



HIPAA PRIVACY ELECTION FORM FOR SMALL GROUP PLANS

Date:		Account Number:	
Group Name:			
Group Contact / Plan Representative:			
Plan Representative Signature:			
Address:			
City:		State:	Zip:
Phone:			

PHI ELECTION

1. <input type="checkbox"/> If Checked Plan Sponsor has elected to have Protected Health Information sent only to a third party designated below.	
2. <input type="checkbox"/> If Checked Plan Sponsor has elected to receive Protected Health Information (PHI). The following items must be attached: <input type="checkbox"/> Certification of Plan Amendment <input type="checkbox"/> Signed Confidentiality Agreement <input type="checkbox"/> Plan Sponsor PHI Recipient Information (See Below)	
Note: Unless otherwise elected above, PHI for this Small Group will default to NO	

PHI RECIPIENT INFORMATION

Check One: <input type="checkbox"/> Plan Sponsor <input type="checkbox"/> Third Party			
Contact Name/Title:			
Company Name:			
Address:			
City:	State:	Zip:	Phone:

Check One: <input type="checkbox"/> Plan Sponsor <input type="checkbox"/> Third Party			
Contact Name/Title:			
Company Name:			
Address:			
City:	State:	Zip:	Phone:

**Instructions for HIPAA Privacy Elections for
Small Group Insured Plans Form**

(1) Group Contact / Plan Representative completes the information in the first section in its entirety including:

Date
Account Number
Group Name
Group Contact / Plan Representative
Plan Representative Signature
Address
City, State, Zip
Phone

(2) PHI Election

Option 1: Group Contact / Plan Representative should check here if Plan Sponsor is allowing the designated Broker (Third Party) to have Protected Health Information released to him/her or a staff member acting on the Broker's behalf.

Option 2: Plan Sponsor is electing to receive Protected Health Information. In this instance, the Plan Sponsor must provide: (a) Certification of Plan Amendment; (b) Signed Confidentiality Agreement; (c) Plan Sponsor PHI Recipient Information.

Without the HIPAA Privacy Election Form, PHI for all Small Groups will default to "NO". PHI will not be disclosed to the Plan Sponsor or any Third Party.

(3) PHI Recipient Information

Group Contact / Plan Representative should indicate whether they are electing to receive PHI or designating a Broker to receive PHI.

Group Contact / Plan Representative completes the information in this section in its entirety naming the Plan Sponsor or the Third Party allowed to receive PHI.

Contact Name / Title
Company Name
Address
City, State, Zip, Phone

Note: If the Third Party being named will have a staff member acting on their behalf, that individual should also be listed on the form.