

**Notification to Horizon: Disclosures of Private Information  
to the Plan and Other Group Employees**

**Please print legibly. Your Plan Administrator must complete, sign and return this document  
to: Horizon Blue Cross Blue Shield of New Jersey, 3 Penn Plaza, Newark, NJ 07105-2200  
ATTN: Ann Mehlmann—PP-04N**

In order to permit disclosures of Private Information (PI) to be made to employees<sup>1</sup> either who are not the subject of the PI, the group health plan(s) named below makes the following request. We understand that the plan **must** update Horizon with accurate information *immediately* as change occurs:

**Check ONLY ONE of the below:**

- Horizon should make NO disclosures of PI to the plan. This includes Horizon's brokers and other business associates. We expressly understand that if this box is checked, all disclosures of PI by Horizon and its brokers to anyone other than the Plan Administrator will cease.

OR

- The plan requests Horizon to disclose PI to the employees named below, in addition to the Plan Administrator. These employees will request **only** minimum necessary PI, and **only** to perform plan administrative functions and activities, as permitted. Attached is a copy of the certification of plan document amendment prepared in accordance with the HIPAA Privacy Rules for each plan. This includes Horizon's brokers and other business associates. (Attach a copy of the certification of plan amendment for each plan if this box is checked.)

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**Name of Health Plan(s) to which this Notification Applies:** \_\_\_\_\_ **Date :** \_\_\_\_\_  
(If applicable to all plans administered by Horizon, check here: )

Plan Name: \_\_\_\_\_ Group #: \_\_\_\_\_  
Plan Name: \_\_\_\_\_ Group #: \_\_\_\_\_  
Plan Name: \_\_\_\_\_ Group #: \_\_\_\_\_

**Name of Plan Administrator(s):** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
(Signature of Plan Administrator)

**Names of Other Employees Permitted to Receive PI:**  
(attach other sheet if needed; and attach certification(s) of plan document amendment)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

<sup>1</sup> This form is intended to direct Horizon's disclosures of PI to plan sponsor employees – it is **not** intended to pertain to disclosures made by Horizon to others, such as your business associates.