CLEAR FORM

AUTHORIZED REPRESENTATIVE DESIGNATION FORM

As part of HIPAA compliance, if access to the FirstView Online Benefit System, which includes access to protected health information and coverage information, is to be provided to employees of your organization, those individuals must be identified by name and they must protect the confidentiality of individuals in the health plan.

Authorized representatives may not disclose protected health information or coverage information to any person in your organization who is not authorized to receive such information.

- The Designated Security Coordinator for your organization must submit the names of these authorized individuals to First Administrators, Inc. in writing before access to the FirstView Online Benefit System will be provided.
- As a covered entity under the HIPAA Privacy Regulation, your organization is required to limit any request or disclosure of protected health information to the minimum necessary to accomplish the intended purpose of the use or disclosure.

Name of Organization:

The following individuals represent your organization and are authorized to access the protected health information and coverage information of the health plan's members via the FirstView Online Benefit System.

Designated Security Coordinator	Telephone Number	Email Address

Authorized Representative	Telephone Number	Email Address

Signature of Security Coordinator **Date**