Victims of Actual or Threatened Violence (Illinois State Residents)

ILLINOIS PROTECTION PROTOCOL FOR VICTIMS OF ACTUAL OR THREATENED VIOLENCE

Delta Dental respects and understands that privacy is important and we are committed to protecting the confidentiality of enrollee information. Illinois law (50 I.A.C. 2028) requires insurers to establish a protocol to accommodate reasonable requests by enrollees to receive communications of claims-related information from the company by alternative means or at alternative locations in order to protect enrollees from actual or threatened violence.

MAKING AND REVOKING REQUESTS:

Enrollees may submit a valid protective order or a written request to receive communications of claim-related information by alternative means, or at an alternative location. If the enrollee is submitting a written request, the enrollee must clearly state that disclosure of all or part of the information could endanger the person.

In order to be processed, requests must contain the following information:

- The names, dates of birth and identification numbers of the individuals whose information should be protected
- An alternative address, telephone and/or other method of contact
- An order of protection or a written statement indicating that they believe that disclosure of claims related information could endanger the individual

For information regarding confidentiality requests, please contact us at 1-866-530-9675. To initiate, modify or revoke a confidentiality request, please send a written request to:

Delta Dental Customer Service
P.O. Box 997330
Sacramento, CA95899-7330
Attention: Confidentiality Requests
Email: Officeofcompliance@delta.org

Note: Justification for requests is not required and does not need to be submitted. Delta Dental has up to three business days to assess a properly submitted electronic confidentiality request and up to five business days to assess a properly submitted hardcopy request.

For the duration of the order, Delta Dental is prohibited from disclosing to the policyholder or other insured individuals on the policy the endangered enrollee’s contact information, services received, provider name or any other information that might be, alone or in combination, used to determine this information.

To revoke a request, a written statement providing, as appropriate, new contact information and including a statement that confidentiality is no longer required should be submitted to the Delta Dental address listed above.
Additional Resources:

**National Domestic Violence Hotline** – For further information about domestic violence services enrollees may contact the National Domestic Violence Hotline by calling or by accessing the website.

[http://www.thehotline.org/help/resources/](http://www.thehotline.org/help/resources/)
1-800-799-SAFE or 1-800-799-7233 (Voice)
1-800-787-3224 (TTY)

**Illinois Domestic Violence Helpline** – For further information about domestic violence services available to Illinois residents, enrollees may contact the Illinois Domestic Violence Helpline or by accessing the state’s website.

1-877-TO END DV or 1-877-863-6338 (Voice)
1-877-863-6339 (TTY)