

How to Complete Plan Sponsor Certification of Group Health Plan HIPAA, Compliance and Authorization for Third Party Access to PHI Form

Page 1 – Top of Form

- Please complete the Plan Sponsor Name (group name), group number(s), and Plan Sponsor Owner or Group Health Plan Decision Maker

Page 1 – Bottom of Form

- Plan Sponsor Owner or Group Health Plan Decision Maker listed at the top of page 1 must always sign and date the bottom of the form.

Page 2 – Section A: Plan Sponsor Representative(s)

- Requests access for the Group Benefit Administrator(s) or other group representatives. Example: Enrollment & Billing, Consultants, Human Resources, etc.
- Each representative must complete the requested information.
- Representative(s) must sign and date at their appropriate representative number at the bottom of Section A (Example: Representative 1, sign as Representative 1)
- The Plan Sponsor Owner or Group Health Plan Decision Maker must always sign and date Section D at the bottom of page 2.

Page 2 – Section B: Individual Broker Agent Access

- This section requests access for individual broker representatives of the group.
- Complete the requested information
- Sign at the arrow
- The Plan Sponsor Owner or Group Health Plan Decision Maker must always sign and date Section D at the bottom of page 2.

Page 2 – Section C: Broker All Access

- This section requests access for all agents within the Broker Agency to have access to group level PHI.
- Broker Agency Owner/Decision Maker completes the requested information, indicate Name of the Primary Broker Agent representing this group if necessary.
- Broker Agency Owner/Decision Maker signs on the bottom of Section C
- The Plan Sponsor Owner or Group Health Plan Decision Maker must always sign and date Section D at the bottom of page 2.

Please email the completed form to your Account Executive.