



Enrollment Report: FY 2019 Privacy and Security Policies Questionnaire

To request enrollment reports for the four quarters of state fiscal year 2019, your organization's **information privacy and security responsible party** must complete, sign and submit this form to the Assister Resource Center.

1. Does your organization have policies and procedures for compliance with privacy (private information about clients or employees) and security (steps to safeguard the private information) standards?
 Yes No
 - 1a. If yes, how frequently are employees informed of/trained on these policies and procedures? (Select all that apply.)
 At time of hire Annually If policies/procedures are updated Never
 - 1b. If yes, how frequently are volunteers and/or contractors informed of/trained on these policies and procedures? (Select all that apply.)
 At time of starting Annually If policies/procedures are updated Never
2. Do you perform background checks on any of the following individuals to ensure appropriate safeguarding of personal information? (Select all that apply.)
 Employees Volunteers Contractors None
3. Has your designated payment coordinator received training on your privacy and security policies and procedures?
 Yes No
4. Do you store consumers' personally identifiable information (for example, addresses, phone numbers or Social Security numbers) in paper format?
 Yes No
 - 4a. If yes, is this personally identifiable information stored in a secure location and disposed of using a secure document shredder or disposal service?
 Yes No
5. Is consumers' personally identifiable information that is stored electronically (email, computer network) encrypted and password protected?
 Yes No
6. Do you have secure (locked or badge access) entrances to your offices?
 Yes No

If you want to provide any additional information, please enter those comments here:

Certification

Our organization certifies that the information provided in this questionnaire is correct and reliable for purposes of requesting an enrollment report. Our organization understands that the submission of inaccurate or misleading information may be grounds for immediate termination of any resulting contract or agreements, as well as other remedies available by law. The organization has a continuing responsibility to notify MNSure immediately of changes.

Our organization will be requesting “protected information” in an enrollment report and we are aware of and agree to comply with our duties related to protection of information as detailed in Attachment A of our contract.

Our organization is requesting enrollment reports for the four quarters of state fiscal year 2019. We understand that enrollment reports will be sent via secure email to our designated payment coordinator after payments for the quarter have been finalized.

Name of organization: _____

Name of information privacy and security responsible party: _____

Title at organization: _____

Email: _____

Signature: _____

Date: _____

This form must be completed and signed by the information privacy and security responsible party currently on record with MNSure.

In order for MNSure to process this request, the information and security responsible party and payment coordinator must be current for the organization in the Agency Management Program (AMP). Authorized administrators can update this information in AMP at any time. Instructions are available on Assister Central under [Essential Tools](#).

This completed and signed questionnaire must be submitted to the Assister Resource Center:

- Fax: 651-431-7572
- Email: navigators@mnsure.org