

HIPAA PLAN SPONSOR/BUSINESS ASSOCIATE CERTIFICATION



Name of Plan Sponsor: _____(hereinafter "Plan Sponsor")

Plan Sponsor has elected to receive protected health information (PHI), either directly or through third parties such as agents, brokers and consultants ("Business Associates"), and has completed AvMed's HIPAA Plan Sponsor (Employer) Certification Form Regarding Receipt of PHI. By signing below, Plan Sponsor requests, and specifically authorizes and requests that the PHI be provided, on Plan Sponsor's behalf, to its Business Associates.

As a condition of the PHI being provided to the Business Associates, Plan Sponsor confirms and agrees to the following:

1. HIPAA requires that in order for Plan Sponsor to authorize a Business Associate to receive PHI from AvMed, in addition to certifying that the benefit plan document complies or has been amended to comply with the most current requirements of 45 C.F.R. § 164.504(f), Plan Sponsor must also enter into a business associate agreement that has been executed between the Plan Sponsor and the Business Associate that complies with the most current HIPAA provisions/regulations. The business associate agreement must include: (i) the role, scope and function the Business Associate will perform for the Plan Sponsor; (ii) the means by which the Business Associate will safeguard any PHI received on behalf of the Plan Sponsor; (iii) how the PHI will be used and disclosed; and (iv) any other provisions mandated by the most current HIPAA provisions/regulations.
2. In accordance with the foregoing, Plan Sponsor hereby certifies that a proper business associate agreement has been executed with the following Business Associates which appropriately satisfies all the current HIPAA requirements, and Plan Sponsor directs AvMed to transmit PHI to these Business Associates as requested by Plan Sponsor:

The undersigned certifies that he or she has the authority to bind and sign on behalf of Plan Sponsor.

Plan Sponsor: _____

By: _____

Print Name: _____

Title: _____

Date: _____