

(Date)

April Houten  
Manager  
Northeast Delta Dental  
One Delta Drive, PO Box 2002  
Concord, NH 03302-2002

Re: Designation of \_\_\_\_\_ as Business Associate

Dear Ms. Houten:

Please regard this letter as the designation of: \_\_\_\_\_  
Business Associate

\_\_\_\_\_  
Street Address City State Zip

as a Business Associate of \_\_\_\_\_ pursuant to the Health Insurance  
Portability and Accountability Act of 1996 ("HIPAA"). You are hereby authorized to provide to the designated  
entity or individuals the following information:

Northeast Delta Dental may provide to Business Associate:

- Billing, enrollment and eligibility information
- Individual employee claim or benefit information
- Individual employee claim or benefit information only with signed employee authorization

\_\_\_\_\_ represents to Northeast Delta Dental that it has in place, or will have in  
place within the timeframe required by HIPAA a Business Associate Agreement with the above entity. Such  
Agreement fully complies, or will fully comply, with the Business Associate Agreement requirements of HIPAA.  
Northeast Delta Dental may provide information to:

- All employees of designated entity
- Only the following individual employees:

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

This designation and authorization shall remain valid, and may be used and relied upon by Northeast Delta  
Dental, until expressly revoked, in writing, by an authorized representative of

\_\_\_\_\_.

Sincerely,

(Name, Title)  
Its duly authorized representative