

# HEALTH PLAN AUTHORIZED REPRESENTATIVE DESIGNATION

**A health plan representative is an individual who requires access to other employees' protected health information to perform their day-to-day job functions of administering health benefits for those employees. These individuals usually work within the employee benefits area of the employer's organization.**

If any protected health information for your health plan members is to be received by a health plan representative, those individuals must be identified by name and they must protect the confidentiality of individuals in the health plan. The health information of the plan members must not be used to influence any employment-related decisions.

Health plan representatives may not disclose protected health information to any person in the employer's organization who is not authorized to receive such information.

- The group health plan must submit the names of these authorized individuals to Wellmark in writing before protected health information will be provided.
- Protected health information will not be disclosed or sent to an authorized representative unless we receive written instruction from a health plan representative to disclose information to another person or entity.
- The group health plan is a covered entity under the Privacy Regulation and, as such, is required to limit any request or disclosure of protected health information to the minimum necessary to accomplish the intended purpose of the use or disclosure.
- If a group health plan representative directs Wellmark to release PHI to the plan sponsor or another person or entity, it is the responsibility of the group health plan to obtain the plan sponsor's certification or establish the appropriate business associate contract with the third party that includes the "satisfactory assurance" required by the Privacy Regulation that the person or entity to which it is releasing information will protect and not further use or disclose the information.

**Name of Group Health Plan Organization**

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**Wellmark Group Health Plan Account Number(s)**

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**The following individuals represent the group health plan and are authorized to request and receive the protected health information of the health plan's members.**

<b>Name</b>	<b>Phone Number</b>

**Signature of Authorized Organization Representative**

**Date**

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