

Plan Sponsor Certification Form



Purpose – This certification must be completed before Harvard Pilgrim Health Care, Inc. and its affiliates (collectively, “Harvard Pilgrim”) will disclose protected health information (other than enrollment or summary health information) to, or on behalf of, a Plan Sponsor.

All fields are required. Incomplete or incorrect forms will be returned for completion.

Employer Group Information – For employer group whose information will be disclosed (“Group Health Plan”)

Name

Corp ID / C#

Plan Sponsor shall mean the company or other entity that sponsors the Group Health Plan named above.

Terms of this Certification

1. Harvard Pilgrim provides or administers group health benefit plan services to the participants and beneficiaries in Plan Sponsor’s Group Health Plan and Plan Sponsor has requested that Harvard Pilgrim disclose protected health information (“PHI”) related to its Group Health Plan that is more than enrollment or summary health information.
2. Group Health Plan’s plan documents must establish the permitted and required uses and disclosures of PHI by Plan Sponsor.
3. Plan Sponsor hereby certifies to Group Health Plan and to Harvard Pilgrim, as required by 45 C.F.R. §§ 164.504(f) and 164.314(b), that it agrees to:
 - a. Not use or further disclose the PHI it receives other than as permitted or required by the plan documents or as required by law;
 - b. Implement administrative, physical, and technical safeguards that reasonably and appropriately protect the confidentiality, integrity, and availability of the electronic PHI that it creates, receives, maintains, or transmits on behalf of Group Health Plan;
 - c. Ensure that any agents to whom it provides the PHI agree to the same restrictions and conditions that apply to Plan Sponsor with respect to such information, including implementing reasonable and appropriate security measures to protect the information;
 - d. Not use or disclose the PHI for employment-related actions and decisions or in connection with any other benefit or benefit plan;
 - e. Report to the Group Health Plan any impermissible use or disclosure, including security incidents, of which it becomes aware;
 - f. Make available PHI in accordance with 45 C.F.R. § 164.524;
 - g. Make available PHI for amendment and incorporate any amendments in accordance with 45 C.F.R. § 164.526;
 - h. Make available the information required for an accounting of disclosures in accordance with 45 C.F.R. § 164.528;
 - i. Make its internal practices, books, and records relating to the use and disclosure of PHI available to the Secretary of the U.S. Department of Health and Human Services for purposes of determining compliance by the Group Health Plan;
 - j. If feasible, return or destroy all PHI that it still maintains in any form and retain no copies of such information when no longer needed for the purpose for which disclosure was made, except that, if such return or destruction is not feasible, limit further uses and disclosures to those purposes that make the return or destruction of the information infeasible; and
 - k. Ensure that there is adequate separation between the Plan Sponsor and Group Health Plan, as required by 45 C.F.R. § 164.504(f)(2)(iii), and that it is supported by reasonable and appropriate security measures.

Signature

I have read and agree to the terms of this Certification. I represent that the signature below is my own and that I am legally authorized to sign this document on behalf of Plan Sponsor.

Authorized Signature

Date

Printed Name

Title

Email Address

Phone Number