

Compliance with the HIPAA Privacy Regulations
Confidentiality Statement
Opt Out Form

I have been advised and understand the County of Cambria's policy regarding compliance with HIPAA privacy regulations. The County of Cambria's Human Resources Department will only utilize my personal health information (PHI) of the following: 1) to carry out its general administrative responsibilities as Plan Sponsor of the employee health, dental, and vision plans 2) to assist you in regards to enrollment, billing, benefits, claims, and overall benefit plan operation questions that you may have. If you want Human Resources as a customer service advocate, you do not need to return this form to our office.

However, under HIPAA regulations, employees and retirees covered under the County of Cambria's health, dental, and vision plans have the right to restrict the Human Resources Department on our use or disclosure of your protected health information in assisting you with benefits plans operation questions. **If you do NOT want the Human Resources Department as a customer service advocate because of HIPAA / PHI concerns, please memorialize your request in writing by completing the information below and returning only the Opt Out form to: County of Cambria, Attention: Human Resources Department. Under this arrangement, it will be your responsibility to contact the appropriate benefits carrier directly for any questions regarding your individual account.**

SIGNATURE (Employee / Retiree)

PRINT NAME (Employee / Retiree)

DATE

____ Yes, I understand the HIPAA Privacy Regulations and wish to waive the Opt-Out option at this time.

SIGNATURE (Employee / Retiree)

PRINT NAME (Employee / Retiree)

DATE