



# Employer Group Health Plan HIPAA Disclosure Directive

## I. Purpose and Use of Directive

1. The purpose of this Directive is for the Group Health Plan (“GHP”) to provide Health Net, LLC., its subsidiaries and affiliates, (“Health Net”), direction regarding the disclosure of GHP member information (e.g. employees of the Employer) for the benefit of the GHP, including Protected Health Information, Personal Information and Personally Identifiable Information (“PHI”). This form is to be use when Health Net has issued a Group Health Insurance Policy, Group Health Care Service Plan or HMO contract.
2. Health Net may disclose information for purposes of enrollment, disenrollment, eligibility and Summary Health Information (“SHI”) for use by a GHP for the following purposes: (A) Obtaining premium bids from health plans; or (B) modifying, amending or terminating a group health plan to either the GHP or its Business Associate at the direction of the GHP. For more information on Summary Health Information, see Supplemental Information on SHI in the Directive. A “group health plan” means an employee welfare benefit plan (as defined in section 3(1) of the Employee Retirement Income and Security Act of 1974 (ERISA), 29 U.S.C. 1002(1)), and includes insured and self-insured plans, and state, local and church plans to the extent that the plan provides medical care to employees and/or their dependents directly or through insurance, reimbursement, or otherwise.
3. **Any request for data, other than data for enrollment, disenrollment, eligibility or SHI, will be subject to the requirements of this paragraph. This includes but is not limited to requests for data for the purpose of conducting cost transparency activities, quality activities, auditing or data analytics.** Health Net will only disclose such data to the GHP’s Business Associate, not the GHP. In addition, Health Net will not disclose any such information or data, even to GHP’s Business Associate, to GHPs with less than 500 members.
4. This Directive is not for use in self-funded/self-insured arrangements in which the GHP is directing that Health Net, LLC. disclose PHI for the GHP’s own legally authorized use and benefit, and Health Net is acting as a Third Party Administrator.
5. This Directive is for use in situations where the GHP is directing Health Net, LLC. to make disclosures to the GHP or to a Business Associate (e.g., Broker, Agent or Consultant) of the GHP. If the GHP is seeking disclosure of information to the Plan Sponsor, the Group Health Plan Disclosure Directive and Plan Sponsor Certification form must be use rather than this form.

## II. GHP Requirements

6. This Directive must be completed and signed by the authorized representative of the GHP before Health Net, LLC. will disclose any data to the GHP or the Business Associate(s) of the GHP

## III. Health Net, LLC. Requirements

7. **Health Net will not disclose medical or pharmacy contractual rate information, including but not limited to claim remittance advice, billed or paid amounts. Health Net will not disclose information regarding drug and alcohol abuse treatment, inpatient or outpatient psychotherapy or psychotherapist treatment, psychotherapy notes without an individual authorization. In addition, Health Net will not disclose HIV/Aids testing or treatment without an individual authorization.**
8. The completed Directive must be sent to the Health Net, LLC. Privacy Office to review for completeness before Health Net, LLC. is permitted to disclose the requested data. **However, if the disclosure is limited to providing minimally necessary data for enrollment, disenrollment, eligibility, member IDs to General Agents and/or Brokers to facilitate installment, data can be disclosed once the form has been completed and submitted, without waiting for approval.**
9. Disclosure of PHI must be consistent with Health Net Information Security policy (e.g. encrypted) if it is not being sent via Health Net File Exchange (“HFX”).

[Group Health Plan] has purchased or will purchase a group health plan, HMO or insurance policy (“Group Policy”) from Health Net, LLC., its affiliates and subsidiaries (“Health Net”). GHP wishes to authorize the disclosure of certain information, including Protected Health Information as defined at 45 C.F.R. § 160.103, to GHP or to GHP’s Business Associate (“GHP Business Associate”). If GHP directs the disclosure of PHI to GHP Business Associate, GHP hereby certifies that it has a Business Associate Agreement (“BAA”) in place with GHP Business Associate that is HIPAA and HITECH Act and Omnibus Rule compliant. HIPAA means the Health Insurance Portability and Accountability Act of 1996, Public Law 104-91, as amended and related HIPAA regulations (45 C.F.R. Parts 160-164). GHP directs and authorizes Health Net, LLC. to disclose PHI to GHP and/or GHP Business Associate for the purpose(s) described below: **(Select all that apply)**

**A.**  **Disclose PHI to the GHP for Group Health Plan purposes (e.g. Cost Transparency, Quality Activities, Auditing, and Data Analytics).** Specify the purpose(s) of the disclosure and the specific data elements required for this/these purpose(s) in Schedule “A”

i)  **GHP Business Associate**

**B.**  **Disclose Summary Health Information as needed for the purposes of:**  
**(A)** Obtaining premium bids from health plans; or **(B)** modifying, amending or terminating a group health plan. Summary Health Information is information that (1) summarizes claims history, claims expenses, or type of claims experienced by individuals for whom GHP has provided health benefits under a group health plan; and (2) from which the information described at § 164.514(b)(2)(i) has been deleted, except that the geographic information described in § 164.514(b)(2)(i)(B) need only be aggregated to the level of a five digit zip code.

i)  **GHP Business Associate**

ii)  **GHP**

and/or;

**C.**  **Disclose PHI as needed for Enrollment, Disenrollment or Eligibility Purposes.**

i)  **GHP Business Associate (e.g. Insurance Agent/Broker)**

ii)  **GHP**

**GHP represents that it is in compliance with the requirements of 45 C.F.R. § 164.504(f) and, as applicable, 45 C.F.R. § 164.530.**

GHP will identify the minimally necessary data elements to be disclosed, and the purpose of the disclosure using the disclosure categories identified above (i.e. “A”, “B” and/or “C”). The GHP will also provide a data layout with data elements in Schedule “A”, attached hereto and incorporated herein. The Privacy Rule generally requires entities to take reasonable steps to limit the use or disclosure of, and requests for, PHI to the minimum necessary to accomplish the intended purpose. GHP warrants that any request for the disclosure of PHI will comply with the minimum necessary standard as set for at 45 C.F.R. § 164.502(b) and § 164.514(d). GHP shall be responsible for and defend and indemnify Health Net, LLC. for any and all loss or damages resulting from a breach of the PHI as provided in 45 C.F.R. § 164.402 resulting from such disclosure to GHP and/or GHP Business Associate.

**Expiration of Directive**

This Directive will expire upon the termination of GHP’s Group Policy with Health Net, LLC. or upon Health Net, LLC.’s receipt of GHP’s written request to terminate this Directive, whichever occurs first. GHP agrees that it is obligated to provide Health Net, LLC. with written notice of termination of this Directive and that Health Net, LLC. may rely upon this Directive in releasing information that may include PHI until the date Health Net, LLC. receives such written notice from the GHP.

<b>The following is to be completed by the Group Health Plan (GHP):</b>	
By signing this Directive, you agree that: (i) you have read and understand this Directive to disclose PHI and represent that GHP is in compliance with the requirements of 45 C.F.R. § 164.504 and, where applicable, § 164.530; (ii) you have authority to sign and bind GHP to the terms set forth herein; (iii) your signature authorizes Health Net, LLC. to disclose the requested information (including PHI); and (iv) you will not disclose or authorize the disclosure of PHI to the Plan Sponsor.	
GHP officer:	Signature:
Print name:	
Officer title:	
Date:	

**If applicable, the following is to be completed by the Group Health Plan (GHP) associate:**

By signing this Directive, you agree that (i) you have read and understand this Directive; (ii) you will maintain the confidentiality of the information (including PHI) disclosed to you as the Business Associate of the Group Health Plan (“GHP”) and will only disclose de-identified data to the Group Health Plan, (iii) you will not disclose PHI to the Employer; (iv) you will use the information disclosed to you solely for the purposes set forth in this Directive, your agreement with the Group Health Plan and the applicable HIPAA Business Associate Agreement and will not further disclose the data or use it for your own purposes; and (v) you have authority to sign and bind you and your GHP to the terms set forth herein.

GHP business associate name:

Business associate authorized officer:

Signature:

Print name:

Officer title:

Date:

**FOR HEALTH NET INTERNAL USE ONLY**

Return the final completed form to the Privacy Office at [privacy@healthnet.com](mailto:privacy@healthnet.com).

**Privacy office:**  Form approved /  Form not approved

**The Privacy Office will route the form to Health Net Information Security should the disclosure not comply with Section III (7) above.**

## SUPPLEMENTAL INFORMATION REGARDING SUMMARY HEALTH INFORMATION

Summary Health Information is Protected Health Information from which the information described at **45 C.F.R. § 164.514(b)(2)(i)** has been deleted, except that the geographic information described in 45 C.F.R. § 164.514(b)(2)(i)(B) need only be aggregated to the level of a five digit zip code.

**45 C.F.R. 164.514(b)(2)(i):** The following identifiers of the individual or of relatives, employers, or household members of the individual, are removed: (A) Names;(B) All geographic subdivisions smaller than a State, including street address, city, county, precinct, zip code, and their equivalent geo codes, except for the initial three digits of a zip code if, according to the current publicly available data from the Bureau of the Census: (1) The geographic unit formed by combining all zip codes with the same three initial digits contains more than 20,000 people; and (2) The initial three digits of a zip code for all such geographic units containing 20,000 or fewer people is changed to 000. (C) All elements of dates (except year) for dates directly related to an individual, including birth date, admission date, discharge date, date of death; and all ages over 89 and all elements of dates (including year) indicative of such age, except that such ages and elements may be aggregated into a single category of age 90 or older; (D) Telephone numbers; (E) Fax numbers; (F) Electronic mail addresses; (G) Social security numbers; (H) Medical record numbers; (I) Health plan beneficiary numbers; (J) Account numbers; (K) Certificate/license numbers; (L) Vehicle identifiers and serial numbers, including license plate numbers; (M) Device identifiers and serial numbers;(N) Web Universal Resource Locators (URLs);(O) Internet Protocol (IP) address numbers; (P) Biometric identifiers, including finger and voice prints; (Q) Full face photographic images and any comparable images; and (R) Any other unique identifying number, characteristic, or code, except as permitted by paragraph (c) of this section; and (ii) The covered entity does not have actual knowledge that the information could be used alone or in combination with other information to identify an individual who is a subject of the information.

### Schedule “A”

[Group Health Plan] to set forth below specific Minimally Necessary, as defined by HIPAA, data elements and/or data sets to be disclosed in regards to each specified entity (e.g. GHP, BA, Plan Sponsor, Health Insurance Issuer or HMO) by disclosure category (i.e. “A”, “B” and/or “C” above), along with the proposed data layout. **Health Net will not disclose medical or pharmacy contractual rate information including but not limited to remittance advice, claim billed or paid amounts. Health Net will not disclose information regarding drug and alcohol abuse treatment, HIV/Aids testing or treatment, inpatient or outpatient psychotherapist or psychotherapist or psychotherapy notes.**

This document is not intended to provide legal advice and the GHP should seek its own legal advice should it have questions regarding specific terms used in this form or use of the form.  
GHP HIPAA Directive (11/21)