

**GROUP PLAN ADMINISTRATION FUNCTIONS  
HIPAA CERTIFICATION**

<b>Group Name:</b> _____	<b>Group Number:</b> _____
<b>Address:</b> _____	<b>Phone Number:</b> _____
_____	<b>Contact Name:</b> _____
<b>e-mail address:</b> _____	

1. I hereby certify that Group’s plan documents have been amended as required by the Health Insurance Portability and Accountability Act (“HIPAA”) and agree to the following with respect to the use and disclosure of Protected Health Information (“PHI”) for the purposes of Plan Administration Functions as set forth under HIPAA:
  - a. Not use or further disclose PHI other than as permitted or required by the plan documents or as required by law;
  - b. Ensure that any subcontractors or agents to whom the plan sponsor provides PHI agree to the same restrictions;
  - c. Not use or disclose the PHI for employment-related actions;
  - d. Report to group health plan any use or disclosure that is inconsistent with the plan documents or HIPPA regulation;
  - e. Make the individual’s PHI accessible to the individual;
  - f. Allow individuals to amend their information;
  - g. Provide an accounting of its disclosures;
  - h. Make its practices available to the Secretary of HHS for determining compliance;
  - i. Return and destroy all PHI when no longer needed, if feasible; and
  - j. Ensure that firewalls have been established (Note, the firewalls must identify the employees or classes of employees or other persons under the plan sponsor’s control who will have access to PHI.)
  
2. The following employees or classes or employees or other persons under the Group’s control who will be allowed access to PHI are: \_\_\_\_\_.
  
3. I understand that any request for disclosure of PHI that is not for Plan Administration Functions or does not meet the provisions listed above, will only be released upon authorization of the individual.
  
4. For purposes of this Certification, Plan Administration Functions means those functions as defined by HIPAA which include, but are not limited to quality assurance, claims processing auditing, monitoring, and management of carve-out plans. Plan Administration Functions do not include any employment-related functions or functions in connection with any other benefits or benefit plans.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name (print): \_\_\_\_\_

Title: \_\_\_\_\_

**To submit this form, or if you have any questions about this form, please contact –**

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