

# Certification of HIPAA Compliance for Administrative Services Agreement

Pursuant to the Health Insurance Portability and Accountability Act of 1996 (HIPAA), and amendments thereto regarding the Privacy and Security of Protected Health Information and Electronic Protected Health Information (collectively “PHI”), which includes genetic information as defined by the Genetic Information Nondiscrimination Act (GINA) §105(a) and corresponding federal regulations, the \_\_\_\_\_ [Name of Plan], otherwise known as “The Plan”, hereby certifies its compliance to **Delta Dental of Oklahoma** (DDOK) with the rules and regulations governing PHI as follows:

1. The Plan and the Plan Sponsor have created an adequate separation between the Plan and the Plan Sponsor that is compliant with the rules and regulations governing HIPAA.
2. The Plan documents include a description of those employees or classes of employees or other persons under the control of the Plan Sponsor to be given access to the PHI to be disclosed, provided that any employee or person who receives PHI relating to payment under, health care operations of, or other matters pertaining to the Plan in the ordinary course of business, must be included in this description.
3. The Plan documents adequately restrict access to and use by the employees and other persons for plan administration functions that the Plan Sponsor performs for the Plan.
4. The Plan documents provide an effective mechanism for resolving issues of noncompliance by Plan Sponsor personnel or others having access to Plan participant’s PHI.
5. The Plan documents DO NOT permit DDOK to disclose PHI to the Plan Sponsor except as permitted.
6. The Plan documents prohibit the disclosure of PHI to the Plan Sponsor otherwise permitted by these policies and procedures, unless these disclosures are made part of the Notice of Privacy Practices of the Plan.
7. The Plan documents prohibit any disclosure or use of PHI by the Plan Sponsor for employment-related actions or decisions, or in connection with any other benefit or employee benefit plan of the Plan Sponsor.
8. The Plan documents of the Plan have been amended to incorporate provisions to require the Plan Sponsor to implement administrative, physical, and technical safeguards that reasonably and appropriately protect the confidentiality, integrity and availability of PHI that it creates, receives, maintains, or transmits on behalf of the Plan.
9. Any agent, including a subcontractor, to whom the Plan provides PHI, agrees to implement reasonable and appropriate security measures to protect the PHI.
10. The Plan will promptly report to Delta Dental of Oklahoma any security incident of which it becomes aware.

\_\_\_\_\_  
Plan Sponsor (Name of Company)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Chief Privacy Officer Signature

\_\_\_\_\_  
Delta Dental Group Number

\_\_\_\_\_  
[Address]

**Please complete, sign and date this Certification, and return one (1) original to Delta Dental of Oklahoma.**

**Confidentiality Notice:** This documentation may contain personal, confidential and privileged information that is otherwise protected by law. If you are not the intended recipient, do not read, copy, distribute, use or disclose any of the information or documentation to other parties. If you have received this document in error, please notify the Delta Dental of Oklahoma Compliance Department at [Compliance@DeltaDentalOK.org](mailto:Compliance@DeltaDentalOK.org), (800) 522-0188 or (405) 607-2100 and destroy all documents received in error.