Capital BLUE

HIPAA Privacy Group Certification Form

Name of Employer (Sponsor of Group Health Plan)	Group Number

As sponsor of our Group Health Plan, we perform plan administrative functions on behalf of our Group Health Plan and need access to our members' protected health information to carry out these administrative functions.

We certify that our Group Health Plan documents have been amended to comply with the requirements of 45 Code of Federal Regulations §164.504 (f) (2). The amendment provides the required assurance as outlined in the regulations that we, as Plan Sponsor, will appropriately safeguard and limit the use and disclosure of our Group Health Plan members' protected health information that we may receive from the Group Health Plan or from you to perform our administrative functions.

Decision Maker and/or Group Administrator Name and Title (Please Print)	
Decision Maker and/or Group Administrator Signature	**Date**

Return this completed form to:

HIPAA Privacy Group Certification
c/o Capital BlueCross
P.O. Box 772612
Harrisburg, PA 17177-2612