

## NOTICE OF PRIVACY PRACTICES

**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.**

We understand the importance of protecting the confidentiality, privacy, and security of your personal health information. In the normal course of administering health benefits and related services, DMBA may create, receive, maintain, and use information that identifies you and relates to your health or the payment for health care. This information is known as Protected Health Information (PHI).

### YOUR RIGHTS

When it comes to your health information, you have the right to:

- Receive a paper copy of your policy or claims records and have a copy transmitted to a third party.
- Ask us to correct health and claims records if you believe PHI about you is incorrect or incomplete.
- Ask for a list (an accounting) of disclosures of your information without your consent. This list will not include disclosures for treatment, payment, health care operations, or certain other disclosures (such as those you asked us to make).
- Request, in writing, restrictions on the use or disclosure of your health information or request amendments if you believe the information is incorrect.
- Ask that we communicate with you in an alternate way or at an alternate location to protect the confidentiality of your PHI.
- Receive prompt notice if DMBA or one of its Business Associates causes a breach of your unsecured PHI.
- Receive a copy of this Notice. You may ask for a paper copy at any time, even if you have agreed to receive it electronically. We will provide a paper copy promptly.
- File a complaint if you believe we have violated your privacy rights. You may submit a written complaint to our HIPAA Privacy Officer using the contact information below or file a complaint with the Secretary of the U.S. Department of Health and Human Services. You will not be retaliated against for filing a complaint.

If you wish to exercise your HIPAA rights to make a complaint, or if you have questions about this Notice or our privacy practices, please contact our HIPAA Privacy Officer:

**Deseret Mutual Benefit Administrators**

HIPAA Privacy Officer

P.O. Box 45530

Salt Lake City, UT 84145

Phone: 801-578-5600 or 800-777-3622

Email: [HIPAAOfficer@dmba.com](mailto:HIPAAOfficer@dmba.com)

## 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.)

## COMMON USES AND DISCLOSURES OF HEALTH INFORMATION

The following sections describe how we may use and disclose your health information:

- To facilitate payment for your medical benefits and claims.
- To support healthcare providers in providing treatment.
- To administer our organization appropriately.
- To your employer for plan administration purposes, as permitted by law. Disclosures to your employer are limited to enrollment information, such as coverage status, plan selection, and premium amounts. Your employer may not use this information for employment decisions.
- To identify health-related services or benefits that may be of interest to you.
- To individuals involved in your care or payment for your care, unless you instruct us in writing not to do so. We may require proof that such individuals have your permission to act on your behalf.
- To business associates who perform services on our behalf. These business associates are required by law to protect your PHI and comply with the same privacy laws that apply to us.
- To support health related research, as permitted by law, where patient identifiable information is protected and kept confidential.

## REQUIRED USES OF HEALTH INFORMATION

The law sometimes requires us to share information for specific purposes, including the following:

- To facilitate organ and tissue donation.
- To medical examiners or funeral directors.
- To court officers, as required by law, in response to a court or administrative order or a valid subpoena.
- To law enforcement officials.
- To a correctional institution, if a member is an inmate, to ensure the correctional institution's safety.
- To a medical device's manufacturer, as required by the FDA, to monitor device safety.
- To governmental authorities to prevent serious threats to public health or safety.
- To governmental agencies to report breaches of health information privacy or as otherwise required by law.
- To a worker's compensation program if a person is injured at work and claims benefits under that program.

## OTHER USES AND DISCLOSURES

DMBA is not a substance use disorder treatment program ("SUD Program") and does not anticipate receiving substance use disorder treatment records. However, if we receive such records from a SUD Program, we would not use or disclose them in civil, criminal, administrative, or legislative proceedings against you unless:

1. You provide prior written consent; or
2. The disclosure is permitted by law pursuant to a court order accompanied by a subpoena or other legal process issued after notice and an opportunity to be heard.

We do not sell your health information or use it for marketing purposes without your authorization. From time to time, we or our business associates may send communications to inform you about health-related services or benefits available to you as part of your plan.

## CHANGES TO THE TERMS OF THIS NOTICE

We may change the terms of this Notice at any time. Any changes will apply to PHI we maintain. The updated Notice will be available upon request and on our website.

Effective Date - This Notice is effective as of February 20, 2026.