

HIPAA Designation Form

For groups without a privacy officer



www.bcbsks.com

Group Name _____

Group Number _____

Section 1

Plan Sponsor: A legal entity that offers the Group Health Plan (GHP) to its employees or members. A Plan Sponsor may be a director, senior executive, and all other employees who do not require access to enrollees' Protected Health Information (PHI) to perform their day-to-day job functions. These individuals should have no access to the employees' PHI other than their own personal information.

Name _____ Title _____

Address _____

City _____ State _____ Zip Code _____

Phone No. (_____) _____ Fax No. (_____) _____

E-mail Address _____

Section 2

Plan Administrator: The employee of the Plan Sponsor who is in charge of administering the GHP alone or through other employees.

Name _____ Title _____

Address _____

City _____ State _____ Zip Code _____

Phone No. (_____) _____ Fax No. (_____) _____

E-mail Address _____

Section 3

Group Leader: A term not defined in HIPAA Privacy rules, but means the person who the Plan Sponsor designates to handle enrollment and disenrollment of GHP members.

Name _____ Title _____

Address _____

City _____ State _____ Zip Code _____

Phone No. (_____) _____ Fax No. (_____) _____

E-mail Address _____

By signing below, I certify that I am authorized by the employer group named above and its group health plan to assign and/or affirm the designation of the individual(s) named on this form.

Your signature required

_____ Date ____/____/____

Printed Name _____ Title _____