maintained by the Department of Social Services (DSS). It includes private information about parents or other caretakers who have a court finding of child abuse or neglect or a substantiated report of child abuse or neglect by the DSS Division of Child Protection Services. Because it is not available to the public, a person must sign a form giving permission to screen for reports included in the Central Registry. For more information contact DSS at 605-773-3227.

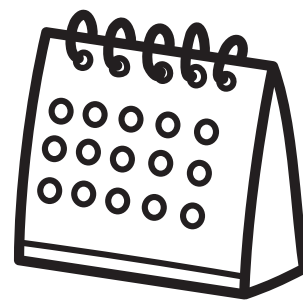
WHAT BACKGROUND RECORD DISQUALIFIES A STAFF MEMBER OR VOLUNTEER?

Like the standards set in state law and rule for employees of licensed child welfare agencies, volunteers are prohibited from helping with a Mobile Program truck visit if they have a conviction for:

- A crime that would indicate harmful behavior towards children;
- Child abuse pursuant to SDCL Chapter 26-10;
- A crime of violence as defined in SDCL 22-1-2 or a similar statute from another state;
- A sex crime pursuant to SDCL chapters 22-22 or 22-24A or SDCL 22-22A-3 or similar statutes from another state; or
- Within the preceding five years, a conviction of any other felony; or
- Who appears on the Central Registry for Child Abuse & Neglect (if included in the background check).



scheduling the visit & COMMITMENT FORMS



Call us to schedule the truck visit as soon as you're confident that the patients, funding, truck location, and Site Partner staffing requirements can be met. The trucks are often scheduled up to a year in advance.

Two forms are required to secure the visit: a Letter of Agreement, and a Business Associate Agreement. Both forms must be signed and returned as soon as possible after you receive them, and before the truck arrives.

SCHEDULING CONTACT

To schedule a truck visit, contact:

Vickie Samuelson, Logistics Coordinator
Toll free: 800-627-3961
Direct line: 605-494-2565
Email: Vickie.Samuelson@deltadentalsd.com



COMMITMENT FORMS

A visit will be considered tentative until both a Letter of Agreement form and Business Associate Agreement form are signed and returned. Returning both signed forms confirms the visit and reserves the dates.

Both of these forms must be completed each year for the Mobile Program truck visit. Multiple visits within the same calendar year for a Site Partner can be covered with a single Letter of Agreement and Business Associate Agreement for the year. An example of the letter you will receive with both forms is included in this section. An example of the Business Associate Agreement is included in the Appendix of Forms.

LETTER OF AGREEMENT

The Letter of Agreement is a contract between the Site Partner and Delta Dental of South Dakota Foundation. The contract establishes the dates of the visit and outlines the basic responsibilities for both parties.

BUSINESS ASSOCIATE AGREEMENT

This contractual agreement is required to treat patients because it allows the exchange of personal and health information of minor patients between the Site Partner agency and Delta Dental that would otherwise be prohibited by federal law.

RETURNING THE SIGNED FORMS

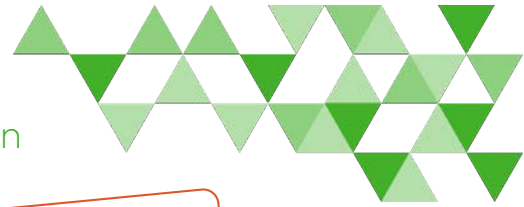
Sign and date both, Letter of Agreement and Business Associate Agreement, and return them to:

Vickie Samuelson, Logistics Coordinator
Fax: 605-494-2578
Email: Vickie.Samuelson@deltadentalsd.com
Mail & shipping address: 804 N. Euclid Ave., Suite 101, Pierre, SD 57501

The signed and dated forms may be returned by electronic/online signature service, mail, shipping courier, fax, or email. A copy of the agreement forms signed by both parties will be provided to you.

LETTER OF AGREEMENT EXAMPLE

Delta Dental of South Dakota Foundation



Letter of Agreement

Between Delta Dental of South Dakota Foundation
And Community Site Partner

EXAMPLE

This Letter of Agreement is hereby made and entered into by and between the Delta Dental of South Dakota Foundation (Delta Dental), sponsor of the Delta Dental Mobile Program and the [NAME OF SITE PARTNER] to act as the community site partner to bring the Delta Dental Mobile Program to [TOWN] during the week(s) of [LIST ALL DATES HERE].

Agreements:

Delta Dental agrees to:

1. Station one of Dental Dental's trucks in the location designated by the Site Partner;
2. Provide oral health care to the children identified by the Site Partner as possibly needing care;
3. Provide oral health education to patients;
4. Assist the Site Partner in promoting the Mobile Program visit to the community;
5. Maintain patient records; and
6. Compile statistical data from site visit and provide a report to the Site Partner.

Site Partner agrees to:

1. Designate a local project lead responsible for ensuring all site partner responsibilities are completed in a timely manner;
2. Secure and remit the \$2,500 per week site partner visit fee. Delta Dental will send an invoice to the Site Partner after the visit;
3. Ensure location requirements for the truck and interior work space are met;
4. Identify and refer eligible patients for care;
5. Assist in patient registration, including ensuring a Patient Information Form is completed for every child who will receive care;
6. Arranging any needed staff or volunteers to assist during the truck visit, including escorting children to/from the truck;
7. Follow applicable laws, rules and policies protecting health information, including making available the HIPAA Notice of Privacy Practices to any parent or guardian of a child who will receive care; and
8. Ensure that any Site Partner staff or volunteer who will have direct contact with children when no other adult is present has a criminal background check completed.

Signed:

Delta Dental of South Dakota Foundation

Date

Site Partner Representative

Date



deltadentalsd.com
804 N. Euclid Ave., Ste. 101
Pierre, SD 57501
phone: (605) 224-7345
toll free: (800) 627-3961
fax: (605) 494-2578

patient FORMS



PATIENT INFORMATION FORM

Site Partners are responsible for ensuring that a Patient Information Form is completed and signed by a parent/legal guardian for every child before the truck arrives.

The Patient Information Form provides important medical and dental information for treatment and expresses permission for treatment by the child's parent/legal guardian.

A sample Patient Information Form is included in the Appendix of Forms section at the end of this kit. Fillable electronic file versions in English and Spanish for your use are available online at www.deltadentalsd.com/sitepartnerkit

A Silver Diamine Fluoride Informed Consent page is included with the Patient Information Form that explains the medication's use as a topical treatment to stop tooth decay. The page is included because the Patient Information Form asks for parents' consent to the relatively new treatment.

Sections to check when patient information forms are returned:

- In the Dental History section: If the child has seen a local dentist within the last 2 years, the child may not be eligible. Please contact us to discuss these cases.
- The Medical History section must be fully and thoroughly completed to ensure the child's safety.
- The Treatment Consent & Agreement section must be completed and signed or the child cannot be treated.

Make sure these and other sections are complete when the form is returned by the child's parent/legal guardian. No treatment can be provided if the patient information form is incomplete or unsigned.

Provide the completed Patient Information Forms to DDSD staff when the truck arrives to the site location.

Save copies of all completed Patient Information Forms until the conclusion of the truck visit. Completed Patient Information Forms must be stored in a secure location, like a locked file cabinet, to protect patient privacy, and must be securely disposed (shredded).

Delta Dental's Notice of Nondiscrimination and Accessibility must be included with each Patient Information Form distributed to each child's parent/legal guardian.

The Nondiscrimination and Accessibility statement is included in the Appendix of Forms section. An electronic file version is available online at www.deltadentalsd.com/sitepartnerkit

Site Partners are responsible for making the HIPAA Notice of Privacy Practices available to every child's parent/legal guardian. The notice must be provided to any parent/legal guardian who requests it. (It is noted in the Patient Information Form.)

The HIPAA Notice of Privacy Practices is included in the Appendix of Forms section. An electronic file version is available online at www.deltadentalsd.com/sitepartnerkit

Site Partners are responsible for getting a copy of the front and back of the dental insurance card if the child is covered by Medicaid/SCHIP or private dental insurance.

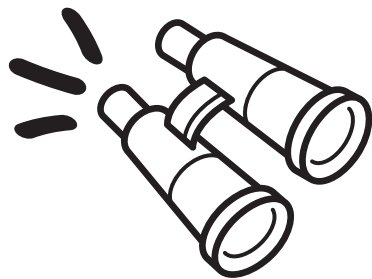
PATIENT RIGHTS, RESPONSIBILITIES & RISKS

At Delta Dental, we believe everyone deserves a healthy smile, and the Delta Dental Mobile Program is dedicated to providing quality, compassionate, and professional dental care to all patients.

PATIENT RIGHTS

Each patient shall have the right to:

1. Be treated with respect and dignity
2. Treatment which is free of discrimination and is performed according to individualized needs
3. Safe and efficient treatment
4. Voice their personal feelings via verbal or written means
5. Information concerning their planned treatment for their dental needs
6. Obtain information as to any relationships this facility has with other professional individuals or medical facilities, in so far as their care is concerned
7. Expect confidentiality in communications and records pertaining to their dental treatments
8. The information necessary to give informed consent to treatment



PATIENT RESPONSIBILITIES

Each patient/parent shall be responsible for:

1. Providing accurate and complete information for use in notification of dental needs and appointments
2. Keeping appointments and notifying Delta Dental Mobile Dental Program staff if unable to do so
3. Asking questions when he or she does not understand something
4. Being respectful and considerate of all staff and other patients being treated by the Delta Dental Mobile Dental Program.
5. Their own actions should they refuse treatment or for not following instructions given to them by the dental staff
6. Providing responsible transportation and assistance if needed
7. Following all Delta Dental Mobile Program policies and procedures

PATIENT RISKS

The risks of dental procedures are usually minimal. Risks may include reaction to anesthesia, bleeding, and infection. The Delta Dental Mobile Dental Program uses digital x-ray equipment. Digital x-ray equipment significantly reduces radiation exposure (as compared to traditional x-ray equipment). If there are additional potential risks, the treating dentist will contact the parent and/or patient. If you have further questions regarding any potential risks, please contact the Delta Dental Mobile Program.



promotional MATERIALS

Draft promotional materials are provided for your use to promote the truck's visit, recruit patients, and support your efforts to help children in your community. The use of these materials is optional.



NOTE: Draft promotional materials for use during the week of the visit and to report the outcome of the visit are included in later sections of this kit.

The various promotional materials may be edited and customized to suit your needs. Variable information is noted inside [brackets].

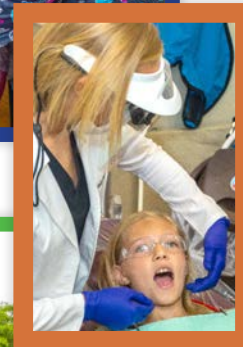
DRAFT MATERIALS

- **NEWS RELEASE:** While formatted for sending to traditional news media (newspapers, radio stations, television stations), the text can also be used for print or email newsletters and blog posts.
- **POSTER FOR COMMUNITY/SCHOOL/ AGENCY BULLETIN BOARDS**
- **FLYER W/CLIP & RETURN RSVP**
- **SOCIAL MEDIA POSTS**
- **SCRIPT FOR :30 RADIO PUBLIC SERVICE ANNOUNCEMENT**
- **COMMUNITY CALENDAR LISTING**
- **TEXT MESSAGES**
- **SCRIPT FOR VOICEMAIL MESSAGING SYSTEMS**

Electronic editable/fillable file versions of these materials are available online at www.deltadentalsd.com/sitepartnerkit

PHOTOGRAPHS

Including a photo with promotional materials sent to traditional news media and social media is recommended to increase visibility. A library of photographs for your promotional use is available online at www.deltadentalsd.com/sitepartnerkit



DESCRIBING THE PROGRAM

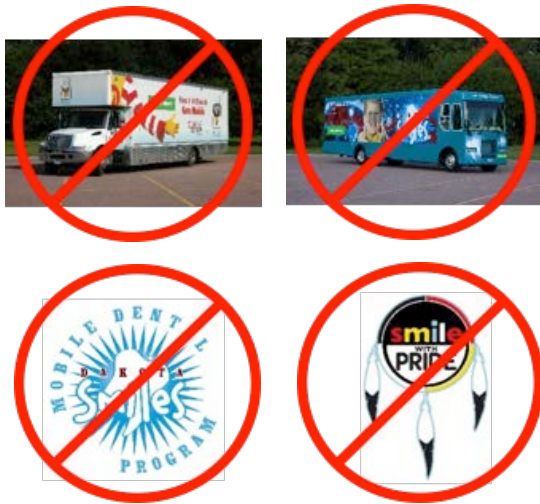
AN UPDATED MOBILE PROGRAM IMAGE

While the Mobile Program began in a special partnership with Ronald McDonald House Charities, there is no longer any affiliation. Because of program changes and new trucks, we respectfully request you not use the following terms or images when describing the Mobile Program or the truck's visit.

DO NOT use the terms or phrases:

- Care Mobile
- Ronald McDonald (and House or Charities)
- Dakota Smiles
- Circle of Smiles
- Smile Mobile

DO NOT use the images or graphics:



ABOUT THE WORD “FREE”

Do not use the word “free” when describing the offer for care through the Mobile Program. While care is provided at no cost to the child or family, we want to avoid the perception the care may be lower quality or have less value than if provided in a private dental practice. And as you know, it takes hours of effort and generous funding from partners like you to offer the quality professional care of our Mobile Program to children in your community.

Please instead use phrasing like, “Care is provided at no cost” or “Services are available at no cost to the child or family” or similar wording.



SITE PARTNER PRESS RELEASE EXAMPLE

[Site Partner letterhead can be used]

For Release: [date]

Contact: [name and contact information]

DELTA DENTAL TRUCK COMING TO [TOWN/SITE] [DATE]; MOBILE PROGRAM PROVIDES DENTAL CARE TO KIDS IN NEED

[Town] – Delta Dental's mobile dental truck is coming to [town] on [dates].

[Site Partner] is hosting the truck to care for children who can't afford or access a dentist because of cost, lack of insurance, transportation, or other reasons.

Registration in advance is needed, and a patient consent and information form must be completed. Contact [person and contact information] [or visit website URL] for more information.

A full range of dental care is available, including exams, cleanings, preventive treatments, and cavity fillings. Services are provided at no cost to the child or family. No insurance is necessary.

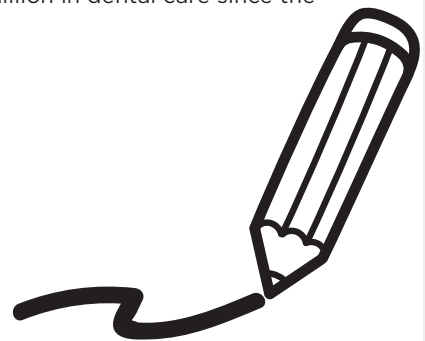
Oral health education is also provided to patients so they can continue to care for their teeth after the visit.

Children from their 1st tooth through age 21 are eligible if they have not seen an area dentist in two years or live more than 85 miles from the nearest dentist.

The mobile dental truck's visit is a partnership between [Site Partner], [site sponsor(s)], and Delta Dental of South Dakota.

The Delta Dental Mobile Program provides oral health services to underserved children. The program includes two mobile dental trucks that travel across the state. The trucks have been in 86 communities throughout South Dakota and provided more than \$28 million in dental care since the program began in 2004.

-- end --



SITE PARTNER FILLABLE POSTER



NOTE: English and Spanish language versions are available online at www.deltadentalsd.com/sitepartnerkit

Dental Care For Your Kids!

The Delta Dental Mobile Program Is Coming To

Location:

Dates:



Care is provided to children from their 1st tooth through age 21 who haven't seen an area dentist in two years.

There is no cost to the child or family. No insurance is needed.

For more information and registration

Contact:

The Mobile Program is brought to our community by



SITE PARTNER SEND HOME FLYER

Give Your Child A Healthy Smile!

Nearly 1 in 4 South Dakota children has untreated tooth decay. It is the #1 chronic disease of childhood, but nearly 100% of cavities can be prevented.

A toothache can make it hard for a child to eat, sleep and pay attention at school. Untreated tooth decay can cause pain bad enough to miss school or even visit the emergency room.

Delta Dental has two trucks that travel the state giving quality dental care to children who can't afford or access a dentist because of cost, lack of insurance, transportation, or other reasons.

One of Delta Dental's trucks is coming to our community:

Dates:

Location:

If your child has not seen an area dentist for two years, or if you live more than 85 miles from a dentist, this is a great way to give your child a healthy smile.

There is no cost to the child or family. No insurance is necessary. A full range of dental services are offered, including exams, cleanings, preventive treatments, and cavity fillings.

For more information contact:

clip & return

Let us know if you are interested in your child getting dental care from the Delta Dental Mobile Program. *Note: another form will be needed to receive treatment.*

Child's name:

Age: Grade: Teacher's name:

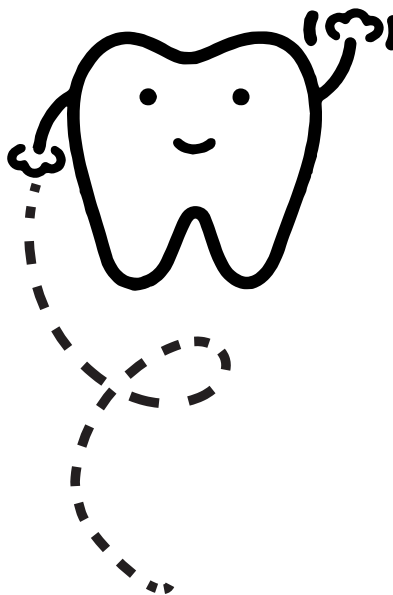
Parent/Guardian signature:

Phone: Email:

Return this slip to:

The Mobile Program is brought to our community by:

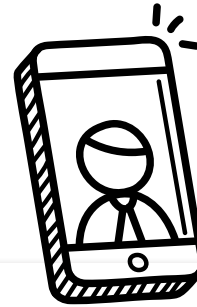
 **DELTA DENTAL**



SOCIAL MEDIA EXAMPLES



NOTE: PLEASE TAG US IN YOUR POST SO WE CAN ENGAGE WITH YOUR POST. IN ADDITION TO THE SITE PARTNER'S OFFICIAL SOCIAL MEDIA ACCOUNTS, POST TO LOCAL COMMUNITY SOCIAL MEDIA GROUPS.



 @DeltaDentalSD  @DeltaDentalSD  @DeltaDentalSD



 Facebook posts [Site Partner has no online info/forms]

The @DeltaDentalSD truck is coming to [community]! We're hosting the mobile dental truck at [location] on [dates] to care for kids who can't afford or access a dentist. Contact [person & contact info] for more information.

Like · Comment



 Facebook posts [Site Partner has no online info/forms]

Give your child a healthy smile! The @DeltaDentalSD truck will be in [community] on [dates] to care for kids who can't afford or access a dentist. Make sure your child is registered by [date]. Contact [person & contact info] for eligibility and registration information.

Like · Comment



 Facebook posts [Site Partner has further info/forms online]

The @DeltaDentalSD truck is coming to [community]! We're hosting the mobile dental truck at [location] on [dates] to care for kids who can't afford or access a dentist. Contact [person & contact info] for more information or visit [webpage address].

Like · Comment



 Facebook posts [Site Partner has further info/forms online]

Give your child a healthy smile! The @DeltaDentalSD truck will be in [community] on [dates] to care for kids who can't afford or access a dentist. Make sure your child is registered by [date]. For more information contact [person & contact info] or visit [webpage address].

Like · Comment



 Follow

 Twitter post

The @DeltaDentalSD truck is coming to help kids in [community] on [dates]. Contact us for more info.

← ↻ 154 ❤️ 161



 Follow

 Twitter post

We're hosting the @DeltaDentalSD truck on [dates] to help kids. Contact us for more info.

← ↻ 154 ❤️ 161

PRE-RECORDED VOICEMAIL SCRIPT

Hi, this is [person/title/organization].

Because your child's teeth are an important part of their overall health, we're working with Delta Dental to bring one of their mobile trucks to [community]. Kids can get quality dental care on the truck if they don't have a dentist because of cost, lack of insurance, or transportation. Delta Dental's truck will be here on [dates].

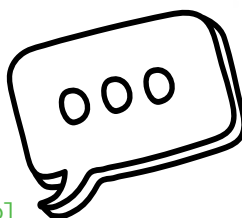
A full range of dental services are offered. There's no cost to you, and no insurance is necessary. Call [person & contact info] for more information about how you can give your child a healthy smile.

[repeat person and contact info]. Thank you.

TEXT MESSAGE NOTIFICATION

Give your child a healthy smile! Delta Dental's truck is coming to help kids in [community] on [dates]. Contact [person & contact info] for more information.

We're hosting Delta Dental's truck on [dates] to care for kids. Give your child a healthy smile! Contact [person & contact info] for more information.



COMMUNITY CALENDAR ITEM

Delta Dental's mobile dental truck will be in [town] from [date - date] at [location]. The fully equipped mobile dental office provides quality care to children from first tooth through age 21 who can't afford or access a dentist. Service is provided at no cost to the child or family. No insurance is necessary. Advance registration is necessary. Contact [person & info] for more information.

SCRIPT FOR :30 RADIO PSA

Your child's teeth are an important part of their overall health. That's why [site partner] is hosting Delta Dental's mobile truck in [town] from [date - date].

Delta Dental's mobile truck provides quality care to children from first tooth through age 21 who can't afford or access a dentist. Service is provided at no cost to the family, and no insurance is necessary. Let [site partner] and Delta Dental help give your child a healthy smile. Contact [person & information] for more information.



week of VISIT



LOCAL SITE PARTNER CONTACT

Site Partners are responsible for identifying a local contact person who will be the primary point of contact for Mobile Program staff for the week of the visit. Mobile Program staff will contact the Site Partner before the visit to confirm this person's name and contact information. The onsite truck coordinator will call the designated contact upon arrival.

The local contact person will:

- Greet Mobile Program staff upon arrival;
- Identify the truck parking space;
- Identify the dental hygiene/portable dental unit area;
- Identify the check-in/waiting registration area (Transfer Clinics only);
- Confirm registration assistance and any patient transportation assistance for the week;
- Provide the completed and signed Patient Information Forms for every child; and
- Help troubleshoot any issues that may come up during the week.

Details of Truck Location & Site Partner Staffing Requirements are provided in section 3 of this Site Partner Kit. Information on patient forms is provided in section 5 of this Site Partner Kit.

GENERAL SCHEDULE

The Mobile Program truck will travel to your location Monday morning. Exams and treatment planning begin at 1:00 p.m. Monday afternoon and continue Tuesday morning. Treatments are scheduled and performed the rest of the week. The truck travels home to Pierre on Friday after treatment appointments have concluded.

In some cases these general schedules may not apply depending on the circumstances at a particular location. Let us know if there are any special considerations for specific children because of travel distance, special needs, or physical or health concerns.



**IDENTIFY A
LOCAL CONTACT
PERSON** to be the
primary point
of contact for the
Mobile Program.

SCHEDULE EXAMPLE

DAY	MORNING	AFTERNOON
MONDAY	TRUCK DRIVES TO LOCATION	EXAMS
TUESDAY	EXAMS	TREATMENT
WEDNESDAY	TREATMENT	TREATMENT
THURSDAY	TREATMENT	TREATMENT
FRIDAY	TREATMENT	TRUCK DRIVES BACK TO PIERRE

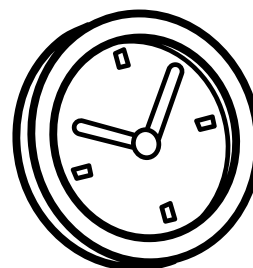
MONDAY Morning: Truck drives to your location
1:00 p.m – 4:30 p.m - Exams & Treatment Planning

TUESDAY 8:15 a.m – 11:30 a.m - Exams & Treatment Planning
1:00 p.m – 4:30 p.m - Treatment

WEDNESDAY 8:15 a.m – 11:30 a.m - Treatment
1:00 p.m – 4:30 p.m - Treatment

THURSDAY 8:15 a.m – 11:30 a.m - Treatment
1:00 p.m – 4:30 p.m - Treatment

FRIDAY 8:15 a.m – Treatment appointments completed
Afternoon: Truck drives back to Pierre



NOTE: THIS IS A GENERAL SCHEDULE AND MAY BE ADJUSTED AT CERTAIN TIMES OR FOR CERTAIN SITES

SITE PARTNER STAFFING DURING WEEK OF VISIT

SCHEDULING CHILDREN/APPOINTMENTS

Generally, 40-60 children can be treated each week, but the total number can vary greatly, depending on the extent and severity of the children's needs.

Up to 26 children should be available for exams on Monday afternoon. Up to another 26 children should be available for exams on Tuesday morning.

Treatment appointments for children will be made by Mobile Program staff for Tuesday afternoon through Friday morning based on exams. Children in pain will be given priority.

ADDITIONAL ASSISTANCE FOR TRANSFER CLINICS

Site Partners are responsible for creating the schedule of appointments for the initial exams that will occur Monday afternoon and Tuesday morning during Transfer Clinics (where kids are transported to the truck location by parents or volunteers).

Example templates for appointment schedules and appointment reminder cards are shown in this section of the Site Partner Kit. Electronic file versions for your use are available online at www.deltadentalsd.com/sitepartnerkit

Site Partners are also asked to provide a staff person or volunteer to assist Mobile Program staff with patient form collection and check-in. This person(s) is needed generally from Monday afternoon through Friday morning. The duty can be shared among multiple people, and some Site Partners recruit help from other civic organizations.

APPOINTMENT CARD EXAMPLE



MOBILE PATIENT EXAM SCHEDULE EXAMPLE (TRANSFER CLINICS ONLY)

Delta Dental Mobile Program
Patient Exam Schedule

Location: _____

Day 1 1:00 pm - 4:15pm Date: _____

1:00 PM	Patient #1 _____	Contact/phone: _____
	Patient #2 _____	Contact/phone: _____
1:15 PM	Patient #1 _____	Contact/phone: _____
	Patient #2 _____	Contact/phone: _____
1:30 PM	Patient #1 _____	Contact/phone: _____
	Patient #2 _____	Contact/phone: _____
1:45 PM	Patient #1 _____	Contact/phone: _____
	Patient #2 _____	Contact/phone: _____
2:00 PM	Patient #1 _____	Contact/phone: _____
	Patient #2 _____	Contact/phone: _____
2:15 PM	Patient #1 _____	Contact/phone: _____

SHARE OUR VISIT ON SOCIAL MEDIA

You are welcome and invited to share our visit on your social media while we are there on location.



NOTE: PLEASE TAG US IN YOUR POST SO WE CAN ENGAGE WITH IT:



@DeltaDentalSD



@DeltaDentalSD



@DeltaDentalSD



Thank you to site sponsor post:

Our thanks to [site sponsor name/social media tag] for helping bring the @DeltaDentalSD truck to town this week to give kids healthy smiles!

Like · Comment



Thank you to local volunteer post:

[person/group] has been a huge help [how/duties] while the @DeltaDentalSD truck is here this week.

Like · Comment



Follow



Twitter general visit post

The @DeltaDentalSD truck is here this week to help give kids a healthy smile!

154 161



Follow



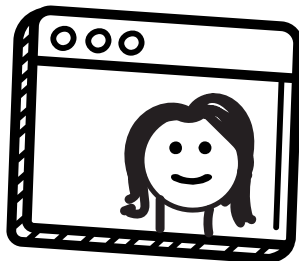
Twitter meet the Mobile Program staff post

These @DeltaDentalSD staff are here this week caring for kids in [community]

154 161

Using a photo is recommended to increase the reach of social media posts. Photo ideas include:

- Truck parked on location;
- DDSD staff (individual or group) on location;
- Local volunteers;
- Stock photos provided with this Site Partner Kit



BEFORE YOU TAKE AND SHARE A PHOTO OF A CHILD/PATIENT,

you MUST have prior written permission from the child's parent or legal guardian using a DDSD release form.

PATIENT PRIVACY: THE NEWS MEDIA AND SOCIAL MEDIA

NEWS MEDIA GUIDELINES

Delta Dental of South Dakota (DDSD) welcomes the opportunity to share information about our Mobile Program with the community at large. We are also committed to the highest standards of care and privacy for our patients.

Our staff and site partners are welcome to discuss the program, its treatment services, and impact on the people we serve together, provided that legally protected health information (PHI) is not shared without prior written authorization by the persons affected.

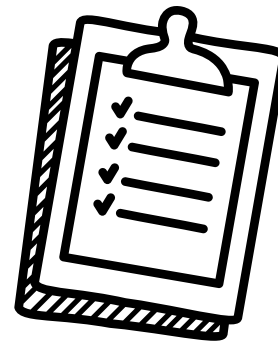
DDSD offers these prepared resources for news media:

- Program brief: a 2-page overview of the Mobile Program, how it works, and program data.
- Photo library: images of the trucks, treatment of patients, and other patient/staff interaction.
- Staff interviews: Mobile Program staff are authorized, at their discretion, to participate in news media interviews. News media may always contact DDSD Communications Director, Mike Mueller, at 605-224-7345 or Mike.Mueller@deltadentalsd.com.

HIPAA AND PATIENT PRIVACY

As a covered entity that provides oral health care, patients of our Mobile Program are protected by the Health Insurance Portability and Accountability Act (HIPAA). The U.S. Dept. of Health and Human Services Office for Civil Rights (OCR) has issued strict guidelines about news media access to areas where PHI is available/accessible/visible:

A SIGNED AUTHORIZATION MUST BE OBTAINED from any patient (or parent/legal guardian for minors) whose PHI will be exposed BEFORE the news media is given access to the PHI.¹



PHI includes visibility of the patient and visibility of paper or electronic display of records or other forms. OCR guidance explicitly states that masking identity of a patient (through use of a mask, blurring, or camera angle) does not satisfy the legal protection of PHI by itself.² Prior written authorization must always be obtained.

That means news media will not be permitted:

- On board the truck or other area where a patient is being treated; or
- In the area where patients are escorted/ admitted onto the truck or other treatment area if a patient is present;

except when a signed authorization has been obtained in advance from any patient (or parent/legal guardian for minors) whose PHI will be available/accessible/visible. DDSD provides an *Authorization for Release of Information for Promotional Purposes* form for this purpose.

The patient (or parent/legal guardian of a minor) signing the written authorization may still place limits on PHI disclosure – masking identity of the patient's image, or use of only initials instead of complete names, as examples – that shall be honored by the news media, site partner, and DDSD.

Patients will never be required to sign a written authorization for release of PHI for promotional purposes as a condition of receiving care.

¹OCR Issues Guidance on Covered Health Care Providers and Restrictions on Media Access to Protected Health Information about Individuals in Their Facilities. Released May 5, 2020. Department of Health and Human (HHS), Office for Civil Rights Website. <https://www.hhs.gov/about/news/2020/05/05/ocr-issues-guidance-covered-health-care-providers-restrictions-media-access-protected-health-information-individuals-facilities.html>

²See OCR's frequently asked question, Can health care providers invite or arrange for members of the media, including film crews, to enter treatment areas of their facilities without prior written authorization?, at <https://www.hhs.gov/hipaa/for-professionals/faq/2023/film-and-media/index.html>.

SITE PARTNER RESPONSIBILITY AS A BUSINESS ASSOCIATE

Site partner agencies sign a Business Associate Agreement with DDSD as a prerequisite of a Mobile Program dental clinic. By signing this agreement, site partners agree to follow the laws and rules DDSD must follow to protect PHI (among other things).

While site partner agencies may have other signed written authorization to disclose information about the people in their care or who participate in their program or as members of their group, those other forms may not be used to authorize disclosure of PHI of DDSD patients related to the DDSD Mobile Program or related dental treatment.

Site partner agencies are welcome to discuss their participation and partnership with DDSD and our Mobile Program with news media and the general public as long as no PHI is revealed without prior written authorization on the DDSD *Authorization for Release of Information for Promotional Purposes form*. The authorization form is included in the appendix of forms and available online at www.deltadentalsd.com/sitepartnerkit

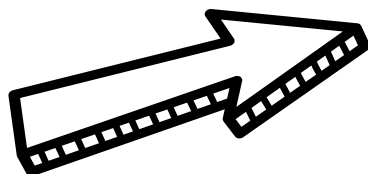
SUGGESTIONS FOR STORYTELLING

Personal stories are still possible even though HIPAA protects patients' PHI. Verbally telling the story of how the Mobile Program's dental care helped a child, whether during the current or prior clinic visit (but without revealing a name or other identifying information) can be compelling. For example, kids who:

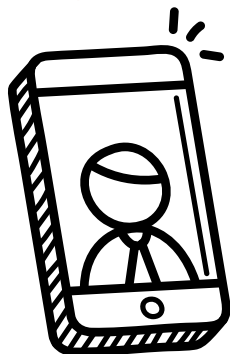
- Were in pain and found relief;
- No longer suffered from chronic illness, such as infections and colds.
- Didn't often smile because of how their teeth looked, but took pride in their smile after receiving care; or
- Became happier or more outgoing after the care.

Other opportunities to explain the impact of the care provided in our partnership include:

- How the program support's the site partner agency's mission to care for kids; or
- The oral health needs of kids in the site partner agency's care and the importance of oral health for child development and wellbeing; and
- Data on the care provided during the current or prior Mobile Program clinic, e.g. number of kids treated or dollar value of treatment provided (see the After Visit Summary Report provided by DDSD)



after the VISIT



AFTER ACTION PHONE CALL

Mobile Program staff will call the Site Partner contact 1-2 weeks after the visit. The purpose of this call is to discuss:

- What worked or went well;
- What didn't work;
- Ideas to improve process; and
- Share stories of care outcomes.

Taking notes during the week of the visit (and during any other part of the process) will help prompt discussion during the phone call, and improve the Mobile Program for future visits.

The blank pages at the end of this Site Partner Kit are provided for notes.

SUMMARY REPORT

A summary report about the Mobile Program truck visit will be mailed with the invoice 1-2 weeks after the visit. The report includes:

- Number of patients;
- Dollar value of care provided;
- Prevalence of tooth decay found;
- Number of procedures performed;
- Indicators of oral health (behaviors, insurance coverage); and
- Demographics of the patient group.

An example Summary Report is included in this section of the Site Partner Kit.

Site Partners are welcome to use or disseminate information in the Summary Report at their discretion.

PROMOTION OF RESULTS

Site Partners are welcome and encouraged to share the results of the visit with Site Partner agency members, site sponsors, and the general public.

Draft materials for your use are provided in this section, including:

NEWS RELEASE

While formatted for sending to traditional news media (newspapers, radio stations, television stations), the text can also be used for print or email newsletters or blog posts.

SOCIAL MEDIA POSTS

The various promotional materials may be edited and customized to suit your needs. Variable information is noted inside [brackets] in the draft materials.

Electronic editable/fillable file versions of these materials are available online at www.deltadentalsd.com/sitepartnerkit

AFTER THE VISIT SOCIAL MEDIA POST EXAMPLES



@DeltaDentalSD



@DeltaDentalSD



@DeltaDentalSD



NOTE: PLEASE TAG US IN YOUR POST SO WE CAN ENGAGE WITH IT.



Facebook post:

[#] kids got healthier smiles when the @DeltaDentalSD truck was here!
Thanks to [partners, sponsors, volunteers] for helping make it happen! #SmilePower

[Like](#) · [Comment](#)



Facebook post:

The @DeltaDentalSD truck was here [timeframe] and helped [#] kids get healthier smiles.
Thanks to [partners, sponsors, volunteers] for helping make it happen!

[Like](#) · [Comment](#)



Facebook post:

Thanks to [partners, sponsors, volunteers] for helping give [#] kids healthier smiles when the @DeltaDentalSD truck was here! That's #SmilePower!

[Like](#) · [Comment](#)



Facebook post:

We're all smiles because [#] kids got dental care on the @DeltaDentalSD truck when it was here [timeframe]. Thanks to [partners, sponsors, volunteers] for helping give kids healthier smiles!

[Like](#) · [Comment](#)



Facebook post:

We made a big difference for the [#] kids that have healthier smiles after the visit by the @DeltaDentalSD truck. Thank you to everyone who helped make it possible!

[Like](#) · [Comment](#)



[Follow](#)



Twitter post

#SmilePower is when you help [#] kids get healthier smiles! Thanks to everyone who made the @DeltaDentalSD truck visit possible!

[Retweet](#) 154 [Like](#) 161



[Follow](#)



Twitter post

[#] kids got healthier smiles when the @DeltaDentalSD truck was here! Thanks to everyone who helped

[Retweet](#) 154 [Like](#) 161



[Follow](#)



Twitter post

We're all smiles because [#] kids got dental care on the @DeltaDentalSD truck when it was here with us [timeframe]. #SmilePower

[Retweet](#) 154 [Like](#) 161



[Follow](#)



Twitter post

Thanks to everyone who helped give [#] kids healthier smiles when the @DeltaDentalSD truck was here!

[Retweet](#) 154 [Like](#) 161

AFTER THE VISIT PRESS RELEASE EXAMPLE

[Site Partner letterhead can be used]

For Release: [date]

Contact: [name and contact information]

[#] KIDS GET HEALTHIER SMILES FROM DELTA DENTAL TRUCK VISIT

[Town] – [Site Partner] hosted Delta Dental’s mobile dental truck at [location] [timeframe] to help children who wouldn’t otherwise have access to dental care.

A total of [#] children were treated during the truck’s weeklong visit, receiving [\$] in care. Treatment included exams, cleanings, preventive treatments like fluoride varnish and sealants, and cavity fillings.

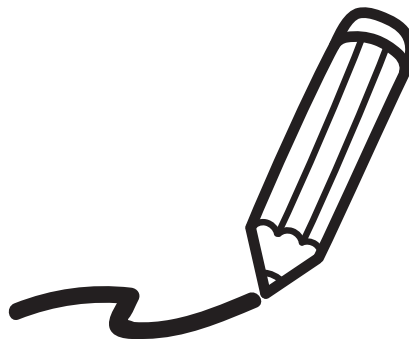
[Brief quote from Site Partner staff/representative about the visit, i.e. meeting needs in community, impact/outcome for kids, success of partnerships, etc.]

Good oral health is important for a child’s development. A toothache can make it hard for a child to eat, sleep, and pay attention in school. Yet, untreated tooth decay is common for children and cost is often the reason they haven’t seen a dentist.

The mobile dental truck’s visit was a partnership between [Site Partner], [site sponsor(s)], and Delta Dental of South Dakota.

The Delta Dental Mobile Program provides oral health services to underserved children. The program includes two mobile dental trucks that travel across the state. The trucks have been in 86 communities throughout South Dakota and provided more than \$28 million in dental care since the program began in 2004.

-- end --



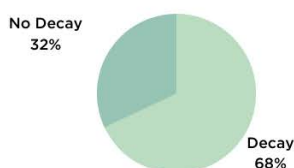
VISIT SUMMARY EXAMPLE



Mobile Program Truck Visit Summary

Location: Example Site, Redfield
 Kids Served: 34
 Date: February 22-26, 2021
 Value of Dental Care: \$43,624

Percentage Of Kids With Tooth Decay



144 teeth with decay.

The Kids' Oral Health*

- 2 missed school because of dental pain in the last year.
- 42% drink sweetened beverages daily.
- 8 indicated tooth ache.
- 0% use tobacco.
- 1 visited an ER/Hospital because of dental pain in the last year.
- 89% brush daily.
- 6 had never seen a dentist before.

Care Provided

Each child was provided a toothbrush, toothpaste, floss and a lesson on how to use them and better care for their teeth at home.

Diagnostic Procedures: 96 | \$4,714
Exams, X-Rays

Preventive Procedures: 370 | \$17,495
Cleaning, Sealants, Fluoride Varnish

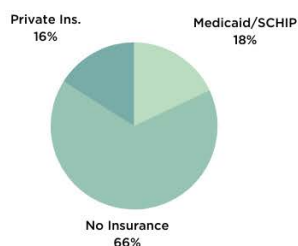
Restorative Procedures: 136 | \$22,844
Cavity Fillings, Crowns, Extractions

Sealants Placed

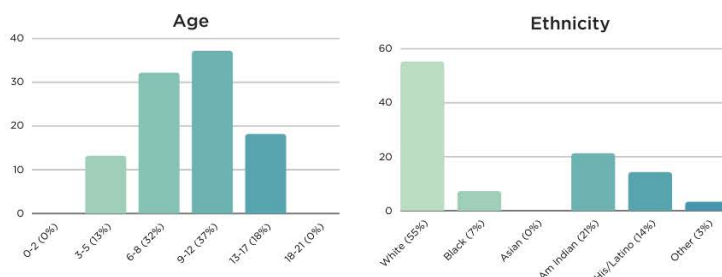
237

Dental sealants are thin coatings applied to molar (back) teeth to prevent cavities. Generally for kids age 6-13, sealants reduce the risk of tooth decay by up to 80% for several years.

Benefits/Coverage



Patient Demographics*



Household Income/Size*

8% with income less than \$10,000 with an average of 1.7 children
 6% with income between \$10,000-\$20,000 with an average of 2.5 children
 39% with income between \$20,000-\$30,000 with an average of 2.1 children
 47% with income more than \$30,000 with an average of 2.5 children

Gender

56% male
44% female

All data with * was reported by parent/guardian on the Patient Information form.

Delta Dental of South Dakota www.deltadentalsd.com | (800) 627-3961

APPENDIX OF FORMS

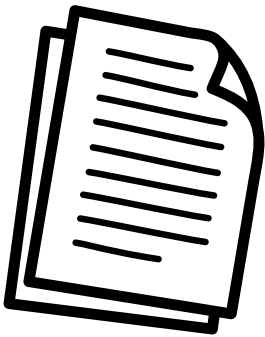
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BUSINESS ASSOCIATE AGREEMENT

BETWEEN _____ (Business Associate)
AND DELTA DENTAL OF SOUTH DAKOTA (Delta Dental)

EFFECTIVE DATE: _____

This Business Associate Agreement (the “Agreement”) is made a part of any agreement for services entered into between Business Associate and Delta Dental (the “Underlying Agreement”) for which Business Associate creates, receives, maintains or transmits for or on behalf of Delta Dental certain individually identifiable health information that is subject to protection under the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) as amended by the Health Information Technology for Economic and Clinical Health Act, Title XIII of Division A and Title IV of Division B of the American Recovery and Reinvestment Act of 2009 (the “HITECH Act”), and regulations promulgated thereunder, as such law and regulations may be amended from time to time.

DEFINITIONS

Capitalized terms used but not otherwise defined in this Agreement shall be defined as set forth in 45 CFR Part 160 and Part 164, Subparts A, C and E of the final rule issued on January 17, 2013. The definitions below have been derived from HIPAA or the HITECH Act and the final regulations.

“**Breach**” has the meaning given to such term in the HITECH Act and in 45 CFR § 164.402.

“**Business Associate**” has the meaning as given to such term in 45 CFR §160.103 and shall mean party identified above as the Business Associate.

“**Data Aggregation**” has the meaning given to such term under the Privacy Rule, including, but not limited to, 45 CFR § 164.501.

“**Designated Record Set**” has the meaning given to such term under the Privacy Rule, including, but not limited to, 45 CFR § 164.

“**Electronic Protected Health Information**” or “**Electronic PHI**” has the meaning given to such term in 45 CFR § 160.103.in 45.

“**Individual**” has the meaning given to such term in 45 CFR § 164.501 and includes a person who qualifies as a personal representative in accordance with 45 CFR § 164.502(g).

“**Health Care Operations**” has the meaning given to such term in 45 CFR § 164.501.

“**Minimum Necessary**” means the least amount of Protected Health Information reasonably necessary to accomplish the intended purpose of the use, disclosure or request.

“**Privacy Rule**” means the Standards for Privacy of Individually Identifiable Health Information in 45 CFR Part 160 and Part 164, subparts A and E.

“**Protected Health Information**” or “**PHI**” means any information, whether oral or recorded in any form or medium: (i) that relates to the past, present or future physical or mental condition of an Individual; the provision of health care to an Individual; or the past, present or future payment for the provision of health care to an Individual; and (ii) that identifies the Individual or with respect to which there is a reasonable basis to believe the information can be used to identify the Individual, and has the meaning given such term in 45 CFR § 160.103. Protected Health Information includes Electronic Protected Health Information. For the purposes of this Agreement, Protected Health Information or PHI shall be limited to such data that is provided by Delta Dental to Business Associate in connection with the Underlying Agreement.

“Required by Law” has the meaning given such term in 45 CFR § 164.103.

“Security” or **“Security Measures”** has the meaning given such term in 45 CFR § 164.304.

“Security Incident” means the attempted or successful unauthorized access, use, disclosure, modification, or destruction of information or interference with system operations in an information system (45 CFR § 164.304). For purposes of reporting to Delta Dental, any attempted unsuccessful Security Incident means any attempted unauthorized access that prompts Business Associate to review or change its current security measures.

“Security Rule” means the Standards for Security of Electronic Protected Health Information at 45 CFR Parts 160 and 164, Subparts A and C.

“Secretary” means the Secretary of the Department of Health and Human Services or his/her designee.

“Subcontractor” has the meaning given such term in 45 CFR 160.103.

“Unsecured Protected Health Information” or **“Unsecured PHI”** has the meaning given such term in 45 CFR 164.402.

PERMITTED USES AND DISCLOSURES BY BUSINESS ASSOCIATE

Business Associate is permitted or required to use or disclose PHI it creates, receives, maintains or transmits for or from Delta Dental only as outlined below.

Functions and Activities on Delta’s Behalf. Except as otherwise limited in this Agreement, Business Associate may use or disclose PHI it creates, maintains or transmits for or receives from Delta Dental to perform the services that is obligated to perform under the Underlying Agreement, provided that such use or disclosure is either required or permitted by law if done by Delta Dental and is reasonably in compliance with the Minimum Necessary requirements under the Privacy Rule.

Business Associate’s Management and Administration. Business Associate may use or disclose only the Minimum Necessary PHI for the proper management and administration of Business Associate and to carry out the legal responsibilities of Business Associate. If Business Associate discloses PHI to a third party, Business Associate must obtain, prior to making any such disclosure, (i) reasonable written assurances from such third party that such PHI will be held confidential as provided pursuant to this Agreement and only disclosed as Required by Law or for the purposes for which it was disclosed to such third party, and (ii) a written agreement from such third party to notify Business Associate of any Breach of confidentiality of the PHI, to the extent it has obtained knowledge of such Breach.

Business Associate’s Subcontractors. Business Associate may permit a Subcontractor that is a business associate, and with which Business Associate has a business associate agreement to create, receive, maintain or transmit Electronic PHI on its behalf, provided that Business Associate obtains satisfactory written assurances, in accordance with 45 CFR § 164.314(a), that the Subcontractor will appropriately safeguard the information.

Data Aggregation. Business Associate may aggregate the PHI created, received, maintained or transmitted for or from Delta Dental with such information of other covered entities, as defined in 45 CFR § 160.103, which Business Associate has received or created in its capacity as a Business Associate of such other Covered Entities, provided that the purpose of the aggregation is to provide Delta Dental with data analysis relating to its Health Care Operations.

De-identification of Protected Health Information. To the extent permitted by law and by the Underlying Agreement, Business Associate may disclose de-identified PHI provided it satisfies the provisions of 45 CFR § 164.514(b). Any such de-identified information shall not constitute PHI and shall not be subject to the terms of this Agreement.

OBLIGATIONS AND DUTIES OF BUSINESS ASSOCIATE

Prohibited Uses and Disclosures. Business Associate agrees not to use or disclose PHI other than as permitted or required by the Underlying Agreement or as Required by Law.

Appropriate Safeguards. Business Associate agrees to implement appropriate safeguards as are necessary to prevent the use or disclosure of PHI otherwise than as permitted by the Underlying Agreement or this Agreement, including, but not limited to, Administrative Safeguards, Physical Safeguards and Technical Safeguards that reasonably and appropriately protect the confidentiality, integrity and availability of Electronic PHI, in accordance with Subpart C of 45 CFR Part 164 and 45 CFR §164.504. Business Associate agrees to comply with the policies and procedures and documentation requirements of the HIPAA Security Rule including, but not limited to, 45 CFR § 164.316.

Access to Protected Health Information. If Business Associate maintains a Designated Record Set on behalf of Delta Dental, Business Associate shall make PHI maintained by Business Associate or its agents or Subcontractors (if any) in Designated Record Sets available to Delta Dental for inspection and copying within ten (10) business days of a request by Delta Dental to enable Delta to Delta Dental to fulfill its obligations under the Privacy Rule, including, but not limited to, 45 CFR § 164.524.

Amendment of Protected Health Information. If Business Associate maintains a Designated Record Set on behalf of Delta Dental, Business Associate or its agents or Subcontractors agrees, within ten (10) business days of receipt of a request from Delta Dental for an amendment of PHI or a record about an Individual contained in a Designated Record Set, to make such PHI available to Delta Dental for amendment and incorporate any such amendment to enable Delta Dental to fulfill its obligations under the Privacy Rule, including, but not limited to, 45 CFR § 164.526. If any Individual requests an amendment of PHI directly from Business Associate or its agents or Subcontractors (if any), Business Associate agrees to notify Delta Dental in writing within ten (10) business days of the request. Any approval or denial of amendment of PHI maintained by Business Associate or its agents or Subcontractors (if any) shall be the responsibility of Delta Dental.

Accounting Rights. Within ten (10) business days of notice by Delta Dental of a request for an accounting of disclosures of PHI for which Delta Dental and Business Associate are required to account to an Individual, Business Associate and its agents or Subcontractors (if any) agree to make available to Delta Dental the information required to provide an accounting of disclosures to enable Delta Dental and Business Associate to fulfill their obligations under the Privacy Rule, including, but not limited to, 45 CFR § 164.528, and the HITECH Act. Business Associate agrees to implement a process that allows for an accounting to be collected and maintained by Business Associate and its agents or Subcontractors (if any) for at least six (6) years prior to the request. At a minimum, the information collected and maintained shall include: (i) the date of disclosure; (ii) the name of the entity or person who received the PHI and, if known, the address of the entity or person; (iii) a brief description of PHI disclosed; and (iv) a brief statement of the purpose of the disclosure that reasonably informs the Individual of the basis for the disclosure, or a copy of the Individual's authorization, or a copy of the written request for disclosure. In the event that the request for an accounting is delivered directly to Business Associate or its agents or Subcontractors, Business Associate shall within ten (10) business days of a request forward it to Delta Dental in writing. It shall be Delta Dental's responsibility to prepare and deliver any such accounting requested.

Governmental Access to Records. Business Associate agrees to make its internal practices, books and records relating to the use and disclosure of PHI available to the Secretary for purposes of determining Business Associate's compliance with the Privacy Rule and the Security Rule. To the extent permitted by law, Business Associate shall provide Delta Dental with a copy of any PHI that Business Associate provides to the Secretary concurrently with providing such PHI to the Secretary.

Minimum Necessary. Business Associate and its agents or Subcontractors agree to reasonably request, use and disclose only the Minimum Necessary amount of PHI to accomplish the purpose of the request, use or disclosure. Business Associate understands and agrees that the definition of "Minimum Necessary" may change from time to time and agrees to keep itself informed of guidance issued by the Secretary with respect to what constitutes "Minimum Necessary."

Data Ownership. Business Associate acknowledges that neither Business Associate nor its agents or Subcontractors, if any, has ownership rights with respect to PHI.

Audits, Inspection and Enforcement. Within ten (10) business days of a written request from Delta Dental, subject to Business Associate's obligations under the applicable rules of professional conduct to maintain the confidentiality of other clients' information, Business Associate shall Delta Dental to conduct a reasonable (if any) inspection of the facilities, systems, books, records, agreements, policies and procedures relating to the use or disclosure of PHI pursuant to this Agreement for the purpose of determining whether Business Associate has complied with this Agreement; provided, however, that (i) Business Associate and Delta Dental shall mutually agree in advance on the scope, timing and location of such an inspection, and (ii) Delta Dental will protect the confidentiality of all confidential and proprietary information of Business Associate within the scope of such inspection and execute a nondisclosure agreement on terms mutually agreed upon by the parties if requested by Business Associate. The fact that Delta Dental requests an inspection, or fails to request an inspection, or has the right to request an inspection, of Business Associate's facilities, systems, books, records, arrangements, policies and procedures does not relieve Business Associate of its responsibility to comply with this Agreement and with the Privacy Rule and Security Rule as they apply directly to Business Associate, nor does Delta Dental's (i) failure to detect or (ii) detection but failure to notify Business Associate, if any, or require Business Associate's remediation of any unsatisfactory practices, constitute acceptance of such practice or a waiver of Delta Dental's enforcement rights under the Underlying Agreement or this Agreement.

APPLICATION OF PRIVACY RULE AND SECURITY RULE PROVISIONS TO BUSINESS ASSOCIATE

Business Associates that require access to Delta Dental's electronic systems (either on site or remote) will supply the necessary information of employees to uniquely identify such employees as employees with a need to access systems and will supply to Delta Dental a valid state or federal issued photo ID for such employees and each Business Associate's employee will sign Delta Dental's confidentiality statement and the employee will then receive a unique user name and password to access the system.

Application of Civil and Criminal Penalties. If Business Associate violates any Security provision specified in this agreement, 42 USC §§ 1320d-5 and 1320d-6 will apply to Business Associate to the extent required under such laws with respect to such violation in the same manner that such sections apply to Delta Dental if it violates such Security provision.

Annual Guidance. Business Associate agrees, at its own cost and effort, to monitor and comply with the guidance issued by the Secretary on the most effective and appropriate technical safeguards for compliance with Subpart C of part 164 of Title 45, Code of Federal Regulations.

BREACH NOTIFICATION REQUIREMENTS

Notification of Breach. Business Associate expressly recognizes that both Delta Dental and Business Associate have certain reporting and disclosure obligations to the Secretary and to the Individual(s) whose information has been accessed without authorization. Business Associate agrees to report to Delta Dental in writing any access, use or disclosure of PHI not permitted by the Underlying Agreement and/or this Agreement, any Security Incident and any Breach of Unsecured PHI of which it becomes aware, whether the Breach occurred through Business Associate or through a Subcontractor, without unreasonable delay and in no case later than seventy-two (72) hours after discovery. A Breach shall be treated as discovered by Business Associate as of the first day on which such Breach is known to Business Associate or, by exercising reasonable diligence, would have been known to Business Associate. Business Associate shall be deemed to have knowledge of a Breach if the Breach is known, or by exercising reasonable diligence would have been known, to any person, other than the person committing the Breach, who is an employee, officer, or other agent of Business Associate. Business Associate will include the following in its Breach notification to Delta Dental, to the extent that such information is available:

1. Identification of each Individual whose Unsecured PHI has been or is reasonably believed by the Business Associate to have been, accessed, acquired, or disclosed during such Breach.
2. A brief description of the circumstances of the Breach, including the date of the Breach and the date of the discovery of the Breach.
3. A description of the types of Unsecured PHI involved in the Breach (such as full name, Social Security number, date of birth, home address, account number, or disability code).

BREACH PATTERN OR PRACTICE BY DELTA DENTAL. Pursuant to 42 USC § 17934(b), if the Business Associate knows of a pattern of activity or practice of Delta Dental that constitutes a material breach or violation of Delta Dental's obligations under the Underlying Agreement or this Agreement or other arrangement, the Business Associate agrees to take reasonable measures to work with Delta Dental to cure the breach, or in its sole discretion, terminate the Underlying Agreement or other arrangement if feasible, or if termination is not feasible, report the problem to the Secretary. Business Associate agrees to provide written notice to Delta Dental of any pattern of activity or practice of Delta Dental that Business Associate believes constitutes a material breach or violation of Delta Dental's obligations under the Underlying Agreement, this Agreement or other arrangement within ten (10) business days of discovery and will meet with Delta Dental to discuss and attempt to resolve the problem as one of the reasonable steps to cure the breach or end the violation.

TERM AND TERMINATION

Term. This Agreement will continue until all of the PHI provided by Delta Dental to Business Associate or created or received by Business Associate on behalf of Delta Dental, is destroyed or returned to Delta Dental, or, if it is infeasible to return or destroy PHI, Business Associate extends protections to such information in accordance with the termination provisions.

Termination for Cause. Upon Delta Dental's knowledge of a material Breach by Business Associate, Delta Dental may, in its sole discretion, either (i) provide Business Associate with an opportunity to cure the Breach and then terminate the Underlying Agreement if Business Associate does not cure the Breach within a reasonable time period specified by Delta Dental, or (ii) terminate the Underlying Agreement. Any termination will be effective immediately or at such other date specified in Delta Dental's written notice of termination. Delta Dental agrees to provide written notice to Business Associate of any pattern of activity or practice of Business Associate that Delta Dental believes

constitutes a material breach or violation of Business Associate's obligations under the Underlying Agreement, this Agreement or other arrangement within ten (10) business days of discovery and will meet with Business Associate to discuss and attempt to resolve the problem as one of the reasonable steps to cure the breach or end the violation.

EFFECT OF TERMINATION

Return or Destruction. Upon termination, cancellation, expiration or other conclusion of Agreement, Business Associate will, if feasible, return to Delta Dental or destroy all PHI, in whatever form or medium (including in any electronic medium under Business Associate's custody or control), that Business Associate created or received for or from Delta Dental, including all copies of and any data or compilations derived from and allowing identification of any Individual who is a subject of the PHI. Business Associate will complete such return or destruction as promptly as possible, but not later than thirty (30) business days after the effective date of the termination, cancellation, expiration or other conclusion of Agreement. Business Associate will identify any PHI that Business Associate created, received, maintained, or transmitted for or from Delta Dental that cannot feasibly be returned to Delta Dental or destroyed, and will limit its further use or disclosure of that PHI to those purposes that make return or destruction of that PHI infeasible.

Continuing Privacy Obligation. Business Associate's obligation to protect the privacy of the PHI it created, received, maintained, or transmitted for or from Delta Dental will be continuous and survive termination, cancellation, expiration or other conclusion of this Agreement for as long as such PHI is in Business Associate's control.

INDEMNIFICATION

Business Associate agrees to indemnify, defend and hold Delta Dental and its officers, directors, employees, and agents harmless from any claim or penalty against Delta Dental or its officers, directors, employees or agents arising from or connected to any improper uses and/or disclosures of PHI in violation of the Privacy Rule, the Security Rule or the HITECH Act and regulations promulgated thereunder to the extent that such improper use and/or disclosure resulted from Business Associate's negligence.

MISCELLANEOUS

Disclaimer. Delta Dental makes no warranty or representation that compliance by Business Associate with this Agreement, HIPAA, the HITECH Act or the regulations promulgated thereunder will be adequate or satisfactory for Business Associate's own purposes. Business Associate is solely responsible for all decisions made by Business Associate regarding the safeguarding of PHI.

Amendment to Agreement. The parties acknowledge that state and federal laws relating to data security and privacy are rapidly evolving and that amendment of the Underlying Agreement(s) or this Agreement may be required to provide for procedures to ensure compliance with such developments. The parties specifically agree to take such action as is necessary to implement the standards and requirements of HIPAA, the HITECH Act, the Privacy Rule, The Security Rule and other applicable laws relating to the security or confidentiality of PHI. The parties understand and agree that Delta Dental must receive satisfactory written assurance from Business Associate that Business Associate will adequately safeguard all PHI. Delta Dental may terminate the Underlying Agreement upon thirty (30) business days written notice in the event (i) Business Associate does not promptly enter into negotiations to amend the Underlying Agreement or this Agreement when requested by Delta Dental pursuant to this paragraph, or (ii) Business Associate does not enter into an amendment to the Underlying Agreement or this Agreement providing assurances regarding the safeguarding of PHI that

Delta Dental, in its sole discretion, deems sufficient to satisfy the standards and requirements of applicable laws.

Interpretation. Any ambiguity in this Agreement shall be resolved in favor of a meaning that permits Delta Dental to comply with the HIPAA, the HITECH Act, the Privacy Rule and the Security Rule.

Assistance in Litigation or Administrative Proceedings. Business Associate shall make itself, and any agents, Subcontractors and employees assisting Business Associate in the performance of its obligations under the Underlying Agreement or this Agreement available to Delta Dental, at Delta Dental, to testify as witnesses, or otherwise, in the event of litigation or administrative proceedings being commenced against Delta Dental, its directors, officers or employees based on a claimed violation of HIPAA, the HITECH Act, the Privacy Rule, the Security Rule, or other laws relating to security and privacy, except where Business Associate or its agent, Subcontractor or employee is a named adverse party.

No Third-Party Beneficiaries. Nothing express or implied in the Underlying Agreement or this Agreement is intended to confer, nor shall anything herein confer, upon any person other than Delta Dental, Business Associate and their respective successors and assigns, any rights, remedies, obligations or liabilities whatsoever.

Effect on Underlying Agreement. Except as specifically required to implement the purposes of this Agreement, or to the extent inconsistent with this Agreement, all other terms of the Underlying Agreement remain in full force and effect.

IN WITNESS WHEREOF, Delta Dental and Business Associate execute this Agreement in multiple originals to be effective as of the Effective Date.

(Insert Business Name Here)

DELTA DENTAL OF SOUTH DAKOTA

By: _____

By: _____

Title: _____

Title: _____

Date: _____

Date: _____

Patient Information and Permission Form

General information

Patient information

Legal name (please print) _____

Age _____

Birth date (mm/dd/yyyy) _____

Sex

☐ Male

☐ Female

School attending _____

Grade _____

Race

☐ White

☐ Asian

☐ Other

☐ Black or African American

☐ American Indian or Alaska Native

☐ Hawaiian or Other Pacific Islander

☐ Hispanic or Latino

☐ Not Hispanic or Latino

Parent/guardian information

Name (please print) _____

Relation to patient _____

Home (mailing) address _____

City _____

Zip _____

Home phone

(_____) _____

Work phone

(_____) _____

Cell phone

(_____) _____

☐ Check here if you do not want to receive text messages.

Emergency contact information

Name (please print) _____

Relation to patient _____

Phone

(_____) _____

Dental history

Dental visits should start at first tooth.

☐ Yes ☐ No

Is this the patient's first dental visit?

If no, how long has it been?

☐ Less than 2 years

☐ More than 2 years

Past or current dentist's name _____

☐ Yes ☐ No

Is the patient experiencing toothache/
mouth pain/face swelling?

☐ Yes ☐ No

Has the patient visited the ER/hospital for
dental pain in the last year?

☐ Yes ☐ No

Has dental pain caused you or your child to
miss school and/or work in the last year?

☐ School

☐ Work

☐ Both

Medical history

Patient's current physician _____

Date of last medical exam (mm/yy) _____/_____

☐ Yes ☐ No

Is the patient taking any medications?

If yes, please list _____

☐ Yes ☐ No

Does the patient have any allergies?

If yes, please list _____

☐ Yes ☐ No

Does the patient have any special needs
that would require special arrangements
for dental care? e.g. autism

If yes, please explain _____

☐ Yes ☐ No

Is the patient pregnant?

Does the patient have, or have they had,
a history of the following:

☐ ADHD

☐ Cerebral Palsy

☐ Kidney disease

☐ AIDS / HIV

☐ Diabetes

☐ Liver disease

☐ Anemia

☐ Epilepsy/seizures

☐ Mono

☐ Anxiety

☐ Excessive bleeding

☐ Rheumatic fever

☐ Asthma

☐ Fainting

☐ Tuberculosis

☐ Birth defects

☐ Heart problems

☐ Other

☐ Cancer

☐ Hepatitis

Please explain your answers: _____

Continue
on back. 



MOBILE PROGRAM

Patient Information and Permission Form

Patient behavior

- ☐ Yes ☐ No Does the patient brush daily?
- ☐ Yes ☐ No Does the patient drink soda pop or other sugar-sweetened drinks (Kool-Aid, fruit drink, sports drink) daily?
- ☐ Yes ☐ No Is the patient using tobacco or vaping products?
- ☐ Yes ☐ No Does anyone in the household use tobacco or vaping products?

Household information

- Annual household income
- ☐ Less than \$10,000 ☐ \$10,000-20,000
- ☐ \$20,000-30,000 ☐ More than \$30,000
- How many children age 21 or younger live in your household?
- _____

Insurance

Please check any that apply.

- ☐ No dental insurance
- ☐ Medicaid
Medicaid number _____

- ☐ Private DENTAL insurance (please provide copy of card)

Dental insurance name

Policy number

Group number

Dental insurance address

Insurance phone (_____)_____-_____

Employer name



IMPORTANT - Permission to provide treatment

We cannot treat your child if form is not signed.

I, _____, as a legally responsible guardian of _____

Print parent/legal guardian name Print child's name

give my permission for the dental services I have authorized below. Please note that preventive dental hygiene services alone, provided outside of a regular dental office, should not replace regular exams by a dentist. I have been offered and/or have read Delta Dental's HIPAA Notice of Privacy Practices available at southdakota.deltadental.com/privacy-and-policies/notice-of-privacy-practices/.

Each item needs to be answered in order to receive dental care.

- ☐ Yes ☐ No Preventive services: screening by a hygienist, teeth cleaning, oral hygiene instruction, sealants, fluoride treatment.
- ☐ Yes ☐ No Dentist exam (including dental x-rays)
- ☐ Yes ☐ No Restorative services: fillings, stainless steel crowns, pulpotomy. Local anesthetic may be used for these procedures.
- ☐ Yes ☐ No Silver diamine fluoride (decayed area of the tooth will be stained black permanently - please see attached for more information about this treatment)
- ☐ Yes ☐ No Extractions: removal of primary (baby) or permanent teeth that cannot be restored through other treatments. Local anesthetic may be used for these procedures.
- ☐ Yes ☐ No The use of nitrous oxide (laughing gas) may be used as deemed necessary.



Parent/legal guardian signature

_____/_____/_____

Date

V1021

Fill out
front too.

SILVER DIAMINE FLUORIDE INFORMED CONSENT

Silver Diamine Fluoride (SDF) is a liquid medication that is applied to active tooth decay to kill bacteria and stop the cavity from growing. While the use of SDF has been FDA approved to treat tooth sensitivity, we are using SDF to help stop tooth decay.

Benefits of receiving SDF:

- SDF can help stop tooth decay.
- SDF can postpone the need for traditional dental treatment (fillings, crowns, etc.) and delay/possibly eliminate the need for sedation/general anesthesia to complete dental treatment.

Risks related to SDF include, but are not limited to:

- Patients should not be treated with SDF if:
 - **He/she has an allergy to silver.**
 - There are painful sores or raw areas on the gums or anywhere in the mouth.
- **The decayed area of the tooth will be stained black permanently.** Healthy tooth structure will not stain.
- Tooth colored fillings and crowns may discolor if SDF is applied to them.
- If SDF contacts the gums or skin, a brown or white stain may appear. This color change is harmless, but cannot be washed off. The discoloration will go away in 1-3 weeks.
- If tooth decay is not arrested, the decay will progress. In that case the tooth will require further treatment, such repeat SDF, a filling or crown, root canal treatment, or extraction.



before, after 24 hours, and after 7 days of SDF treatment (UCSF)

Alternatives to SDF include, but are not limited to:

- No treatment. No treatment will allow untreated decay to continue further damaging tooth structure, possibly leading to pain, infection, or tooth loss.
- Fillings, crowns, extractions or referral for advanced care which may include general anesthesia.

While SDF can stop tooth decay, it will not restore the tooth structure that has already been effected. You may still require restoration of the teeth (fillings, crowns, etc.).

Required Nondiscrimination and Accessibility Statement*



Discrimination is Against the Law

Delta Dental of South Dakota complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Delta Dental of South Dakota does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Delta Dental of South Dakota:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters;
 - Written information in other formats (large print, audio, accessible electronic formats, other formats).
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters;
 - Information written in other languages.

If you need these services, call 1-877-841-1478.

If you believe Delta Dental of South Dakota has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Delta Dental of South Dakota, Compliance Manager, 720 N. Euclid Ave., Pierre, SD 57501, phone: 1-800-627-3961, compliance@deltadentalsd.com, fax: 1-605-224-0909, TTY: 1-888-781-4262. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Compliance Manager is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue, SW Room 509F, HHH Building, Washington, D.C. 20201, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-877-841-1478 (TTY: 1-888-781-4262).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung.
Rufnummer: 1-877-841-1478 (TTY: 1-888-781-4262).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-877-841-1478 (TTY: 1-888-781-4262)。

ဟံသာဝတီသံစုံ- နမူနာတို့ ကညီ ကျိန်အလံ၊
နမူနာ ကျိန်အတိမ်တေလ၊ တလက်တက်လက်စု၊
နိတံတက်တက်လက်စု၊ ကိ: 1-877-841-1478 (TTY: 1-800-874-9426)

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-877-841-1478 (TTY: 1-888-781-4262).

ध्यान दिनुहोस्: तपाईंले नेपाली बोल्नुहुन्छ भने तपाईंको निम्ति भाषा
सहायता सेवाहरू निःशुल्क रूपमा उपलब्ध छ । फोन गर्नुहोस्
1-877-841-1478 (टिटावाइ: 1-888-781-4262) ।

OBAVEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 1-877-841-1478 (TTY- Telefon za osobe sa oštećenim govorom ili sluhom: 1-888-781-4262).

ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች በነጻ
ሊያግዝዎት ተዘጋጅተዋል፡ ወደ ሚከተለው ቁጥር ይደውሉ 1-877-841-1478
(መስማት ለተሳናቸው: 1-888-781-4262)፡

MAANDO: To a waawi [Adamawa], e woodi ballooji-ma to ekkitaaki wolde caahu. Noddu 1-877-841-1478 (TTY: 1-888-781-4262).

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-877-841-1478 (TTY: 1-888-781-4262).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-877-841-1478 (TTY: 1-888-781-4262) 번으로 전화해 주십시오.

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-877-841-1478 (телефайп: 1-888-781-4262).

XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-877-841-1478 (TTY: 1-888-781-4262).

УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 1-877-841-1478 (телефайп: 1-888-781-4262).

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-877-841-1478 (ATS : 1-888-781-4262).

* Under Section 1557 of the Affordable Care Act (ACA), Delta Dental of South Dakota is required to post notices of nondiscrimination and taglines that alert individuals with limited English proficiency (LEP) to the availability of language assistance services.

Authorization for Release of Information for Promotional Purposes

We'd like to share your story to help explain to the public how the Delta Dental helps families have healthier smiles. Because we value your privacy, we will only use your personal information, or your children's or dependents' personal information, with your written permission. Please read this form carefully before giving permission.

_____ (initial) I give permission to Delta Dental of South Dakota to use:

- my personal information or personal information of my minor child(ren) or dependents listed below, including name, photos, video and audio recordings; and
- information about my treatment and experience as a patient, or that of my minor child(ren) or dependents

to promote Delta Dental in printed publications; broadcast video and audio; online websites and social media sites; and news media communications, produced by or on behalf of Delta Dental.

Name	Date of Birth

I understand:

- I am not required to sign this authorization. Delta Dental of South Dakota does not condition treatment, payment, benefit eligibility, or enrollment upon signing this form.
- I can request a copy of this authorization be provided to me;
- I am not entitled to any payment or other form of compensation as a result of any use of any information or audio, video or photographic material.
- I have the right to revoke this authorization at any time by notifying in writing: Attn: Privacy Officer, Delta Dental of South Dakota, 720 N. Euclid Ave., Pierre, SD 57501. I also understand that revocation will not apply to information already released based on this authorization.
- Information about me or my minor child(ren) or dependents released based on this authorization may be subject to re-release by the initial recipient and will no longer be protected by federal regulation.
- If I don't revoke this authorization, it will automatically expire ten (10) years from the date I sign it.

Signature: _____ Date: _____

Address: _____ Phone: _____

HIPAA notice of privacy practices

Your information. Your rights. Our responsibilities.

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.

Your rights

You have the right to:

- Get a copy of your dental and claims records
- Correct your dental and claims records
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

See page 2 for more information.

Our uses & disclosures

We may use and share your information as we:

- Help manage the dental treatment you receive and treat you
- Run our company
- Pay for your dental services
- Administer your dental plan
- Help with public health and safety issues
- Do research
- Comply with the law
- Work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

See page 3 for more information.

Your choices

You have some choices in the way that we use and share information as we:

- Answer coverage questions from your family and friends
- Share information with family, friends, or others involved in your care and payment of care
- Provide disaster relief
- Market our services

See page 4 for more information.

Your rights



When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get a copy of dental and claims records

- We will provide a copy or a summary of your dental and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.
- You can ask to see or get a copy of your dental and claims records and other information we have about you. Ask us how to do this.

Ask us to correct dental and claims records

- You can ask us to correct your dental and claims records if you think they are incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

Request confidential communications

- 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.

Ask us to limit what we use or share

- You can ask us not to use or share certain information for treatment, payment, or our operations.
- We are not required to agree to your request, and we may say “no” if it would affect your care.

Get a list of those with whom we’ve shared information

- You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make).

Get a copy of this privacy notice

- You can ask for a paper copy of this notice at any time. We will provide you with a paper copy promptly.

Choose someone to act for you

- 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.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- We will not retaliate against you for filing a complaint.
- You can complain if you feel we have violated your rights by contacting us using the information at the end of this notice.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights.

Visit: www.hhs.gov/ocr/privacy/hipaa/complaints/

Call: 1-877-696-6775

Write to:
200 Independence Avenue, S.W.
Washington, D.C. 20201

Our uses & disclosures

We typically use or share your health information in the following ways:

We can help manage the dental care treatment you receive.

We can use your health information and share it with professionals who are treating you.

Example: On our mobile dental clinic trucks, we use your information to provide high quality dental care. We may also share your information with another dentist who we are referring you to see.

We can run our organization.

We can use and disclose your information to run our organization and contact you when necessary.

Examples:

- We use health information about you to develop better services for you. In some instances, we do this by requesting that you complete a survey.
- We use health information about you to manage your treatment and services.

We can pay (or bill) for your dental services.

We can use and disclose your health information as we pay for your dental services.

Example: We may use your information to bill you or your plan sponsor and to coordinate payment for your dental work if you have more than one insurance.

We can administer your plan.

We may disclose your information to your dental plan sponsor for plan administration.

Example: Your company contracts with us to provide a dental plan, and we provide your company with certain statistics to explain the premiums we charge.

We are 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.

We must meet many conditions in the law before we can share your information for these purposes. For more information go to: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

We help with public health and safety issues.

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

We do research.

We can use or share your information for health research.

We comply with the law.

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

We respond to requests and work with a medical examiner or funeral director.

- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

We address workers' compensation, law enforcement, and other government requests.

We can use or share health information about you:

- For workers' compensation claims.
- For law enforcement purposes or with a law enforcement official.
- With health oversight agencies for activities authorized by law.
- For special government functions such as military, national security, and presidential protective services.

We respond to lawsuits and legal actions.

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Your choices

For certain information, you can tell us 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 the care and payment for your care.

Share information in a disaster relief situation.

If you are not able to tell us your preference, we may go ahead and 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:

- Marketing purposes
- Sale of your information

Our responsibilities

We are required by law to maintain the privacy and security of your protected health information.

- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- 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 other than as described here unless you tell us we can in writing using an authorization form available on our website or by contacting us to request the form. If you tell us we can release information, you may change your mind at any time. Let us know in writing if you change your mind.
- To get a paper copy of this notice, contact Delta Dental's Privacy Officer. Contact information is available below.
- For more information about your protected health information visit: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the terms of this notice

We can change the terms of this notice, and the changes will apply to all information we have about you. We will post a copy of the current notice on our website.

This notice applies to:

Delta Dental of South Dakota and dental care provided by Delta Dental of South Dakota's Foundation.

Contact for questions or complaints

If you have questions, concerns, or would like further information, please contact us.



compliance@deltadentalsd.com



877-841-1478



Delta Dental of South Dakota Privacy Officer
720 N. Euclid Ave.
Pierre, SD 57501

NOTES

[illegible]

[illegible]

the mission of
the Delta Dental

MOBILE PROGRAM

is to help children
who don't have
access to a dentist



DELTAEDENTALSD.COM/FOUNDATION