



## Identification of Third-Party Representatives

Harvard Pilgrim cannot release ANY account information to a third-party unless this form is completed.

**Group Health Plan:** \_\_\_\_\_

**Account # (C#):** \_\_\_\_\_

Group Health Plan ("GHP") hereby authorizes the following third-party representative to act on its behalf and receive or exchange Protected Health Information ("PHI") or Personal Information ("PI") for purposes related to the administration of the GHP:

**Representative Name:** \_\_\_\_\_

**Representative Address:** \_\_\_\_\_

**Role of Representative:** ☐ Broker/Consultant ☐ Third-party administrator  
(check all that apply) ☐ HRA/FSA/HSA vendor\* ☐ COBRA administrator  
☐ Other (specify): \_\_\_\_\_

### Additional Authorizations:

*HPHConnect* access (including enrollment and reporting): ☐ Yes ☐ No

Other special request/notes (specify): \_\_\_\_\_

GHP hereby acknowledges that Harvard Pilgrim will only release to a third-party representative what could be released directly to the GHP per Harvard Pilgrim's Group Health Plan Disclosure policy.

GHP and its third-party representative will adhere to all applicable HIPAA regulations, including the execution of Business Associate Agreements where required.

**\*Note:** HSA vendors must agree not to use or access PHI related to the administration of the HSA without first obtaining authorizations from GHP's individual members.

GHP agrees to notify Harvard Pilgrim immediately, in writing, of a change in its third-party representative.

**Authorized Signatory:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Name and Title (print):** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Phone:** \_\_\_\_\_