



Group Health Plan Name: _____ Group Number: _____

Introduction

Health Plans, Inc. (HPI) is pleased to offer you our Employer Portal, a website designed to assist you in self-managing your Group Health Plan (GHP). You must submit this completed form to HPI to authorize specific staff within your organization (“Designated Employees”) to access information that may contain Protected Health Information (PHI) via the portal.

- Only staff with a legitimate need to access PHI to perform plan administration functions (e.g., updating enrollment, managing claims funding, etc.) may be named as Designated Employees, and may be granted such authority.
- In accordance with the Health Insurance Portability and Accountability Act (HIPAA), any Designated Employee in your organization who is authorized to access PHI, via the portal or otherwise, must hold a job title that is identified in the HIPAA Privacy and Security Section of your GHP’s Summary Plan Description (SPD) as being qualified to access PHI for plan administration purposes.

Designated Employees

By authority of the undersigned, please grant the following Designated Employee(s) access to HPI’s Employer Portal, including the level of access to PHI, as indicated:

1 Employee Name: _____ Title: _____
 Email: _____ Department: _____

- Plan Benefits Reports: PHI redacted or Full Reports
 View Claims & Accumulators Enrollment: View Only (census) or View, Edit and Add Records

2 Employee Name: _____ Title: _____
 Email: _____ Department: _____

- Plan Benefits Reports: PHI redacted or Full Reports
 View Claims & Accumulators Enrollment: View Only (census) or View, Edit and Add Records

3 Employee Name: _____ Title: _____
 Email: _____ Department: _____

- Plan Benefits Reports: PHI redacted or Full Reports
 View Claims & Accumulators Enrollment: View Only (census) or View, Edit and Add Records

4 Employee Name: _____ Title: _____
 Email: _____ Department: _____

- Plan Benefits Reports: PHI redacted or Full Reports
 View Claims & Accumulators Enrollment: View Only (census) or View, Edit and Add Records

Terms of Access

You are (*check one*):

- Your GHP's Privacy Officer; *or*
- A representative of your GHP authorized to determine which staff members within your organization are qualified to be Designated Employees

Please check each box below to verify the following statements:

- You authorize the Designated Employees listed in this form to access plan, eligibility and/or PHI to perform plan administration functions, as indicated above.
- You have informed the Designated Employee(s) of their obligations with respect to using and disclosing PHI, including but not limited to the following*:
The Designated Employee(s):
 - Will only use or disclose PHI to perform plan administration functions, as required by law, or as permitted under HIPAA;
 - Will NOT use or disclose PHI for employment-related actions or decisions, or in connection with any other of your organization's benefits or benefit plans, unless permitted under HIPAA;
 - Will use reasonable and appropriate safeguards to protect the confidentiality, integrity and availability of the PHI they create, receive, maintain or transmit, in accordance with HIPAA;
 - Will promptly report to your organization any use or disclosure of PHI that is made in violation of or is inconsistent with the obligations set forth in the SPD; and
 - Will promptly report to your organization any "security incident" (as defined under HIPAA or any applicable state data security laws) of which they become aware.
- In completing this form, you have limited each Designated Employee's access to PHI to the MINIMUM NECESSARY amount to accomplish the intended use or purpose for which they require access.
- You will report any and all changes to HPI in a timely manner if a Designated Employee's authority to access PHI is revoked or otherwise terminated.

* Please see the HIPAA Privacy and Security section of the SPD for information about your organization's obligations with respect to PHI.

Authorization

GHP Authorized Signature: _____ **Date:** _____

Print Name: _____ **Title:** _____

Account Manager Attestation: *Internal Use Only*

Please verify the following:

- You confirm that this form has been signed and dated by an employee of the above-named client with a job title of "Manager" or above, and who is authorized to make decisions relating to the client's GHP;
- The email address provided for each portal user designated in this form is accessible to that portal user *only*;
- Each designated portal user has a job title that performs plan administration functions, including any portal user with a job title unrelated to Human Resources or Finance;
- Each designated portal user's job title is listed on line 49 of the Auto WIP; and
- Each designated portal user's job title is already listed in the client's SPD, or that you have submitted a paper WIP to amend the SPD to include such job title(s).

Account Manager Name (Print): _____ **Date:** _____