

IDENTIFICATION OF THIRD-PARTY REPRESENTATIVES*

Harvard Pilgrim cannot release ANY account information to a third-party unless this form is completed.

Account Name _____ **Policy #(s)** _____

Account hereby authorizes the following third-party company(ies) to represent the Account in order to carry out Group Health Plan functions that involve the use and disclosure of Protected Health Information (PHI) on behalf of the Account:

Third Party Company Information			Authorizations		
Third Party Company Name (e.g. Broker Agency, HRA/HSA/ COBRA Administrator)	Phone	Role of Third Party (check all that apply)	Administrative Functions	HPHConnect Access	Special Request (Please Specify)
		<input type="checkbox"/> Broker/Consultant <input type="checkbox"/> Enrollment TPA <input type="checkbox"/> COBRA admin <input type="checkbox"/> HRA Vendor <input type="checkbox"/> HSA Vendor <input type="checkbox"/> Other (please specify):	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	
		<input type="checkbox"/> Broker/Consultant <input type="checkbox"/> Enrollment TPA <input type="checkbox"/> COBRA admin <input type="checkbox"/> HRA Vendor <input type="checkbox"/> HSA Vendor <input type="checkbox"/> Other (please specify):	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	
		<input type="checkbox"/> Broker/Consultant <input type="checkbox"/> Enrollment TPA <input type="checkbox"/> COBRA admin <input type="checkbox"/> HRA Vendor <input type="checkbox"/> HSA Vendor <input type="checkbox"/> Other (please specify):	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	

- “Administrative Functions” is defined as communication of PHI via verbal, written, electronic and/or system access for a specific purpose to manage eligibility and/or billing for the account. Additional authorizations may be required when assisting members.
- “HPHConnect Access” is all-inclusive access to enrollment, billing, and reporting functionality for this online application.
- “Special Requests” are generally for ASO customers that require more than enrollment/billing related PHI such as claims data.

Account hereby acknowledges that Harvard Pilgrim will only release to a third-party representative what could be released directly to the Account per Harvard Pilgrim’s disclosure policy. The Account and its representatives will adhere to all applicable HIPAA regulations, including the execution of Business Associate Agreements where applicable. The Account hereby agrees to notify Harvard Pilgrim, immediately, in writing, if any of these designations change.

Authorized Account Signature _____ **Date** _____

Print Name and Title _____

Email _____ **Phone** _____

Please complete, sign, and return this form to your account executive.

* The General Laws of Massachusetts c.93H, 201 CMR 17:00, Standards for the Protection of Personal Information of Residents of the Commonwealth, requires all third party service providers to provide written certification that such service provider has a written, comprehensive information security program that is in compliance with the provisions of these regulations, the scope of which applies to all persons that own, license, store or maintain personal information about a resident of the Commonwealth.