

PRIVACY RULES CERTIFICATION

As required by Privacy Regulation Section 164.504(f), Employer / Plan Sponsor hereby certifies that the self-funded group health plan sponsored by Employer has been amended to include the following provisions and that Employer agrees to:

- Not use or disclose protected health information ("PHI") other than as permitted or required by the plan document or by law;
- Ensure that any agents or vendors (including Business Associates) to whom it provides PHI agree to the same restrictions and conditions that apply to the Plan Sponsor;
- Not use or disclose PHI for employment-related actions and decisions or in connection with any other benefit or employee benefit plan of the Plan Sponsor;
- Report to the group health plan any use or disclosure inconsistent with plan provisions;
- Make PHI available to covered persons as required under the privacy rule provisions;
- Make internal practices and records regarding PHI available to HHS; and
- Where feasible, return or destroy all PHI received from the group health plan when no longer needed for the purpose for which disclosure was made.

Employer further agrees to ensure protection of PHI and adequate separation between the plan and the Plan Sponsor by limiting access to PHI to the following employees (or classes of employees) who need access to PHI to adequately perform the plan administrative and management functions needed to support the plan as described in its Notice of Privacy Practices. Employer will request and disclose only the minimum necessary information to complete its functions.

(List all employees, either by name or title, to whom Nyhart and other business associates may release PHI. Include any limits on the types of information they may receive.)

Employer agrees to take all necessary means to ensure that the individuals listed above only use PHI for authorized purposes, including disciplining offenders.

Employer understands that it may request and receive summary health information if needed for plan settlor functions (such as obtaining reinsurance, designing benefits, and amending or terminating the Plan) and that it also may receive enrollment and disenrollment information without signing this certification.

The list of authorized individuals may be updated at any time by executing a new version of this certification.

"Employer" / "Plan Sponsor"

By: _____

Title: _____

Date: _____