



## 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)	
<b>Note: Unless otherwise elected above, PHI for this Small Group will default to NO</b>	

### 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.***