

SAMPLE THIRD PARTY DISCLOSURE LETTER

[DATE]

[Health Plan: Optimum Choice, Inc./MD - Individual Practice Association, Inc./MAMSI
Life and Health Insurance Company]

4 Taft Court

Rockville, Maryland 20850

Re: Disclosure of Health Information

Dear _____:

[Name of employer] ("Employer") and [Name of Group Health Plan] ("Group Health Plan") have engaged the services of [Name of Third Party] ("Recipient") to provide the following services to the Group Health Plan: [describe services, such as administration, claims processing; benefit advocacy services to employees, etc.]. In connection with this engagement, the Group Health Plan hereby authorizes [Health Plan] (the "Health Plan") to disclose [Identify the health information that may be disclosed] to the Recipient in connection with management of the Group Health Plan's health benefits programs.

Further, the Group Health Plan hereby authorizes the Health Plan to provide the Recipient with any such information and respond to any questions to the same extent that the Health Plan may lawfully provide such information to the Group Health Plan or its benefit administrators. Recipient shall be subject to all procedures regarding disclosure of information that apply to the Group Health Plan, all of which are subject to review by the Health Plan from time to time.

The Group Health Plan shall identify in writing each employee of Recipient by name or job title who may receive health information under this letter agreement. the Health Plan shall have no liability whatsoever for disclosures to the Recipient in accordance with this letter, including any disclosure that occurs at any time before the Health Plan receives actual notice that this letter has been terminated. Unless revoked in writing, this letter shall continue in effect until termination of the health insurance or administrative services agreement between the Group Health Plan and a Health Plan has been terminated.

[DATE]

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Nothing in this agreement entitles the Recipient to receive Protected Health Information (PHI) relating to members of a Health Plan unless a member has signed and delivered to a Health Plan an Authorization for Release of Health Information that specifically identifies the Recipient as an authorized recipient of PHI or unless the Group Health Plan has complied with other provisions of the Health Insurance Portability and Accessibility Act (HIPAA) privacy rules that may permit disclosure of PHI.

The Employer and the Group Health Plan shall defend, indemnify and hold the Health Plan, and their officers, directors and employees, harmless from and against any claim that a Health Plan improperly disclosed any health information to a Recipient. The Employer and the Group Health Plan shall notify the Health Plan immediately if the Recipient is no longer authorized to receive information pursuant to this letter. The Health Plan shall have no liability whatsoever to the extent the Health Plan discloses information before the Health Plan receives actual notice that the Recipient's rights have been terminated.

Sincerely,

[EMPLOYER/GROUP HEALTH PLAN]

Name:

Title: