



# Authorization for Third-Party Representatives

## To Access PHI for the Electronic Self-Service Tool

### This form is to be completed by the Account/Employer

\_\_\_\_\_ (the “Account”), on behalf of itself and its group health plan (the “Plan”), hereby requests and authorizes Blue Cross and Blue Shield of Massachusetts, Inc. (“BCBSMA”) and Blue Cross and Blue Shield of Massachusetts HMO Blue Inc. (“BCBSMA HMO Blue”) to disclose certain protected health information (as that term is defined in the HIPAA Privacy Rule) (“PHI”) to the following Third-Party Representatives (the “Business Associates,” and individually, a “Business Associate”) solely for the purpose of and in connection with using the Electronic Self-Service Enrollment tool. Third-Party Representatives can include brokerage and consulting firms, TPAs (Third-Party Administrators), and JPAs (Joint Partnership Arrangements).

### THIRD-PARTY INFORMATION

Please provide the Third-Party Representative (Business Associate) name that requires access to your account:

Organization Name	Date
Name	Phone
Email*	Broker Central User Name*

\*Please use the Email & Electronic Self-Service Enrollment User Name assigned to your selected Channel Partner.

- The Account and the Plan acknowledge and agree that BCBSMA and BCBSMA HMO Blue agree to disclose PHI in accordance with this Authorization in reliance upon the following representations and warranties, and that the Account and Plan shall provide BCBSMA and BCBSMA HMO Blue immediate written notice in the event of any change. The Account and Plan hereby represent and warrant as follows:
  - The Business Associates are authorized under applicable state and federal law, including but not limited to Title 45 of the Code of Federal Regulations, Parts 160 and 164, Subparts A and E (the “HIPAA Privacy Rule”) to receive PHI on behalf of the Plan. The Plan further represents and warrants that the Plan has entered into agreements with each of the Business Associates (“Business Associate Agreements”) regarding the use and disclosure of PHI that meet the applicable requirements of the HIPAA Privacy Rule.
  - The Account and the Plan shall ensure that the Business Associates shall use the PHI disclosed to the Business Associates solely for the purpose of using the Electronic Self-Service tool on behalf of the Account and Plan.
  - The Account and the Plan shall ensure that each Business Associate shall preserve and protect the confidentiality of PHI it receives, and will comply with all federal and state confidentiality laws in its use and disclosure of the PHI, including but not limited to the HIPAA Privacy Rule.
- The Account and the Plan authorize and instruct BCBSMA and BCBSMA HMO Blue to disclose to the Business Associates the PHI reasonably requested by that Business Associate, solely for the purposes of and in connection with using Electronic Self-Service.

3. BCBSMA and BCBSMA HMO Blue have no obligation to disclose PHI to any Business Associate.
4. The Account and the Plan will notify BCBSMA immediately, in writing, of the termination of a Business Associate Agreement with a Business Associate. Notwithstanding any such termination, the Account and Plan shall ensure that such Business Associate shall continue to comply with all of the terms of this Authorization.
5. The Plan and the Account will each indemnify, defend, and hold harmless BCBSMA, and BCBSMA HMO Blue, and each of their respective successors, assigns, officers, directors, employees, agents, and representatives from and against any liability, injury, loss, cost, or expense imposed upon or asserted against BCBSMA and BCBSMA HMO Blue arising from or relating to the disclosure of PHI by BCBSMA and BCBSMA HMO Blue to a Business Associate pursuant to this Authorization, or the Business Associate's use or disclosure of PHI.
6. The Account and the Plan acknowledge and agree that although they will be delegating the use of the Electronic Self-Service tool for updating purposes to a Business Associate, the Account and the Plan each remain responsible for all claims costs and expenses associated with any failure to maintain accurate and current eligibility information with BCBSMA and BCBSMA HMO Blue, unless such failure is due to a problem with the software or an error on the part of BCBSMA and BCBSMA HMO Blue.

I, \_\_\_\_\_, am authorized to bind \_\_\_\_\_ to this agreement on \_\_\_\_/\_\_\_\_/\_\_\_\_.  
*(Employer Contact Signature)* *(Employer/Company Name)* *(Today's Date)*

ACCOUNT INFORMATION		
Please provide the following account information:		
Name	Title	
Email	Phone	Extension
Company Name	Please provide account number or one group number	

<p>If you have any questions, please call us at <b>1-800-650-9808</b>.</p>	<p>Fax to: <b>617-246-9635</b> or email the completed form to the Enrollment Help Desk at <b><a href="mailto:Enrollment.Helpdesk@bcbsma.com">Enrollment.Helpdesk@bcbsma.com</a></b></p>
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