

**Group No:** \_\_\_\_\_

**HIPAA Attachment to Delta Dental Insurance Company's Group Application**

Except as otherwise limited by the Health Insurance Portability Accountability Act and its administrative simplification regulations (HIPAA) \_\_\_\_\_ (Applicant) shall provide Delta Dental Insurance Company (DDIC) with Protected Health Information (PHI) for the proper implementation, administration and management of the group dental contract for which the Applicant is applying. DDIC agrees that the PHI will be held confidential and used or further disclosed only to administer the group dental program as described in the group dental contract or as permitted or required by law. Applicant and DDIC shall comply with all the applicable federal and state laws and regulations relating to administrative simplification, security and privacy of PHI, including the terms of any business associate addendum that may be required as part of the group dental contract to be executed between Applicant and DDIC.

**Delta Dental Insurance Company**

**Applicant**

\_\_\_\_\_  
Anthony S. Barth, President

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*