

PLAN SPONSOR CERTIFICATION TO THE GROUP HEALTH PLAN

The self-funded group health plan (the “Plan”) that you, as an employer, sponsor is a “Covered Entity” as defined by the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and its implementing regulations.

The Plan, as a Covered Entity, must comply HIPAA. The employer, as the Plan Sponsor, is required by law to safeguard and protect any Protected Health Information (PHI) that you receive in accordance with HIPAA, provide a certification of your compliance to the Plan, and amend the Plan Document accordingly.

The purpose of this document is to secure your certification of compliance.

PLAN SPONSOR CERTIFICATION TO GROUP HEALTH PLAN

By my signature below, _____, (“Plan Sponsor”), the sponsor of the group health plan issued to employees of Plan Sponsor (the “Plan”), hereby certifies that the Plan documents that govern the Plan have been amended to incorporate the following provisions and that the Plan Sponsor shall:

- a) not use or further disclose the Protected Health Information (PHI) other than the minimum necessary information as permitted or required by the Plan or as required by law;
- b) ensure that any agent, including a subcontractor, to whom it provides PHI received from the Plan agrees to the same restrictions and conditions that apply to the Plan Sponsor with respect to PHI;
- c) not use or disclose the PHI for employment-related actions and decisions or in connection with any other benefit or employee benefit plan of the Plan Sponsor;
- d) report to the Plan any use or disclosure of the information that is inconsistent with the uses or disclosures described in (a) above;
- e) make available to the Plan PHI to comply with the HIPAA right to access in accordance with 45 CFR § 164.524;
- f) make available to the Plan PHI for amendment and incorporate any amendments to PHI in accordance with 45 CFR § 164.526;
- g) make available to the Plan the information required to provide an accounting of disclosures in accordance with 45 CFR § 164.528;
- h) make its internal practices, books, and records relating to the use and disclosure of PHI received from the Plan available to the Secretary of Health and Human Services for purposes of determining compliance by the Plan with the HIPAA privacy requirements;
- i) if feasible, return or destroy all PHI received from the 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
- j) Ensure that the adequate separation between Plan and Plan Sponsor (i.e., the “firewall”), required in 45 CFR § 504(f) (2)(iii), is satisfied.

Further, the Plan Sponsor provides the following list of Authorized Representatives. The Authorized Representatives identified below are employees or persons under the control of the Plan Sponsor and shall have access to employees’ PHI for the purposes of our Plan Administrative functions. **Only those written in this box will be authorized. Please provide first name last name, title, and the applicable function for PHI usage.** (Please print)

LIST OF AUTHORIZED REPRESENTATIVES

(See key, below, to identify the type of PHI he/she is authorized)

Name: _____ Title: _____

Primary Function(s)* with regard to the group health benefit plan:

LMTD CLMS 1 CLMS 2 FINANCE OTHER, if "other" please explain: _____

Name: _____ Title: _____

Primary Function(s)* with regard to the group health benefit plan:

LMTD CLMS 1 CLMS 2 FINANCE OTHER, if "other" please explain: _____

Name: _____ Title: _____

Primary Function(s)* with regard to the group health benefit plan:

LMTD CLMS 1 CLMS 2 FINANCE OTHER, if "other" please explain: _____

If additional appointments for Authorized Representatives are needed, please request use the "List of Authorized Representatives Form".

<p>*KEY: LMTD: Limited access - an individual who works with enrollment, termination, COBRA, etc. – needs no additional health information) CLMS 1: Individual who needs to check status of claims – minimal PHI to include eligibility information CLMS 2: Assists participants in filing claims or appeals on claims denials – should have access to all claims data, including eligibility, upon request) FINANCE: Individual to whom we are to deliver reports related to financial maintenance of the coverage (e.g. check register, etc.)</p>
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Plan Sponsor understands that it must provide written notice to Trustmark immediately if there is a change to the List of Authorized Representatives.

One of the HIPAA administrative requirements for a Covered Entity, that has elected to receive PHI, is for the appointment of a Privacy Official. Please provide this official’s name and contact information should we need to contact him/her:

Privacy Official Name: _____

Contact email: _____

Contact phone: _____

Plan Sponsor certifies that it has amended its Plan Document or Summary Plan Description to include the Plan Amendment shown in Exhibit A to this Plan Sponsor Certification or has amended its Plan Document or Summary Plan Description using an Plan Amendment that is substantially similar to that shown in Exhibit A.

Plan Sponsor / Employer Name: _____

Authorized Signature: _____

Printed Name: _____

Title: _____

Date: _____

EXHIBIT A

HIPAA PRIVACY AND SECURITY PLAN AMENDMENT

Introduction.

_____ (the "Plan Sponsor") sponsors the group health plan issued to employees of Plan Sponsor (the "Plan"). Members of the Plan Sponsor's workforce have access to the individually identifiable health information of individuals for administrative functions of the Plan. When this information is provided from the Plan (or from the health insurer or administrator with respect to the Plan) to the Plan Sponsor, it is Protected Health Information (PHI) and, if it is transmitted or maintained in electronic media, it is Electronic PHI. The Health Insurance Portability and Accountability Act of 1996 (HIPAA) and its implementing regulations restrict the Plan's and the Plan Sponsor's ability to use and disclose PHI and Electronic PHI. The Plan Sponsor shall have access to PHI and Electronic PHI from the Plan only as permitted under this Plan Amendment or as otherwise required or permitted by HIPAA.

Permitted Disclosure of Enrollment/Disenrollment Information.

The Plan (or a health insurer or administrator with respect to the Plan) may disclose to the Plan Sponsor information on whether an individual is participating in the Plan, or is enrolled or has been disenrolled from coverage.

Permitted Uses and Disclosures of Summary Health Information.

The Plan (or a health insurer or administrator with respect to the Plan) may disclose Summary Health Information to the Plan Sponsor, provided that the Plan Sponsor requests the Summary Health information for the purpose of (a) obtaining premium bids from health plans for providing health insurance coverage under the Plan or (b) modifying, amending or terminating the Plan. "Summary Health Information" means information that (a) summarizes the claims history, claims expenses or type of claims experience by individuals for whom the Plan Sponsor provided benefits under this Plan, and (b) from which the information described at 45 CFR Section 164.514(b)(2)(i) has been deleted, except that the geographic information described in 45 CFR Section 164.514(b)(2)(i)(B) need only be aggregated to the level of a five-digit zip code.

Permitted and Required Uses and Disclosures of Protected Health Information for Plan Administration Purposes.

Unless otherwise permitted by law, and subject to the conditions of disclosure described in Section "Conditions of Disclosure for Plan Administration Purposes" below and obtaining written certification pursuant to Section "Certification of Plan Sponsor" below, the Plan (or a health insurer or administrator) may disclose PHI of individuals who participate or have participated in the Plan to the Plan Sponsor, provided that the Plan Sponsor uses or discloses such PHI only for plan administration purposes. "Plan Administration Purposes" means administration functions performed by the Plan Sponsor on behalf of the Plan, such as quality assurance, claims processing, auditing and monitoring. Plan administration functions do not include functions performed by the Plan Sponsor in connection with any other benefit or benefit plan of the Plan Sponsor, and they do not include any employment-related actions or decisions.

Enrollment and disenrollment functions performed by the Plan Sponsor are performed on behalf of the Plan participant and beneficiaries, and are not Plan administration functions. Enrollment and disenrollment information is held in its capacity as an employer and is not PHI.

Notwithstanding any provision of this Plan to the contrary, in no event shall the Plan Sponsor be permitted to use or disclose PHI in a manner that is inconsistent with 45 CFR Section 164.504(f).

Conditions of Disclosure for Plan Administration Purposes. The Plan Sponsor agrees that with respect to PHI (other than enrollment/disenrollment information and Summary Health Information, and information disclosed pursuant to a signed authorization that complies with the requirements of 45 CFR § 164.508, which are not subject to these restrictions) disclosed to it by the Plan, the Plan Sponsor shall:

- not use or further disclose PHI other than as permitted or required by the Plan or as required by law;
- ensure that any agent, including a subcontractor, to whom it provides PHI received from the Plan agrees to the same restrictions and conditions that apply to the Plan Sponsor with respect to PHI;
- not use or disclose PHI for employment-related actions or in connection with any other benefit or employee benefit plan of the Plan Sponsor;
- report to the 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 HIPAA's right to access in accordance with 45 CFR Section 164.524.
- make available PHI for amendment and incorporate any amendments to PHI in accordance with 45CFR Section 164.526.
- make available to the information required to provide an accounting of disclosures in accordance with 45 CFR Section 164.528.
- make its internal practices, books and records relating to the use and disclosure of PHI received from the Plan available to the Secretary of Health and Human Services for purposes of determining compliance by the Plan with HIPAA's privacy requirements.
- if feasible, return or destroy all PHI received from the 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 such 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.
- ensure that the adequate separation between the Plan and the Plan Sponsor (i.e., the "firewall") required in 45 CFR Section 164.504(f)(2)(iii) is satisfied.

Plan Sponsor further agrees that if it creates, receives, maintains, or transmits any Electronic PHI (other than enrollment/disenrollment information and summary health information, and information disclosed pursuant to a signed authorization that complies with the requirements of 45 CFR Section 164.508, which are not subject to these restrictions) on behalf of the plan, it will:

- Implement administrative, physical, and technical safeguards that reasonably and appropriately protect the confidentiality, integrity, and availability of the Electronic PHI that it creates, receives, maintains, or transmits on behalf of the plan;
- Ensure that the adequate separation between the plan and Plan Sponsor (i.e., the firewall), required by 45 CFR Section 504(f)(2)(iii) is supported by reasonable and appropriate security measures;
- Ensure that any agent, including a subcontractor, to whom it provides Electronic PHI agrees to implement reasonable and appropriate security measures to protect the information; and
- Report to the plan any security incident of which it becomes aware, as follows: Plan Sponsor will report to the plan, with such frequency and at such times as agreed, the aggregate number of unsuccessful, unauthorized attempts to access, use, disclose, modify, or destroy Electronic PHI or to interfere with systems operations in an information system containing Electronic PHI; in addition, Plan Sponsor will report to the plan as soon as feasible any successful unauthorized access, use, disclosure, modification, or destruction of Electronic PHI or interference with systems operations in an information system containing Electronic PHI.

Adequate Separation Between the Plan and the Plan Sponsor.

The Plan Sponsor shall allow the following employees access to PHI and Electronic PHI:

- the Plan Sponsor's Privacy Director;

- members of Corporate Human Resources who work directly with the Privacy Director on behalf of the Plan;
- members of corporate and divisional information technology departments; and
- members of the Plan Sponsor's internal audit department.

No other member of the Plan Sponsor's workforce shall have access to PHI and Electronic PHI. These specified employees or classes of employees shall only have access to and use PHI and Electronic PHI to the extent necessary to perform the plan administration functions that the Plan Sponsor performs for the Plan. In the event that any of these specified employees do not comply with the provisions of this Section, that employee shall be subject to disciplinary action by the Plan Sponsor in accordance with its Privacy Policy.

Certification of Plan Sponsor.

The Plan shall disclose PHI to the Plan Sponsor only upon the receipt of a certification by the Plan Sponsor that the Plan has been amended to incorporate the provisions of 45 CFR Section 164.504(f)(2)(ii), and that the Plan Sponsor agrees to the conditions of disclosure set forth in Section “Conditions of Disclosure for Plan Administration Purposes” hereof.

This Plan Amendment has been adopted by the Plan Sponsor and shall take effect on _____.

Plan Sponsor / Employer Name: _____

Authorized Signature

Printed Name

Title

Date