



IOWA INSURANCE DIVISION
DATA SECURITY LAW EXCEPTION CERTIFICATION FORM
CONTACT INFORMATION

Licensee: \_\_\_\_\_

NAIC #: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Entity Type: \_\_\_\_\_

(Example: Business Entity Producer, Insurance Company, Third-Party Administrator, Other)

Iowa Code section 507F.13 states that Iowa Code chapter 507F – the Insurance Data Security Act shall not apply to a licensee that is subject to, and in compliance with, the Health Insurance Portability and Accountability Act (“HIPAA”). A licensee subject to and in compliance with HIPAA shall annually submit to the commissioner a written certification of the licensee’s compliance with HIPAA.

EXCEPTION

I certify that the above named licensee is in possession of protected health information subject to the Health Insurance Portability and Accountability Act of 1996 and has established and maintains programs and procedures regarding information privacy, security, and breach notification that are prescribed by HIPAA and by Parts 160 and 164 of Title 45 of the Code of Federal Regulations established pursuant to HIPAA.

AFFIRMATION

I subscribe and affirm, under penalty of perjury, that the statements made in this form have been examined by me and to the best of my knowledge and belief are true, correct and complete, and that I am duly authorized to execute this affirmation.

\_\_\_\_\_  
(Authorized Representative - Signature)

\_\_\_\_\_  
(Printed Name)

**NOTARIZATION**

STATE of \_\_\_\_\_

COUNTY of \_\_\_\_\_

Personally appeared on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_,  
\_\_\_\_\_ signer and sealer of the foregoing instrument, acknowledged same  
to be his/her free act and deed before me.

(SEAL)

\_\_\_\_\_  
(Notary Public Signature)

\_\_\_\_\_  
(Printed Name)

Commission Expires: \_\_\_\_\_

This form is due to the Iowa Insurance Division by April 15th. Submit the executed form to  
cybersecurityforms@iid.iowa.gov.