

October 7, 2002

Dear Faculty and Staff,

RE: Health Insurance Plan

Many of you have been receiving privacy notices from your banking and credit institutions at your home. Earlier this year, Congress issued the final version of the privacy regulations for the Health Insurance Portability and Accountability Act of 1996 ("HIPPA"). Part of the purpose of HIPPA is to safeguard protected health information ("PHI"). PHI is defined broadly by the law and encompasses most information that Commonwealth Administrators, LLC ("CA"-our third-party administrator) handles on behalf of our Health Insurance Plan. To ensure compliance with HIPPA, CA has been working to create a series of safeguards to protect against unauthorized disclosures of a participant's protected health information.

Part of this process is the use of Designated Personal Representative forms to allow for participants to notify CA as to who they would like to have access to their claims accounts with CA. **In order for a person other than the PATIENT to access protected health information from CA, they must be designated as that patient's Personal Representative.** Only a patient, or Designated Personal Representative, may act on behalf of that patient, or access any account information. Once the form is submitted, the representative may handle any and all account transactions between that patient and CA, until the designation is revoked by that patient. **For example, if an employee has single health insurance coverage with Centre College, yet their spouse handles all of the insurance issues within their household, you will need to designate your spouse as your Personal Representative.**

CA will begin requiring Designated Personal Representative forms on October 15, 2002.

Attached please find a copy of the form for your convenience. This form will also be placed on our Human Resources web site.

On occasions the Human Resources Department assists employees with claims by contacting CA. CA is still working on procedures that would allow this practice to continue. However, HIPPA is unclear about the permissibility of this action without additional safeguards. We will continue to keep you informed as we obtain additional information from CA.

If applicable, please complete the attached form and either mail the ORIGINAL COPY to the address at the bottom of the attached form or you may send it to the Human Resources Department and we will forward it Commonwealth Administrators on your behalf.

We apologize for any inconvenience, but recognize the efforts Commonwealth Administrators are implementing as the best way to comply with the new guidelines established most recently by Congress.

Should you have any questions, please feel free to contact me at drake@centre.edu or at ext. 5467. Thanks.



COMMONWEALTH ADMINISTRATORS, LLC

333 WEST VINE STREET, SUITE 500 LEXINGTON, KY 40507

LONG-TERM DESIGNATION OF PERSONAL REPRESENTATIVE

I, _____ [NAME OF PATIENT], hereby designate the person named below to act as my personal representative with Commonwealth Administrators ("CA") with full authority to request and obtain verbal and written health information about me. For the purposes of this designation, health information includes, but is not limited to, information about me pertaining to diagnosis, treatment, services planned and received, claims, benefit coverage and enrollment information.

Full Name of Personal Representative (print)

Title/Relationship

Mailing Address (city, state, zip)

Daytime Phone Number

Evening Phone Number

Last 4 digits of Representative's
Social Security No. (to verify identity)

If the "Yes" box below is checked, I designate this personal representative to represent my enrolled dependents below the age of 18 who are listed below.

Yes No

Dependent Name(s) _____

This designation of personal representative is voluntary and may be revoked at any time by calling or writing CA. **This is a continuing authorization. This form authorizes the above named representative to act on behalf of the participant for all transactions between the participant and CA.**

CA is held harmless for any action that could arise from the use of health information released by CA to my personal representative.

Participant Signature

Date

Enrollee No.

Employer Group No.

I agree to act as the personal representative of this member and any dependent listed above and acknowledge my responsibility in doing so.

Personal Representative Signature

Date

If you have any questions about Personal Representatives, call Commonwealth Administrators at 859-226-1500 or 1-888-997-7716. Please note that the ORIGINAL completed form must be received by Commonwealth Administrators. Please send this form to: Commonwealth Administrators, Attn: Claims, 333 West Vine Street, Suite 500, Lexington, KY 40507