

Medical Privacy Notice

Deseret Mutual Benefit Administrators

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.

Deseret Mutual Benefit Administrators (“Deseret Mutual”), through its Missionary Medical Division, helps to coordinate and administer missionary health care. Deseret Mutual is a Church-affiliated entity that has been assigned by the Church’s Missionary Department. Recently, the United States government enacted new privacy laws and regulations with which Deseret Mutual must comply. One of the requirements is to provide you this *Medical Privacy Notice* explaining how your health information will be used and disclosed.

1. Understanding Your Health Record/Information

Each time you visit a hospital, physician, or other health-care provider, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. It may also contain correspondence and other administrative documents.

Protected health information (or “PHI”) is any personally identifying information which when linked to health data could be used to identify an individual. This information may be stored or transmitted in any form (for example, paper, electronic, verbal, etc.). All of this information, often referred to as your health or medical record, serves as a:

- Basis for planning your care and treatment
- Means of communication among the many health professionals who contribute to your care
- Legal document describing the care you received
- Means by which you or a third-party payer can verify that services billed were actually provided
- Tool in educating health professionals
- Source of data for medical research
- Source of information for public health officials charged with improving the health of the nation
- Source of data for facility planning and marketing
- Tool to assess and monitor the health care being provided and the outcomes achieved

2. Your Health Information Rights

With respect to that portion of your health record held by Deseret Mutual, you have the right to:

- Inspect and obtain a copy of your health record
- Amend your health record
- Request a restriction on certain uses and disclosures of your information
- Obtain an accounting of disclosures of your health information (other than for purposes of treatment, payment, and health care operations)
- Request communications of your health information by alternative means or at alternative locations
- Revoke your authorization to use or disclose health information except to the extent that action has already been taken

3. *Our Responsibilities*

Deseret Mutual is required to:

- Maintain the privacy of your health information
- Provide you with notice of our legal duties and privacy practices regarding information we collect and maintain about you
- Abide by the terms of this notice
- Notify you if we are unable to agree to a requested restriction
- Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations

We will not use or disclose your PHI without your authorization, except for treatment, payment or health care operations, or as provided by law.

We reserve the right to change our practices and make the new provisions effective for all PHI we maintain. If we do so, we will notify you of the changes in writing.

4. *For More Information or to Report a Problem*

If you have any questions or if you would like additional information, you may contact Deseret Mutual's Compliance Specialist or Compliance Officer by telephone (1-801-578-5600 or 1-800-777-3622), by mail (P.O. Box 45730, Salt Lake City; Utah 84111, U.S.A.), or by fax (1-801-578-5906).

If you believe your privacy rights have been violated, you can file a complaint with Deseret Mutual's Compliance Specialist or Compliance Officer, or with the United States Office for Civil Rights (OCR). Complaints must be in writing and can be filed either by mail or electronically. OCR will provide further information on its Web site about how to file a complaint (www.hhs.gov/ocr/hipaa/). Please note that there will be no retaliation for filing a complaint.

5. *Uses or Disclosures for Treatment, Payment, and Health Care Operations*

- **Treatment, Payment, and Health Care Operations:** We may use your health information for treatment, payment and health care operations. For example, with respect to treatment, information obtained by a nurse, physician, or other member of your health care team will be recorded in your record and used to determine the course of treatment that should work best for you. With respect to payment, a bill may be sent to you or a third-party payer. With respect to health care operations, we may use your health care information to study ways to improve utilization or reduce health care costs.

6. *Uses or Disclosures Permitted or Required by Law*

- **United States Food and Drug Administration (FDA):** We may disclose to the FDA health information relative to adverse events with respect to food, supplements, product and product defects, or post-marketing surveillance information to enable product recalls, repairs, or replacement.
- **Public Health:** As required by law, we may disclose your PHI to public health or legal authorities charged with preventing or controlling disease, injury, or disability.
- **Correctional Institution:** If you become an inmate of a correctional institution, we may disclose to the institution or agents thereof PHI necessary for your health and for the health and safety of others.
- **Law Enforcement:** We may disclose certain PHI for law enforcement purposes as required by law or in response to a valid subpoena.