



Licensee Certification of HIPAA Compliance

Market Conduct Division, 50 W Town Street, 3rd Floor - Suite 300, Columbus OH 43215
614-644-2658 | insurance.ohio.gov

(Licensee Name and NAIC Number)

STATEMENT CERTIFYING COMPLIANCE WITH 45 C.F.R. PARTS 160 AND 164

By signing this written statement, the undersigned certifies:

- I am knowledgeable about the privacy and security rules of 45 C.F.R. Parts 160 and 164 (hereinafter "HIPAA Privacy and Security Rules");
- I am knowledgeable about the above-named licensee's policies, procedures, practices, and processes, including the periodic risk analysis and evaluation processes, considered, implemented, or performed in accordance with the HIPAA Privacy and Security Rules;
- Upon information and belief, the above-named licensee is subject to and in compliance with the HIPAA Privacy and Security Rules; and
- The above-named licensee shall maintain for examination by the superintendent all records, schedules, and data supporting the certificate of compliance for five years.

The undersigned is a member of the board of directors or is a senior officer of the above-named licensee, and is authorized to make the representations above and to submit this completed compliance statement to the superintendent in accordance with section 3965.07(B)(1) of the Ohio Revised Code.

Signature / Date

Printed Name / Title

Contact Email / Phone

Send completed forms via encrypted email to INSINFOSEC@insurance.ohio.gov.