

# Electronic EOB Consent Form

The Department of Labor rules regarding electronic disclosure of EOBs require that the employer put measures in place to protect the confidentiality of personal information. In addition, the EOBs may contain personally identifiable health information that is subject to the HIPAA privacy rules (PHI).

In coordination with our group's transition to electronic Explanation of Benefits (EOBs), we agree as follows:

- As an employer with a self-funded health plan, we have appropriate protections for the privacy and security of the information that we receive as required under HIPAA and the Department of Labor's rule on electronic disclosure of plan information and we will make sure these protections also apply to any notices of EOBs and/or any EOBs themselves that are received, accessed or stored on our company's computer systems.
- Principal may perform periodic reviews and/or surveys to ensure actual receipt of transmitted information to members. While Principal will be administering and reviewing the results, we agree to cooperate with Principal as reasonably required in connection with such periodic reviews and/or surveys.

Client Name:

By:

Title:

Date: