

TUFTS Health Plan

Business Associate Documentation

Please complete this form in order for Tufts Health Plan to disclose, or discontinue disclosure of, Protected Health Information (PHI), as defined in 45 C.F.R. 160.103, for the purpose of Plan Administration Functions, as defined in 45 C.F.R. 164.504, to the Business Associate of the group named below.

Please indicate below whether you are adding or deleting the following business associate. If your intent is to replace one business associate with another, please note that you must complete separate forms for each transaction. If we do not receive a form removing a business associate, we will continue to provide PHI to business associates previously listed on all other documentation provided to Tufts Health Plan.

Name of Group: _____

Group Number:
Tufts Health Plan _____

Account Manager: _____

Name of Business Associate:
(please use business
name when applicable) _____

Please circle one:

ADD* or **DELETE**

Business Associate's
Phone Number: _____

(* If you have selected ADD, and wish to delete a prior business associate, you must complete a second form deleting that business associate.)

Please Check the Applicable Representation *(only required when adding a Business Associate)*

- If the group named above as plan sponsor **has Certified** to the group health plan that it has amended its Plan Documents, as set forth in 45 C.F.R. 164.504, please sign the following:

I _____ hereby represent and warrant the following: (1) the Business Associate named above has entered into a valid business associate agreement, as required by 45 C.F.R. 164.504 with the group; and (2) I am authorized to sign this representation on behalf of the group listed above.

- If the group named above as plan sponsor **has not Certified** to the group health plan that it has amended its Plan Documents as set forth in 45 C.F.R. 164.504, please sign the following:

I _____ hereby represent and warrant the following: (1) the Business Associate named above has entered into a valid business associate agreement, as required by 45 C.F.R. 164.504 with the group health plan as defined in 45 C.F.R. 160.103; (2) the business associate agreement prohibits the Business Associate from disclosing PHI to the Plan Sponsor, except as permitted by the Health Insurance Portability and Accountability Act of 1996 and the regulations promulgated thereunder; and (3) I am authorized to sign this representation on behalf of the group listed above.

Signature

Title

Date

Fax or mail your signed and completed form to your Tufts HP sales or account representative.