

The Group Health Plan (Plan) does hereby certify to the following:

1. That the Plan is a “group health plan” within the meaning of the Health Insurance Portability and Accountability Act of 1996 (HIPAA).
2. That the Plan documents you distribute to employees informing them about their benefits or the Plan documents you are legally required to maintain for your employee benefits plans (such as ERISA Plan documents) have been amended, as required by 45 CFR §164.504(f) and §164.314(b) HIPAA, to incorporate the following provisions and you, as the Plan Sponsor (employer) agreed to:
 - a. Not use or further disclose (Protected Health Information (PHI)) other than as permitted by plan documents or as required by law;
 - b. Ensure that any agents, including subcontractors, to whom the plan sponsor provides PHI agree to the same restrictions and conditions that apply to the plan sponsor with respect to such information;
 - c. Not use or disclose PHI for employment-related actions and decisions;
 - d. Report any inconsistent use or disclosure of PHI to the group health plan;
 - e. Make PHI available to an individual based on HIPAA’s access requirements;
 - f. Make PHI available for amendment and incorporate any PHI amendments based on HIPAA’s amendment requirements;
 - g. Make available the information required to provide an accounting of disclosures;
 - h. Make internal practices, books and records relating to the use and disclosure of PHI received from the Group Health Plan available to the Secretary of Health and Human Services to determine the Plan’s compliance with HIPAA;
 - i. Ensure that adequate separation between the Group Health Plan and the Plan Sponsor is established as required by HIPAA (45 CFR §164.504(f)(2)(iii)) and that such separation is supported by reasonable and appropriate security measures;
 - j. If feasible, return or destroy all PHI received from the Plan that the Plan Sponsor still maintains in any form and retain no copies of such PHI when no longer needed for the specified disclosure purpose. If return or destruction is not feasible, Plan Sponsor will limit further uses and disclosures to those purposes that make the return or destruction infeasible;
 - k. Implement administrative, physical, and technical safeguards that reasonably and appropriately protect the confidentiality, integrity, and availability of the electronic protected health information that it creates, receives, maintains, or transmits on behalf of the group health plan;
 - l. Ensure that any agent, including a subcontractor, to whom it provides this information agrees to implement reasonable and appropriate security measures to protect the information; and
 - m. Report to the group health plan any security incident of which it becomes aware.

1. The undersigned further certifies that he or she has the authority to sign on behalf of the Plan.

Printed Name of Plan Representative:

Signature of Plan Representative:

Delta Dental Group Number:

Date:

Delta Dental of Colorado puts a high priority on compliance with laws and regulations under which it operates and is dedicated to protecting the information of our enrollees.

Please return this completed form as part of the New Group Application and Enrollment Packet to salesteam@ddpco.com. See the cover sheet for all the required forms.

**Delta Dental of Colorado
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Centennial, CO 80111-4901**

**Sales and Client Services
salesteam@ddpco.com**