

Notice of Privacy Practices – Deseret Healthcare Employee Benefit Plan

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 June 1, 2016.

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 plan has adopted to protect the confidentiality of their health information, including healthcare payment information.

This Notice summarizes the privacy policies of the self-insured health benefits—including medical and wellness, dental, and healthcare flexible spending accounts—under the Deseret Healthcare Employee Benefit Plan (Plan) administered by Deseret Mutual Benefit Administrators (DMBA) and sponsored by the Corporation of the Presiding Bishopric of The Church of Jesus Christ of Latter-day Saints and its affiliated entities (Plan Sponsors).

The Privacy Rules require the Plan 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 Plan that relates 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 your employer is entitled to under applicable law.

Third parties assist in administering your health benefits under the Plan. These entities keep and use most of the medical information maintained by the Plan 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 benefit claims. They are required to use the same privacy protections as the Plan.

The law requires the Plan 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 Plan may only use and/or disclose your PHI where required or permitted by law or when you authorize the use or disclosure. The Plan 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 PLAN MUST DISCLOSE YOUR PHI

The Plan must disclose your PHI:

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

WHEN THE PLAN MAY USE OR DISCLOSE YOUR PHI WITHOUT YOUR AUTHORIZATION

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

For Treatment. The Plan does not provide medical treatment directly, but it may disclose your PHI to a healthcare provider who is giving treatment. For example, the Plan 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 Plan may disclose your PHI, as needed, to pay for your medical benefits. For example, the Plan may tell a doctor whether you are eligible for coverage or what percentage of the bill the Plan might pay. The Plan may also use or disclose your PHI in other ways to administer benefits; for example, to process and review claims, to coordinate benefits with other health plans, to exercise its subrogation rights, and to do utilization review and pre-authorizations.

For Healthcare Operations. The Plan may use and/or disclose your PHI to make sure the Plan is well run and administered properly, and does not waste money. For example, the Plan may use information about your claims to project future benefit costs or audit the accuracy of its claims-processing functions. The Plan 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 Plan may also use your PHI to undertake underwriting, premium rating, and other insurance activities relating to changing health insurance contracts or health benefits. However, federal law prohibits the Plan from using or disclosing PHI that is genetic information (e.g., family medical history) for underwriting purposes, which include eligibility determinations, premium calculations, applications of any pre-existing condition exclusions, and any other activities related to the creation, renewal or replacement of a health insurance contract or health benefits.

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 Plan will comply with other federal laws and state law where they are more protective of your privacy. The Plan 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 Employer. In certain cases, the Plan may disclose your PHI to your employer.

- Some of the people who administer the Plan work for the Plan Sponsors. Before your PHI can be used by or disclosed to these Plan Sponsor employees, the Plan 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 Plan, and (3) separated the work of these employees from the rest of the workforce so that the Plan Sponsors cannot use your PHI for employment-related purposes or to administer other benefit 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 benefit claims without your specific authorization.
- The Plan may disclose information to your employer 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 Plan.
- The Plan may also disclose limited health information to your employer in connection with the enrollment or disenrollment of individuals into or out of the Plan.

To Business Associates. The Plan may hire third parties that may need your PHI to perform certain services on behalf of the Plan. These third parties are “Business Associates” of the Plan. Business Associates must protect any PHI they receive from, or create and maintain on behalf of, the Plan. For example, the Plan 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 Plan 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 Plan informs 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 Plan infers from the circumstances, based upon professional judgment, that you do not object to the disclosure. The Plan may release claims payment information to spouses, parents or guardians.

To Personal Representatives. The Plan may disclose your PHI to someone who is your personal representative. Before the Plan 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 Plan may not disclose certain information to the parents. The Plan 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 Plan 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 Plan 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 Plan may report information about victims of abuse, neglect, or domestic violence to the proper authorities.

For Health Oversight Activities. The Plan 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 Plan 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 Plan may also disclose PHI in response to a subpoena, a lawsuit discovery request, or other lawful process, but only if the Plan has received adequate assurances that the information to be disclosed will be protected. The Plan may also disclose PHI in a lawsuit if necessary for payment or healthcare operations purposes.

For Law Enforcement. The Plan 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 Plan may disclose PHI to a coroner or medical examiner. The Plan may also release PHI to a funeral director who needs it to perform his or her duties.

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

For Limited Data Sets. The Plan 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 Plan 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 Plan 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 Workers' Compensation. The Plan may disclose PHI for workers' compensation if necessary to comply with these laws.

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

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

WRITTEN AUTHORIZATION

The Plan 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 Plan 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 plan or policy.

YOUR INDIVIDUAL RIGHTS

You have certain rights under the Privacy Rules relating to your PHI maintained by the Plan. All requests to exercise those rights must be made in writing to the Privacy Officer. The Plan's third-

party administrators, DMBA, and HMOs each keep their own records, and you must make your requests relating to your PHI in those records directly to DMBA or the HMO. Your rights are:

Right to Request Restrictions on Uses and Disclosures of Your PHI. You may request the Plan restrict any of the permitted uses and disclosures of your PHI previously listed. The Plan does not have to, and generally will not, agree to your requested restriction. However, the Plan 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 Plan for payment or healthcare operations if you have paid for the item or service out of your pocket in full.

Please note that if your healthcare provider does not disclose the item or service to the Plan, the amount you paid for the item or service will not count toward your annual deductible or any out-of-pocket maximums under the Plan. The provider may also 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 Plan 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 Plan or its 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 Plan 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 Plan 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 Plan 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 Plan may charge you a reasonable fee.

Right to Amend. You may request the Plan change your PHI that is kept in the Plan's records, but the Plan does not have to agree to your request. The Plan may deny your request if the information in its records: (1) was not created by the Plan, (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 Plan to be complete and accurate as it then exists.

Right to Request Restrictions and Confidential Communications. You have the right to request that the Plan communicate with you in a confidential manner, for example, by sending information to an alternative address or by an alternative means. The Plan 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 Plan will not retaliate against you for filing a complaint and cannot condition your enrollment or your entitlement to benefits on your waiving these rights. If your complaint is with an insurer or HMO, you may file a complaint with the individual named in their Notice of Privacy Practices to receive complaints. If your complaint is with the Plan, 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 Plan reserves 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 Plan before the date of the revised Notice.

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

CONTACT THE PLAN OFFICIAL FOR MORE INFORMATION

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

Deseret Mutual Benefit Administrators
HIPAA Privacy Officer
P.O. Box 45530
Salt Lake City, UT 84145
801-578-5600 or 800-777-3622