



## Health Care Plan

### **EMPLOYEE ACKNOWLEDGEMENT** USE AND DISCLOSURE OF PHI BY PLAN SPONSOR

I understand that Mercer University (my Plan Sponsor) has no access to any of my personal health records which includes but is not limited to healthcare information such as health history, symptoms, examinations, test results, diagnoses, treatment, and any plans for future care with the following exceptions:

- Employee is seeking (or is currently receiving benefits for) Long Term Disability.
- Employee has completed an application for AFLAC (cancer insurance)
- Employee experiences workers comp related injuries

I acknowledge and agree that I have reviewed a copy of my Sponsor's Notice of Privacy Practices for Protected Health Information, prior to signing this acknowledgement. I understand that my Sponsor may change its Notice of Privacy Practices for Protected Health Information from time to time and that notice of such changes will be posted at

[www.mercer.edu/payroll](http://www.mercer.edu/payroll)

---

PRINTED OR TYPED NAME OF EMPLOYEE

---

SIGNATURE

---

DATE

*Please return this form to:  
Benefits & Payroll Administration*