



Local Government Center

New Hampshire Municipal Association
Workers' Compensation Trust
Property-Liability Trust
HealthTrust

CERTIFICATE OF AUTHORIZING RESOLUTION

I hereby certify to Local Government Center (LGC) HealthTrust, Inc. ("LGC HealthTrust") that the following is a true copy of the resolutions adopted by the governing body of _____ duly held on _____.
Member Group Date

RESOLVED: That the _____ does hereby adopt the Privacy Policy
Member Group
regarding the permitted and required uses and disclosures of protected health information ("PHI") as defined in the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), a copy of which is attached hereto.

RESOLVED: That _____ is hereby appointed as the Privacy Officer
Name and Title
and Security Officer of the _____ in accordance with
Member Group
the provisions of HIPAA. Further, the following named persons (or class of persons) are authorized to receive PHI for the _____:
Member Group

RESOLVED: That _____ is hereby authorized and directed to execute
Name and Title
and deliver to LGC HealthTrust the "Certification to LGC HealthTrust of Adoption and Implementation of Privacy Policy and HIPAA Compliance for Receipt of Certain Protected Health Information" in the form presented to the meeting and _____ is hereby authorized and directed to execute
Name and Title
and deliver to LGC HealthTrust a certificate of this Resolution. Further, _____ specifically acknowledges that pursuant to the
Member Group
Certification to LGC HealthTrust above _____ agrees in
Member Group
substance, to defend and indemnify LGC HealthTrust, Inc., its officers, Trustees, employees and agents with respect to any claims or liability arising from (among other), the dissemination by LGC HealthTrust to _____ of PHI that may be requested by _____ in connection
Member Group
with the administration of its health benefits program.

I further certify that the foregoing Resolutions remain in full force and effect.

Date: _____

Name: _____

Title: _____