Identification of Third-Party Representatives

Clear Form

This form may be used to authorize Health Plans, Inc. (HPI) to disclose group health plan data to a third party. The completion of this form is required prior to the release of any account information containing Protected Health Information (PHI) or Personal Information (PI) to the designated third party. To terminate this authorization, you must contact HPI.

Name of Group Health Plan: _____ **HPI Group ID:** _____

(Your company name)

Third-Party Representative Information

Group Health Plan (GHP) hereby authorizes the following third-party representative to act on its behalf and receive or exchange PHI or PI for purposes related to the administration of the GHP:

Representative Name *(company, if applicable, rather than an individual):*

_____

Street Address: _____

City: _____ **State:** _____ **ZIP Code:** _____

Role of Representative:

☐ Broker/Consultant ☐ Pharmacy Benefits Manager ☐ HRA/FSA/HSA vendor ☐ COBRA administrator

☐ Reinsurance Carrier ☐ Other (specify):

Authorizations

The named representative will receive PHI/PI as needed to complete their designated role.
Please complete this section to indicate the access/authorization you are granting.

HPI Broker Portal: ☐ Yes ☐ No *(separate form for users/permissions required)*

Data Files with PHI: ☐ Yes ☐ No

Reports with PHI: ☐ Yes ☐ No

Other special request/notes (specify): _____

_____

By signing this form, the GHP acknowledges and agrees to the following:

- *HPI will only release to a third party what is able to be released directly to the GHP per HPI-GHP-012: Disclosure Policy.*
- *The GHP and its third-party representative will adhere to all applicable HIPAA regulations, including the execution of Business Associate Agreements where required.*
- *The GHP will notify HPI immediately, in writing, of a change in its third-party representative or termination of this authorization.*

Authorized Signatory: _____ **Date:** _____

Name and Title (print)**:** _____

Email (required) _____ **Phone (required):** _____