



PRIVACY AUTHORIZATION FORM

Remember, we will not disclose your personal health information (PHI) to anyone without your express permission. Therefore, if you would like other individuals (besides yourself) to have access to your PHI, please complete this form and return it to Deseret Mutual. This can be used to grant access to your covered relatives, to a person who is not in your immediate family, or to a relative who is not covered by Deseret Mutual.

Your Name: _____

Policy Holder's Deseret Mutual Identification Number: _____

INFORMATION ABOUT THOSE AUTHORIZED TO ACCESS TO YOUR PHI:

Please enter the name and relationship for each authorized individual. You must also enter a password for each individual (not more than 10 characters per password):

Name: _____ Relationship: _____ Password: _____

Name: _____ Relationship: _____ Password: _____

Name: _____ Relationship: _____ Password: _____

Name: _____ Relationship: _____ Password: _____

Name: _____ Relationship: _____ Password: _____

Name: _____ Relationship: _____ Password: _____

Your signature authorizing this action: _____

Date: _____

This authorization to disclose personal health information is valid until six months following your termination of enrollment in a Deseret Mutual health plan or until revoked, in writing, and addressed as follows:

Deseret Mutual Benefit Administrators
Attention: Membership Team
60 East South Temple
Salt Lake City, Utah 84111
Telephone: (801) 578-5600 or toll free at 1-800-777-3622

Please see the back of this form!

Please keep in mind the following information:

- All definitions, terms of use and disclosure, and a description of your rights are contained in the accompanying Privacy Notice.
- We will not condition treatment, payment, enrollment in a health plan, and/or eligibility for benefits on your providing this authorization, except as otherwise permitted by applicable federal law.
- This authorization is valid until six months after termination of your enrollment in a Deseret Mutual health plan, unless revoked in writing before that time by sending notice to Deseret Mutual Benefit Administrators, Attn: Membership Team, 60 East South Temple, Salt Lake City, UT 84111. Revocation will be valid only for future acts and will not be valid for any action we have taken before receiving your revocation.
- Please note that the information that is used or disclosed pursuant to this authorization may be subject to redisclosure by us and would therefore no longer be protected under the terms of the federal privacy rule.
- Although we have an Internet Web site that allows you to communicate with Deseret Mutual by e-mail, because of lack of uniformity of encryption devices, our reply to you may not be secure. Therefore, you should always include your telephone number in any e-mail to us because we may not be able to reply to you via e-mail if the response includes protected health information (as defined by federal law). In that situation, we will call you at the telephone number you supplied.