

INSURANCE AGENCY PRIVACY AGREEMENT

Recitals

The below signed insurance agent understands the need to protect the privacy of protected health information as defined under the Health Insurance Portability and Accountability Act of 1996 and the Privacy Standards, 45 CFR164.501.

In recognition of that need and in consideration for the continued business relationship with Mutual Med, the below signed insurance agent agrees to abide by and be bound by the following agreement.

Definitions

'Insurance Agent' shall mean _____, the below-signed insurance agent.

'Protected Health Information' shall mean individually identifiable health information.

Obligations and Activities of Insurance Agent

Insurance agent agrees to:

- a. Use or disclose Protected Health information only as permitted or required by this agreement;
- b. Use appropriate safeguards to prevent use or disclosure of the Protected Health Information other than as provided for by this Agreement;
- c. Report to Mutual Med any use or disclosure of the Protected Health Information not provided for by this Agreement of which it becomes aware;
- d. Not use or disclose Protected Health Information other than as permitted or required by the Agreement or as Required By Law;
- e. Not exhibit, copy, or disclose the contents of any documents containing Protected Health Information except in the performance of Insurance Agent's duties;
- f. Not use any documents containing Protected Health Information, or the contents of such documents, to engage in illegal activities or to harass anyone; and
- g. Not seek personal benefit, or permit others to benefit personally, by use of Protected Health Information.

Permitted Uses and Disclosures by Insurance Agent

Except as otherwise limited in this Agreement, Insurance Agent may use or disclose Protected Health Information on behalf of, or to provide services to, Mutual Med for the following purposes:

1. Insurance Agent may receive or collect applications that contain Protected Health Information from client employees,
2. Insurance Agent may disclose the application to the authorized Mutual Med employee handling applications for the insurance company the application was created.

BY SIGNING BELOW, I AGREE TO, AND WILL ABIDE BY, THE TERMS OF THIS AGREEMENT.

Insurance Agent Signature

Date

Print Insurance Agent Name

Mutual Med Authorized Representative

Date

TODD C. VERSHAW, President