

Domestic Violence

NEW YORK PROTECTION PROTOCOLS FOR VICTIMS OF DOMESTIC VIOLENCE

New York Insurance Law, section 2612.

Delta Dental recommends to its contracted health services providers that they print and post the attached New York Domestic Violence Notice in their offices. A copy of the notice is also available at deltadentalins.com/about/legal.

Domestic Violence (New York State Residents)

NEW YORK PROTECTION PROTOCOLS FOR VICTIMS OF DOMESTIC VIOLENCE

New York Insurance Law, section 2612, prohibits insurers from discrimination based on being a victim of domestic violence. This law states that no insurer, solely because a person is or has been a victim of domestic violence, may:

- Refuse to issue or renew, deny or cancel any insurance policy;
- Demand or require a greater premium or payment from any person; or
- Designate domestic violence as a preexisting condition, for which coverage will be denied/reduced.

This law also contains protections for victims of domestic violence when an order of protection is provided to Delta Dental against the policyholder or other insured individual on the policy. Delta Dental respects and understands that your privacy is important and we are committed to protecting the confidentiality of information about you. For the duration of the order, Delta Dental is prohibited from disclosing to the policyholder or other insured individuals on the policy the victim's contact information, services received or provider name and contact information.

In addition, Delta Dental will honor a reasonable written request by a victim to receive communications of claim-related information by alternative means, or at an alternative location, if the person clearly states that disclosure of all or part of the information could endanger the person.

Below are the applicable Protection Protocols Request Procedures for a person who is or has been a victim of domestic violence:

1. Any covered person, or the parent/legal guardian of a covered child, or a legal representative of such covered person or child, may submit in writing a reasonable request that the address, telephone number, email addresses, and other designated personally-identifying information of the covered person or child, the nature of the health care services provided to the covered person or child, and the name, address, and telephone number of providers of such health care services, should not be provided to the policyholder or other persons covered by the policy.
2. In the written request, the requestor should include an alternative address, telephone number and/or other reasonable method of contact. Please include name, enrollee ID and birth date in the request, so that we correctly identify you.
3. Once a valid request has been received and implemented, a requestor may only revoke the prior request by submitting a written sworn statement to Delta Dental.

For additional assistance, please contact the New York State Domestic and Sexual Violence Hotline:

NYS Domestic and Sexual Violence Hotline: 1-800-942-6906. Spanish language: 1-800-942-6908
In NYC: 1-800-621-HOPE (4673) or dial 311. TTY: 1-866-604-5350