

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.

Why We Are Providing You with This Notice

The Church of Jesus Christ of Latter-day Saints Family Services, a Utah nonprofit corporation with its principal headquarters in Salt Lake City, Utah, USA (hereinafter "Family Services," "we," "us," or a similar term) is required by federal law, including the Health Insurance Portability and Accountability Act (HIPAA) and, where applicable, 42 CFR Part 2, governing confidentiality of substance use disorder patient records, to give you this notice. We are also required by law to maintain the privacy and security of your protected health information. This notice will inform you of the ways in which we may use and disclose health information about you and will describe your rights and our obligations regarding the use and disclosure of that information.

Your Health Information

This notice applies to any identifying information and includes records we have about your health, your health status, and the health care services you receive from Family Services. This information and these records relate primarily to counseling services you have received from us.

How We May Use or Share Your Health Information

1. For Treatment

We may use or disclose health information about you to facilitate counseling and other health treatment. For example, your counselor might disclose information about you to another Family Services counselor so that your counselor can determine the most appropriate care for you.

2. For Payment

We may use and disclose health information about you so that we can be paid by you or another party, including current or future bishops if they are paying any portion of the fee for the services we provide to you.

3. For Our Operations

We may use and disclose health information about you in order to run our office and make sure that you and our other clients receive quality care. For example, we may use your health information to evaluate the performance of our staff or to contact you to remind you of your appointments.

Please notify us in writing if you do not want us to contact you to remind you of your appointments.

4. Special Situations

We may use or disclose your health information or other information you provide to us without your permission for several reasons, including but not limited to:

- When we believe that disclosure is necessary to prevent injury, a serious threat to your health and safety, or a serious threat to the health and safety of another person.
- When required by federal, state, or local law.
- When required by law to report suspected abuse or neglect.
- In response to a court order, subpoena, warrant, summons, or similar process.

Confidentiality of Substance Use Disorder Patient Records, 42 CFR Part 2

If you receive services at Family Services for substance use disorder, including diagnosis, treatment, or referral for treatment, this paragraph applies to you and supersedes items 1 through 4 of the prior paragraph. Substance use disorder records are entitled to heightened confidentiality protections under federal law. This means that we may communicate your health records or identifying information only within Family Services—that is, between or among internal personnel who "need to know" to perform their duties in connection with your counseling here for substance use disorder. We may not disclose any information identifying you as receiving treatment for substance use disorder outside of Family Services (including any disclosures for purposes of treatment or payment) without your written consent, unless one or more of the following exceptions apply: (1) the disclosure is allowed by a court order; (2) the disclosure is to medical personnel in a medical emergency; (3) the disclosure concerns a crime that you committed or threatened to commit, either at Family Services or against any Family Services employee; (4) the disclosure concerns suspected child abuse or neglect reported to appropriate authorities; or (5) the disclosure is made to qualified personnel for purposes of research, auditing, or program evaluation. Violations of these confidentiality requirements is a crime. Suspected violations may be reported to the United States attorney for the district in which the violation occurred.

Other Uses and Disclosures of Health Information

Except where otherwise required or authorized by law, we will not use or disclose your health information for any purpose without your written authorization. Specifically, we will not use or disclose your health information from psychotherapy notes or disclose your health information in a manner that constitutes marketing or a sale without your written authorization. Although we do not participate in fundraising, HIPAA provides you with the option to opt out of any fundraising communications.

For certain health information, you have the right to tell us to share information with your family, close friends, or others involved in your care or share information in a disaster relief situation. If you are not able to tell us your preference, we may share your information if we believe it is in your best interest.

If you authorize us to use or disclose health information about you, you may revoke your authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose your health information for the reasons covered by your written authorization, but we cannot take back any uses or disclosures we have already made with your permission. We have a duty to inform you if your health information is used or disclosed in a way contrary to law.

Family Services Counseling Services—Notice of Privacy Rights and Practices (United States)—continued

Electronic Communications

If you and your counselor communicate electronically (or if you authorize us to communicate electronically with an “authorized contact,” such as your bishop), such as through email or text messaging, there is a risk that those messages could be intercepted or read by a third party. To minimize this risk, Family Services uses a secure email server and encrypts email messages and documents sent to clients that contain the client’s health information. Encryption is done according to industry standards that meet HIPAA requirements. However, Family Services cannot ensure the security of your personal email provider. We also cannot ensure the security of other electronic communication providers used by you, your counselor, or any other authorized contacts to whom you authorize Family Services to disclose your health information. By providing your email address or by authorizing contact through other electronic means, you acknowledge that you accept any associated risks. If you prefer not to permit email or other electronic communication, please notify your counselor.

Your Rights regarding Your Health Information

You have the following rights with regard to your health information:

- You may request an electronic or paper copy of your health information, with certain exceptions. This may include a copy of any forms presented to or signed by you.
- If you believe that the health information we have about you is incorrect or incomplete, you may ask us to amend the information.
- You may obtain an accounting of our disclosures of your health information. This is a list of all our disclosures of your health information to individuals or entities not listed on the Counseling Services—Authorization for Release of Confidential Information for purposes other than treatment, payment, and health care operations, among certain other permitted disclosures.
- You have the right to request that we restrict or limit our use or disclosure of your health information to only treatment, payment, or health care operations; to disclosure to persons involved in your health care or payment for your health care; or to notify family members or others about your general condition, location, or death, with the exception of substance use disorder records. However, we are not required to agree to your requests for restrictions.

- If payment is out of pocket, you can request that Family Services not share your health information with your insurance company.
- You may request that we communicate with you about your health matters in a certain way or at a certain location. For example, you can ask that we contact you only at work or by mail.
- You have the right to receive a paper copy of this notice.

If you want to exercise any of these rights, please contact the office in writing.

Confidentiality in Couples, Family, and Group Counseling

If you participate in counseling that includes other individuals, such as marriage or family counseling, or if you are involved in group counseling, each participant in the counseling has the right to confidentiality regarding information shared, as well as the obligation to preserve the confidentiality of information shared by others. Family Services, however, cannot guarantee that all participants will honor these rights and obligations and maintain the confidentiality of information shared.

Changes to This Notice

With the exception of the notice regarding substance use disorder patient records, we have the right to change this notice. If we do so, the new notice will apply to the health information we may already have about you and to health information that we receive in the future. We are required to abide by the most current notice that is in effect. We will post a summary of the most current notice in our office and on our website. You are entitled to receive a copy of the most current notice.

Information and Complaints

If you would like more information about our privacy practices, have any questions or concerns, or wish to exercise any of your rights described herein, please contact our global chief data protection officer at:

dataprivacyofficer@ChurchofJesusChrist.org

1-801-240-1187

You will not be penalized for filing a complaint.

This notice is effective as of January 1, 2020.

THE CHURCH OF
JESUS CHRIST
OF LATTER-DAY SAINTS

Family Services

Counseling Services - Notice of
Good Faith Estimate

You have the right to receive a “Good Faith Estimate” explaining how much your medical care will cost. Under the law, Family Services provides patients like you an estimate of the bill for medical items and services.

- You have the right to receive a Good Faith Estimate for the total expected cost of any non-emergency items or services. This includes related costs like medical tests, prescription drugs, equipment, and hospital fees.
- Family Services will provide you a Good Faith Estimate in writing at least 1 business day before your medical service or item. You can also ask Family Services, and any other provider you choose, for a Good Faith Estimate before you schedule an item or service.
- If you receive a bill that is at least \$400 more than your Good Faith Estimate, you can dispute the bill.
- Make sure to save a copy or picture of your Good Faith Estimate.

For questions or more information about your right to a Good Faith Estimate, visit www.cms.gov/nosurprises or call [801-240-6808].