



HealthFlex Plan Sponsor HIPAA Certification Form

The Plan Sponsor, the sponsor of HealthFlex (“the Health Plan”), a “group health plan” as defined by the Health Information Portability and Accountability Act, as amended (HIPAA), hereby acknowledges that the documents that govern the Health Plan have been amended to incorporate the following provisions, under which the Plan Sponsor shall:

- not use or further disclose the PHI (Protected Health Information) other than as permitted or required by the Health Plan or as required by law;
- ensure that any agent, including a subcontractor, to whom it provides PHI received from the Health Plan agrees to the same restrictions and conditions that apply to the Plan Sponsor with respect to PHI;
- not use or disclose the PHI for employment-related actions and decisions or on behalf of any other benefit or employee benefit plan of the Plan Sponsor;
- report to the Health Plan any use or disclosure of the information that is inconsistent with the uses or disclosures provided for of which it becomes aware;
- make available PHI to comply with an individual’s right to access PHI;
- make available PHI to comply with an individual’s right to amend PHI and make any appropriate amendments;
- make available the information required to provide an accounting of disclosures when requested by an individual;
- make its internal practices, books, and records relating to the use and disclosure of PHI received from the Health Plan available to the Secretary of Health and Human Services for purposes of determining compliance by the Health Plan with HIPAA’s privacy requirements;
- if feasible, return or destroy all PHI received from the Health Plan that the Plan Sponsor still maintains in any form and retain no copies of such information when no longer needed for the purpose for 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; and
- ensure that adequate separation between the Health Plan and the Plan Sponsor (i.e., a “firewall”) is established and maintained.

Name of Sponsor

Authorized Signature

Date