

Authorization for Release of Summary Health Information – Insured Group

Use this form to designate the group's representatives authorized to receive the group's summary health information (reports, verbal disclosures of information, or other requested material) covered by the HIPAA Privacy Rule.

This form must be completed, signed, and submitted to Premera Blue Cross (Premera) as notification of additions, deletions, or changes to the list of authorized recipients of the group's summary health information.

Group's Designated Representatives: The group authorizes Premera to disclose or cease disclosing summary health information to the recipients listed below. Return the completed and signed form to your Premera account team.

| Requested Action | Authorized Recipient | Recipient Relationship | Insight Reporter™ Access | Insight Reporter Information |
|--|-----------------------------|--|--|--|
| <input type="checkbox"/> Add <input type="checkbox"/> Change <input type="checkbox"/> Revoke | Name: Title: Company: | <input type="checkbox"/> Producer <input type="checkbox"/> Employee <input type="checkbox"/> Other (Contracted Vendor) | <input type="checkbox"/> Yes <input type="checkbox"/> No If User ID is already active, provide below: | <ul style="list-style-type: none"> Premera offers standard group reports on Insight Reporter via the Premera secure employer website. Insight Reporter is limited to groups with 100 or more enrolled subscribers. Contact your Premera Account team for initial access to Insight Reporter. Authorized recipients granted access to view reports must use their secure employer website User ID to log in. For technical assistance contact the Premera Help Desk at (800) 722-9780. |
| <input type="checkbox"/> Add <input type="checkbox"/> Change <input type="checkbox"/> Revoke | Name: Title: Company: | <input type="checkbox"/> Producer <input type="checkbox"/> Employee <input type="checkbox"/> Other (Contracted Vendor) | <input type="checkbox"/> Yes <input type="checkbox"/> No If User ID is already active, provide below: | |
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| <input type="checkbox"/> Add <input type="checkbox"/> Change <input type="checkbox"/> Revoke | Name: Title: Company: | <input type="checkbox"/> Producer <input type="checkbox"/> Employee <input type="checkbox"/> Other (Contracted Vendor) | <input type="checkbox"/> Yes <input type="checkbox"/> No If User ID is already active, provide below: | |

Group Name: _____

Group Number: _____

Date: _____

Group Authorized Signature

Authorized Signer's Name and Title (print)

Insured Plan Authorized Representative Disclosure – Commonly Used Terms and Definitions

| Terms: | Definitions: |
|--------------------------------------|--|
| Contracted Vendor | An entity with which the Company has entered a Vendor Agreement to provide products or services for the Company, its employees, customers, providers, subsidiaries, and/or affiliates. |
| Disclose/Disclosure | The means to release, transfer, provide access to, or divulge in any other manner PPI outside Premera (the Company). Note: Premera will not disclose Schedule A (Form 5500) to business associates (vendors or third-party administrators). |
| HIPAA Privacy Rule | Premera provides standard reports that contain summary health information for the group's plan administrative purpose(s) allowed by the HIPAA Privacy Rule: obtaining bids; or modifying, amending, or terminating the plan. To receive summary health information, the group must comply with HIPAA Privacy Rule, including refraining from retaliating against employees exercising their rights and from requiring an individual to waive their rights under the HIPAA privacy rule as a condition of participating in the plan. State and federal laws place additional restrictions on the disclosure of certain categories of sensitive information (such as reproductive health, behavioral health, and more). Sensitive information is collapsed into a single category and diagnosis codes are masked for all standard reports. Note: For HIPAA purposes, associates performing plan administration functions that are in a role to use data for hiring, firing, or discrimination should typically only receive summary health de-identified information and should not be given any information related to sensitive information, including sensitive diagnoses. |
| Non-Identifiable Information | Data and/or Protected Personal Information (PPI) that has been modified to remove any information that could be used to identify an individual. |
| Protected Personal Information (PPI) | Any information created or received by Premera (the Company) that identifies, or can readily be associated with, the identity of an individual, whether oral or recorded in any form or medium, that relates to: 1) the physical, behavioral health or condition of an individual; 2) genetic information of the individual or their dependent, or relative of either; 3) payment for the provision of healthcare to an individual; 4) provision of healthcare to an individual; or 5) finances of an individual. |
| Summary Health Information | De-identified information that summarizes the claims history, claims expenses, or type of claims experienced by individuals for whom a plan sponsor has provided health benefits under a group health plan. |