

Name: _____

DMBA ID Number: _____



Authorization to Use and/or Disclose Protected Health Information

I HEREBY AUTHORIZE each of the parties named below to receive, use, and/or disclose to each other all of my protected health information:

1. Deseret Mutual Benefit Administrators (DMBA)
2. Representatives and employees of The Church of Jesus Christ of Latter-day Saints
3. Others I designate at my discretion, such as a parent, guardian, spouse, or other individual (enter name, relationship, and birth date for each individual):

Name: _____ Relationship: _____ Birth date: _____

Name: _____ Relationship: _____ Birth date: _____

Name: _____ Relationship: _____ Birth date: _____

- I acknowledge that I received and reviewed *DMBA's Medical Privacy Notice*.
- I understand that I have a right to receive a copy of this authorization.
- This authorization is valid from the date of execution until 12 months after I am no longer a participant in a program administered by DMBA. I may revoke this authorization by writing to DMBA, Attention: Church Activity, P. O. Box 45530, Salt Lake City, Utah 84145.
- Revocation will be valid only for future acts and will not be valid for any action before receiving my revocation.
- Treatment, payment, enrollment or eligibility for applicable health benefits will not be conditioned upon my providing this authorization except as may otherwise be permitted by applicable law.
- Any information that is used or disclosed pursuant to this authorization may be subject to redisclosure and may, therefore, no longer be protected by the terms of the privacy rules.
- The use and disclosure of my protected health information is for the purpose of payment, management, and/or administration of my healthcare while a participant in a program administered by DMBA.
- The protected health information that may be disclosed includes my history of previous illnesses, symptoms or treatment, as well as current diagnoses, symptoms and treatment.

Signature _____ Date _____

Notice of Privacy Practices

Missionary Medical Plans

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.

THIS NOTICE WAS AMENDED ON MAY 1, 2018.

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the rules to carry out this law (Privacy Rules) require health plans to notify participants and beneficiaries about the policies and practices the plans have adopted to protect the confidentiality of their health information, including healthcare payment information.

This Notice summarizes the privacy policies of the medical financial assistance available through Missionary Medical plans and programs (Plans) administered by Deseret Mutual Benefit Administrators (DMBA) and sponsored by the Church of Jesus Christ of Latter-day Saints (Plan Sponsor).

The Privacy Rules require the Plans to protect the confidentiality of your protected health information. Protected health information, or PHI, includes any information, whether oral or recorded, in any form or medium that is created or received by the Plans that relate to your past, present, or future physical or mental health, including the provision of and payment for care, that identifies you or provides a reasonable basis for your identification. PHI includes electronic protected health information, or ePHI, which is PHI stored, maintained, or transmitted electronically.

PHI does not include de-identified health information or health information DMBA or the Church is entitled to under applicable law.

Third parties assist in administering your health benefits under these Plans. These entities keep and use most of the medical information maintained by the Plans such as information about your health condition, the healthcare services you receive and the payments for such services. They use this information to process your claims. They are required to use the same privacy protections as the Plans.

The law requires the Plans to maintain the privacy of your PHI, to provide you with this Notice of its legal duties and privacy practices with regard to PHI, to abide

by the terms of this Notice, and to notify affected individuals after a breach of unsecured PHI. In general, the Plans may only use and/or disclose your PHI where required or permitted by law or when you authorize the use or disclosure. The Plans may also only use the minimum amount of your PHI that is necessary to accomplish the intended purpose of the use or disclosure as permitted by HIPAA.

When the Plans Must Disclose Your PHI

The Plans must disclose your PHI:

- to you,
- to the Secretary of the United States Department of Health and Human Services (DHHS) to determine whether the Plans are in compliance with HIPAA, and
- where required by law. (This means the Plans will make the disclosure only when the law requires them to do so, but not if the law would just allow them to do so.)

When the Plans May Use Or Disclose Your PHI without Your Authorization

The Plans may use and/or disclose your PHI as follows:

For Treatment. The Plans do not provide medical treatment directly, but may disclose your PHI to a healthcare provider who is giving treatment. For example, the Plans may disclose the types of prescription drugs you currently take to an emergency room physician if you are unable to provide your medical history due to an accident.

For Payment. The Plans may disclose your PHI, as needed, to pay for your medical care. For example, the Plans may tell a doctor whether you are eligible for treatment or what the Plans might pay. The Plans may

also use or disclose your PHI in other ways to pay for care. For example, PHI may be disclosed to process and review claims, to coordinate benefits with other health plans, to request overpayments, exercise subrogation rights, and to do utilization review and preauthorizations.

For Healthcare Operations. The Plans may use and/or disclose your PHI to make sure the Plans are well run and administered properly, and do not waste money. For example, the Plans may use information about your claims to project future costs or audit the accuracy of their claims-processing functions. The Plans may also use or disclose your PHI to conduct quality assessment and improvement activities, business planning or development, or for purposes of a claim under a stop-loss or reinsurance policy. Among other things, the Plans may also use your PHI to undertake underwriting, premium rating, and other insurance activities (as applicable) relating to changing health insurance contracts or network providers. However, federal law prohibits the Plans from using or disclosing PHI that is genetic information (e.g., family medical history) for review purposes, which include coverage determinations, future expense calculations, applications of any pre-existing condition exclusions, and any other activities related to the creation, renewal or replacement of a healthcare payment arrangement.

For Special Information. In addition to the Privacy Rules, special protections under other laws may apply to the use and disclosure of your PHI. The Plans will comply with other federal laws and state law where they are more protective of your privacy. The Plans will comply with any other laws protecting your privacy only to the extent these laws are not preempted by the Employee Retirement Income Security Act (ERISA).

To the Sponsor. In certain cases, the Plans may disclose your PHI to the Church.

- Some of the people who administer the Plans work for the Plan Sponsor. Before your PHI can be used by or disclosed to these Plan Sponsor employees, the Plans must certify that it has: (1) amended the Plan documents to explain how your PHI will be protected, (2) identified the employees who need your PHI to carry out their duties to administer the Plans, and (3) separated the work of these employees from the rest of the workforce so that the Plan Sponsor cannot use your PHI for Church-related purposes or to administer other plans. For example, these designated employees will be able to contact an insurer or third-party administrator to

find out about the status of your claims without your specific authorization.

- The Plans may disclose information to a plan sponsor that summarizes the claims experience of Plan participants as a group, but without identifying specific individuals, to get new benefit insurance or to change or terminate the Plans.
- The Plans may also disclose limited health information to the Church in connection with the enrollment or disenrollment of individuals into or out of the Plans.

To Business Associates. The Plans may hire third parties that may need your PHI to perform certain services on behalf of the Plans. These third parties are “Business Associates” of the Plans. Business Associates must protect any PHI they receive from, or create and maintain on behalf of, the Plans. For example, the Plans may hire a third-party administrator to process claims, an auditor to review how an insurer or third-party administrator is processing claims, an insurance agent to assess coverage and help with claim problems, or a service provider to provide health benefits (such as wellness benefits).

To Individuals Involved with Your Care or Payment for Your Care. The Plans may disclose your PHI to adult members of your family or another person identified by you who is involved with your care or payment for your care if: (1) you are present and agree to the disclosure, (2) the Plans inform you it intends to do so and you do not object, or (3) you are not present or you are not capable of agreeing to the disclosure and the Plans infer from the circumstances, based upon professional judgment, that you do not object to the disclosure. The Plans may release claims payment information to spouses, parents or guardians.

To Personal Representatives. The Plans may disclose your PHI to someone who is your personal representative. Before the Plans will give that person access to your PHI or allow that person to take any action on your behalf, it will require him/her to give proof that he/she may act on your behalf; for example, a court order or power of attorney granting that person such power. Generally, the parent of a minor child will be the child’s personal representative. In some cases, however, state law allows minors to obtain treatment (e.g., sometimes for pregnancy or substance abuse) without parental consent, and in those cases the Plans may not disclose certain information to the parents. The Plans may also deny a personal representative

access to PHI to protect people, including minors, who may be subject to abuse or neglect.

For Treatment Alternatives or Health-Related Benefits and Services. The Plans may contact you to provide information about treatment alternatives or other health-related benefits or services that may be of interest to you.

For Public Health Purposes. The Plans may: (1) report specific disease or birth/death information to a public health authority authorized to collect that information, (2) report reactions to medication or problems with medical products to the Food and Drug Administration to help ensure the quality, safety, or effectiveness of those medications or medical products, or (3) if authorized by law, disclose PHI to a person who may have been exposed to a communicable disease or who may otherwise be at risk of contracting or spreading a disease or medical condition.

To Report Violence and Abuse. The Plans may report information about victims of abuse, neglect, or domestic violence to the proper authorities.

For Health Oversight Activities. The Plans may disclose PHI for civil, administrative or criminal investigations, oversight inspections, licensure, or disciplinary actions (e.g., to investigate complaints against medical providers), and other activities for the oversight of the healthcare system or to monitor government benefit programs.

For Lawsuits and Disputes. The Plans may disclose PHI in response to an order of a court or administrative agency, but only to the extent expressly authorized in the order. The Plans may also disclose PHI in response to a subpoena, a lawsuit discovery request, or other lawful process, but only if the Plans have received adequate assurances that the information to be disclosed will be protected. The Plans may also disclose PHI in a lawsuit if necessary for payment or healthcare operations purposes.

For Law Enforcement. The Plans may disclose PHI to law enforcement officials for law enforcement purposes and to correctional institutions regarding inmates.

To Coroners, Funeral Directors, and Medical Examiners. The Plans may disclose PHI to a coroner or medical examiner. The Plans may also release PHI to a funeral director who needs it to perform his or her duties.

For Organ Donations. The Plans may disclose PHI to organ procurement organizations to facilitate organ, eye, or tissue donations.

For Limited Data Sets. The Plans may disclose PHI for use in a limited data set for purposes of research, public health, or healthcare operations, but only if a data use agreement has been signed.

To Avert Serious Threats to Health or Safety. The Plans may disclose PHI to avert a serious threat to your health or safety or that of members of the public.

For Special Governmental Functions. The Plans may disclose PHI to authorized federal officials in certain circumstances. For example, disclosure may be made for national security purposes or for members of the armed forces if required by military command authorities.

For Research. The Plans may disclose PHI for research studies, subject to special procedures intended to protect the privacy of your PHI.

For Emergencies and Disaster Relief. The Plans may disclose PHI to organizations engaged in emergency and disaster relief efforts.

Written Authorization

The Plans will not use or disclose your PHI without your written authorization for (1) uses and disclosures for marketing purposes, (2) uses and disclosures that constitute the sale of PHI, (3) most uses and disclosures of psychotherapy notes, and (4) any other uses and disclosures not described in this Notice. The authorization must meet the requirements of the Privacy Rules. If you give the Plans a written authorization, you may cancel your authorization at any time, except for uses or disclosures that have already been made based on your authorization.

You may not, however, cancel your authorization if it was obtained as a condition for obtaining health coverage and if your cancellation will interfere with the insurer's right to contest your claims for benefits under the insurance plans.

Your Individual Rights

You have certain rights under the Privacy Rules relating to your PHI maintained by the Plans. All requests to exercise those rights must be made in writing to the Privacy Officer. The Plan's third-party administrators, DMBA, and partners each keep their own records, and

you must make your requests relating to your PHI in those records directly to DMBA or their partners. Your rights are:

Right to Request Restrictions on Uses and Disclosures of Your PHI. You may request the Plans restrict any of the permitted uses and disclosures of your PHI previously listed. The Plans do not have to, and generally will not, agree to your requested restriction. However, the Plans will accommodate a reasonable request to communicate with you in confidence about your PHI if you provide a clear statement that disclosure of all or part of your PHI could endanger you (as explained in *Right to Request Restrictions and Confidential Communications*, which follows).

You may also request your healthcare provider not disclose your PHI for a healthcare item or service to the Plans for payment or healthcare operations if you have paid for the item or service out of your pocket in full.

The provider may charge you the out-of-network rate for the item or service. A restriction cannot prevent uses or disclosures that are required by the Secretary of the DHHS to determine or investigate the Plan's compliance with the Privacy Rules or that are otherwise required by law.

Right to Access or Copy Your PHI. You generally have a right to access your PHI that is kept in the Plan's records, except for: (1) psychotherapy notes (as defined in the Privacy Rules), or (2) information compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding. The Plans may deny you access to your PHI in the Plan's records. You may, under some circumstances, request a review of that denial. If the Plans or their Business Associates maintain electronic records of your PHI, you may request an electronic copy of your PHI. You may also request your electronic records be sent to a third party.

The Plans may charge you a reasonable fee for copying the information you request, the cost of any mailing, or the cost to provide you access to your PHI electronically, but it cannot charge you for time spent finding and assembling the requested information.

Right to an Accounting of Disclosures. At your request, the Plans must provide you with a list of the Plan's disclosures of your PHI made within the six-year period just before the date of your request, except disclosures made:

- for purposes of treatment, payment or healthcare operations,
- directly to you or close family members involved in your care,
- for purposes of national security,
- incidental to otherwise permitted or required disclosures,
- as part of a limited data set,
- to correctional institutions or law enforcement officials, or
- with your express authorization.

You may request one accounting disclosure, which the Plans must provide at no charge, within a single 12-month period. If you request more than one accounting within the same 12-month period, the Plans may charge you a reasonable fee.

Right to Amend. You may request the Plans change your PHI that is kept in the Plan's records, but the Plans do not have to agree to your request. The Plans may deny your request if the information in its records: (1) was not created by the Plans, (2) is not part of the Plan's records, (3) would not be information to which you would have a right of access, or (4) is deemed by the Plans to be complete and accurate as it then exists.

Right to Request Restrictions and Confidential Communications. You have the right to request that the Plans communicate with you in a confidential manner, for example, by sending information to an alternative address or by an alternative means. The Plans will accommodate your request if your request is reasonable and you provide a clear statement that disclosure of all or part of the information could endanger you. Any alternative used must still allow for payment information to be effectively communicated and for payments to be made.

Right to File a Complaint. If you believe your rights have been violated, you have a right to file a written complaint with the Plan's Privacy Officer or with the Secretary of the DHHS. The Plans will not retaliate against you for filing a complaint and cannot condition payment of claims on your waiving these rights. If your complaint is with the Plans, you may submit your complaint in writing to:

Deseret Mutual Benefit Administrators
HIPAA Privacy Officer
P.O. Box 45530
Salt Lake City, UT 84145

To file a complaint with the Secretary of the DHHS, you must submit your complaint in writing, either on paper or electronically, within 180 days of the date you knew or should have known the violation occurred. You must state who you are complaining about and the acts or omissions you believe are violations of the Privacy Rules. Complaints sent to the Secretary must be addressed to the regional office of the DHHS's Office of Civil Rights (OCR) for the state in which the alleged violation occurred. For information on which regional office at which you must file your complaint, and the address of that regional office, go to the OCR website at www.hhs.gov/ocr/hipaa.

Right to Receive a Paper Copy of This Notice Upon Request. You have a right to obtain a paper copy of this Notice upon request. You may also print or view a copy of this Notice currently in effect on the web at www.dmba.com.

To exercise your rights under this Notice and for further information about matters covered by this Notice, please contact DMBA's corporate office and ask to speak to the Plan's HIPAA Privacy Officer. The corporate office number is 801-578-5600.

Right to Receive Notification. You have a right to receive notification of a breach of your unsecured PHI.

Changes to the Notice

The Plans reserve the right to change the terms of this Notice and to make the new revised Notice provisions effective for all PHI that it maintains, including any PHI created, received or maintained by the Plans before the date of the revised Notice.

If you agree, the Plans may provide you with a revised Notice electronically. Otherwise, the Plans will provide you with a paper copy of the revised Notice. In addition, the Plans will post the revised Notice on www.dmba.com.

Contact the Plans Official for More Information

If you have questions about this Notice or if you wish to exercise your rights described in this Notice, you may contact DMBA at:

Deseret Mutual Benefit Administrators
HIPAA Privacy Officer
P.O. Box 45530
Salt Lake City, UT 84145

801-578-5600 or 800-777-3622