



**Plan Sponsor**

Name:

Title:

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

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

**Agent**

Name:

Title:

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

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

## PROTECTED HEALTH INFORMATION CERTIFICATION

I hereby certify that I am an appropriately authorized representative of the plan sponsor and have the authority to execute this certification. I further certify that the plan sponsor is acting in the capacity of a Covered Entity under HIPAA and has in place appropriate plan documents necessary to demonstrate compliance with applicable privacy requirements. I certify that the plan documents meet the requirements described below:

(initial each box below)

- A.  Plan documents describe employees or classes of employees or other persons under the control of the plan sponsor to be given access to the protected health information to be disclosed, provided that any employee or person who receives protected health information relating to payment under, health care operations of, or other matters pertaining to the group health plan in the ordinary course of business must be included in such description;
- B.  Restrict the access to and use by such employees and other persons described in the paragraph A above to the plan administration functions that the plan sponsor performs for the group health plan;
- C.  Provide an effective mechanism for resolving any issues of noncompliance by persons described in paragraph A above with the plan document provisions required by law; and
- D.  The plan documents comply with the requirements of Section 164.504(f)(2) and that the plan sponsor will safeguard and limit the use and disclosure of protected health information that the plan sponsor may receive from UnitedHealthcare (hereafter referred to as the Company) to perform the plan administration functions.

Specifically, the plan sponsor will:

1. Not use or further disclose the information other than as permitted or required by the plan documents or as required by law;
2. Ensure that any agents, including a subcontractor, to whom it provides protected health information received from the Company, or to whom it provides written direction to the Company to share protected health information, agree to the same restrictions and conditions that apply to the plan sponsor with respect to such information;

3. Not use or disclose the information for employment-related actions and decisions or in connection with any other benefit or employee benefit plan of the plan sponsor;
4. Report to the Company any use or disclosure of the information that is inconsistent with the uses or disclosures provided for of which it becomes aware;
5. Make available protected health information in accordance with 45 CFR §164.524;
6. Make available protected health information for amendment and incorporate any amendments to protected health information in accordance with 45 CFR §164.526;
7. Make available the information required to provide an accounting of disclosures in accordance with 45 CFR §164.528;
8. Make its internal practices, books and records relating to the use and disclosure of protected health information received from the Company available in response to an inquiry from the Company or an appropriate regulatory entity for purposes of determining compliance with federal privacy requirements;
9. If feasible, return or destroy all protected health information received from the Company that the plan sponsor still maintains in any form and retain no copies of such information when no longer needed for the purpose of 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.

**On Behalf of** \_\_\_\_\_  
(Plan Sponsor)

Authorized Representative:

**Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

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

**Date:** \_\_\_\_\_