

Plan Sponsor's HIPAA Privacy Rule Certification Form

I, _____, on behalf of _____,
[Owner or Officer Name] [Name of your company]
am authorized to make the following certification for each of the employee benefits plans.

1. The Plan Sponsor will not further use or disclose protected health information (PHI) except as required by the plan documents or by law.
2. The Plan Sponsor will ensure that the Plan Sponsors' agents and subcontractors comply with the Employer's HIPAA Privacy Policy.
3. The Plan Sponsor will not use or disclose the PHI for employment-related actions or decisions.
4. The Plan Sponsor will not use or disclose the PHI in connection with any other benefit or employee benefit plan of the sponsor except as permitted under HIPAA.
5. The Plan Sponsor will self-report any disclosure violations to the plan.
6. The Plan Sponsor will meet certain administrative requirements applicable to health plans.
7. The Plan Sponsor will make its internal practices, books and records related to use and disclosure of PHI received from the plan available to the Secretary of Health and Human Services for compliance review.
8. Where feasible, the Plan Sponsor will return or destroy all PHI received from the plan when done with it.
9. The Plan Sponsor will maintain adequate separation between the group health plan and the sponsor.

Signature of Owner or Officer _____ Date _____

Name of Employee Benefit Plan sponsored by Employer: _____