

PRIVACY AUTHORIZATION:
Spouse or Child Older Than 18



Your Name: _____

Deseret Mutual ID: _____

Deseret Mutual does not disclose your personal, protected health information (PHI) to anyone, including your spouse and family members, without your express permission. By signing, dating, and returning this form, you permit us to disclose information to the individual(s) you have indicated below, as permitted by law.

I hereby authorize the release of my protected health information to the following (check Yes if you want us to share your PHI with that individual; check No if you don't):

Name: _____ Yes No

If you want to add more individuals, please provide the following information:

Name: _____

Name: _____

Name: _____

Name: _____

Name: _____

I hereby revoke all prior privacy authorizations and change it to reflect the above designations.

I hereby revoke all prior authorizations. (Check this box if you don't want information released to anyone but yourself.)

Your signature authorizing this action: _____

Date: _____ Daytime Telephone Number: _____

PLEASE SEE BACK OF FORM FOR ADDITIONAL INFORMATION

Please keep in mind the following information:

- 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.
- 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 by the terms of the federal privacy rule.
- Changes in marital status may revoke previous authorizations and may require you to complete a new privacy authorization information release form.
- The privacy authorization for protected health information 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: Member Services
P.O. Box 45530
Salt Lake City, UT 84145

Revocation will be valid only for future acts and will not be valid for any action we have taken before receiving your revocation.

- The HIPAA Privacy Rule defines protected health information (PHI) as individually identifiable health information, held or maintained by a covered entity or its business associates acting for the covered entity, that is transmitted or maintained in any form or medium.

This includes identifiable demographic and other information relating to the past, present, or future physical or mental health or condition of an individual, or the provision or payment of health care to an individual that is created or received by a health care provider, health plan, employer, or health care clearinghouse.