

HIPAA Plan Sponsor (employer) Certification Form



(Initial) Option 1: The Plan Sponsor chooses not to receive nor allow their Agent, Broker, or Consultant to receive PHI from AvMed with the exception of Summary Health Information (subject to employer membership levels with AvMed) and Plan Participation information. Any additional PHI may only be obtained by submitting an AvMed PHI Authorization Release Form completed by the covered individual whose information is being released.

(Initial) Option 2: The Plan Sponsor chooses to receive PHI and comply with all of the following: (If the Plan Sponsor chooses to authorize an Agent, Broker or Consultant to also receive PHI from AvMed, the Plan Sponsor must comply with all of the following as well as all the requirements on the attached HIPAA Plan Sponsor/Business Associate Certification Form)

HIPAA requires that in order for a fully insured Plan Sponsor to receive Protected Health Information (PHI) from AvMed Health Plan they must first certify that their Benefit Plan Documents have been amended to include the following:

1. How the PHI will be used or disclosed and that such uses or disclosures are permitted by the Privacy Rule;
2. That the Plan Sponsor will not use or further disclose the PHI except as allowed by the Plan Documents or as otherwise permitted by law;
3. That any agents or subcontractors of the Plan Sponsor that receive PHI will comply with all of the restrictions set out in the Plan Documents;
4. That the Sponsor will not use or disclose the information for employment-related actions and decisions;
5. That the Sponsor will not use or disclose the information in connection with any other benefits or employee Benefit Plans of the Plan Sponsor;
6. That the Plan Sponsor will report to the Benefit Plan any uses or disclosures of the information that are inconsistent with the uses or disclosures allowed by the Rule;
7. That the Plan Sponsor will amend any inaccurate information as required by the Privacy Rule;
8. That the Plan Sponsor will make available any information that may be required in order to provide individuals with an accounting of the uses and disclosures of their PHI as required by the Privacy Rule;
9. That the Sponsor will make its internal practices, books, and records related to the use and disclosure of PHI available to HHS for purposes of determining the Benefit Plan's compliance with the Rule; and
10. That, if feasible, the Sponsor will return or destroy all PHI received from the Benefit Plan when it is no longer needed. (45 CFR §164.504 (f)(2)(ii)).

The Plan Sponsors must also certify to AvMed that their Plan Documents have been amended to provide for adequate "separation" between the Benefit Plan Entity and the Plan Sponsor Entity. In order to provide for this separation, the Plan Documents must:

1. Describe the employees or classes of employees or other persons under control of the Plan Sponsor that will be given access to PHI;
2. Restrict access to, and use of, PHI by the Sponsor's employees and others under the control of the Sponsor consistent with the Plan Documents; and
3. Provide a mechanism for resolving any issues of noncompliance with the Privacy Rule by the Plan Sponsor's employees and others under control of the Sponsor. (45 CFR §164.504 (f)(2)(iii)).

Furthermore, the Plan Sponsor must identify the entity or individuals designated within the Benefit Plan with whom AvMed may exchange PHI:

Name or Title of Designated Individual(s):

In accordance with the foregoing, _____ hereby certifies that the Plan
(Name of Plan Sponsor)
Document has been appropriately amended to satisfy the HIPAA requirements.

Signature Plan Sponsor/Employer Representative:

By: _____

Print Name: _____

Title: _____

Date: _____