

## Health Insurance Portability & Accountability Act (HIPAA) Standard Business Associate Agreement

This Business Partner/Associate Agreement ("Agreement") is entered into this [ ] day of [ ] ("Effective Date") and sets forth the terms and conditions of compliance with Federal Law under the "Health Information Portability and Accountability Act" ("HIPAA"). [ ] is required by law to obtain this agreement in order to meet compliance with regard to Protected Health Information ("PHI").

See 67 Fed.Reg.53182,53264 (Aug 14, 2002)

### **Definitions under HIPAA.**

**Catch-all definition** – Terms used, but not otherwise defined, in this Agreement shall have the same meaning as those terms in the Privacy Rule.

**Federal Register - Section 164.504(e) Disclosures to Business Associates** – Under HIPAA, [ ] is a covered entity required to meet federal policies and procedures for disclosing protected health information to business partners/associates. This includes policies and procedures proscribed by law for monitoring the business partners, mitigating harm, and imposing sanctions where appropriate. Business partners or associates provide certain functions, activities, or services involving the use and/or disclosure of Protected Health Information "PHI".

- a. **Business Associate. or (BA)** – "Business Associate" shall mean **AltaPoint Data Systems, LLC.**
- b. **Covered Entity.** – "Covered Entity" shall mean [ ], **and all clinicians practicing at the location of [ ]**.
- c. **Individual.** – "Individual" Shall have the same meaning as the term "individual" in 45 CFR § 164.501 and shall include a person who qualifies as a personal representative in accordance with 45 CFR § 164.502(g).
- d. **Privacy Rule.** – "Privacy Rule" shall mean the Standards for Privacy of Individually Identifiable Health Information at 45 CFR Part §160, §164, Subparts A and E.
- e. **Protected health information. (PHI)** – shall have the same meaning as the term "protected health information" in 45 CFR §164.501 limited to the information created or received b business Associate from or on behalf of Covered Entity
- f. **Required By Law.** – shall have the same meaning as the term "required by law" in 45 CFR §164.501.
- g. **Secretary.** – shall mean the Secretary of the Department of Health and Human Services or his designee.

### **Obligations and Activities of Business Associate**

- a. Business Associate agrees to not use or disclose Protected Health Information other than as permitted or required by the Agreement or as Required By Law.
- b. Business Associate agrees to use appropriate safeguards to prevent use or disclosure of the Protected Health Information other than as provided for by this Agreement.
- c. Business Associate agrees to mitigate, to the extent practicable, any harmful effect that is known to Business Associate of a use or disclosure of Protected Health Information by Business Associate in violation of the requirements of this agreement.
- d. Business Associate agrees to report to Covered Entity any use or disclosure of the Protected Health Information not provided for by this Agreement of which it becomes aware.
- e. Business Associate agrees to ensure that any agent, including a subcontractor to whom it provides Protected Health Information received from, or created or received by Business Associate on behalf of Covered Entity, agrees to the same restrictions and conditions that apply through this Agreement to Business Associate with respect to such information.
- f. Business Associate agrees to provide access, at the request of Covered Entity, during regular business hours of Business Associate, to Protected Health Information in a Designated Record Set, to Covered Entity or, as directed by Covered Entity, to an Individual in order to meet the requirements under 45 CFR § 164.524.
- g. Business Associate agrees to make internal practices, books, and records, including policies and procedures and Protected Health Information, relating to the use and disclosure of Protected Health Information received from, or created or received by Business Associate on behalf of, Covered Entity available [to the Covered Entity, or] to the Secretary, during regular business hours, or as designated by the Secretary, for purposes of the Secretary determining Covered Entity's compliance with the Privacy Rule.
- h. Business Associate agrees to document such disclosures of Protected Health Information and information related to such disclosures as would be required for Covered Entity to respond to a request by an Individual for an accounting of disclosures of Protected Health Information in accordance with 45 CFR § 164.528.
- i. Business Associate agrees to provide to Covered Entity or an Individual, during Business Associates regular business hours, information collected in accordance with Section (i) above of this Agreement, to permit Covered Entity to respond to a request by an Individual for an accounting of disclosures of Protected Health Information in accordance with 45 CFR §164.528.

### **Permitted Uses and Disclosures by Business Associate**

Except as otherwise limited in this Agreement, Business Associate may use or disclose Protected Health Information to perform functions, activities, or services for, or on behalf of, Covered Entity provided that such use or disclosure would not violate the Privacy Rule if done by Covered Entity or the minimum necessary policies and procedures of the Covered Entity

## **Obligations of Covered Entity**

### **Provisions for Covered Entity to Inform Business Associate of Privacy Practices and Restrictions**

- a. Covered Entity shall notify Business Associate of any limitation(s) in its notice of privacy practices of Covered Entity in accordance with 45 CFR § 164.520, to the extent that such limitation may affect Business Associate's use or disclosure of Protected Health Information.
- b. Covered Entity shall notify Business Associate of any changes in, or revocation of, permission by Individual to use or disclose Protected Health Information, to the extent that such changes may affect Business Associate's use or disclosure of Protected Health Information.
- c. Covered Entity shall notify Business Associate of any restriction to the use or disclosure of Protected Health Information that Covered Entity has agreed to in accordance with 45 CFR § 164.522, to the extent that such restriction may affect Business Associate's use or disclosure of Protected Health Information.

### **Permissible Requests by Covered Entity**

Covered Entity shall not request Business Associate to use or disclose Protected Health Information in any manner that would not be permissible under the Privacy Rule if done by Covered Entity.

### **Term and Termination**

- a. **Term.** The Term of this Agreement shall be effective as of November 2, 2004, and shall terminate when all of the Protected Health Information provided by Covered Entity to Business Associate, or created or received by Business Associate on behalf of Covered Entity, is destroyed or returned to Covered Entity, or, if it is infeasible to return or destroy Protected Health Information, protections are extended to such information, in accordance with the termination provisions in this Section.
- b. **Termination for Cause.** Upon Covered Entity's knowledge of a material breach by Business Associate, Covered Entity shall either:
  1. Provide an opportunity for Business Associate to cure the breach or end the violation and terminate this Agreement if Business Associate does not cure the breach or end the violation within the time specified by Covered Entity;
  2. Immediately terminate this Agreement if Business Associate has breached a material term of this Agreement and cure is not possible; or
  3. If neither terminations nor cure is feasible, Covered Entity shall report the violation to the Secretary.
- c. **Effect of Termination.**
  1. Except as provided in paragraph (2) of this section, upon termination of this Agreement, for any reason, Business Associate shall return or destroy all Protected Health Information received from Covered Entity, or created or received by Business Associate on behalf of Covered Entity. This provision shall apply to Protected Health Information that is in the possession of subcontractors or agents of Business Associate. Business Associate shall retain no copies of the Protected Health Information.
  2. In the event that Business Associate determines that returning or destroying the Protected Health Information is infeasible, Business Associate shall provide to Covered Entity notification of the conditions that make return or destruction infeasible. Upon that return or destruction of Protected Health Information is infeasible, Business Associate shall extend the protections of this Agreement to such Protected Health Information and limit further uses and disclosures of such Protected Health Information to those purposes that make the return or destruction infeasible, for so long as Business Associate maintains such Protected Health Information.

### **Miscellaneous**

- a. **Regulatory References.** A reference in this Agreement to a section in the Privacy Rule means the section as in effect or as amended.
- b. **Amendment.** The Parties agree to take such action as is necessary to amend this Agreement from time to time as is necessary for Covered Entity to comply with the requirements of the Privacy Rule and the Health Insurance Portability and Accountability Act of 1996, Pub. L. No. 104-191.
- c. **Survival.** The respective rights and obligations of Business Associate under Section c, 'Effect of Termination' of this Agreement shall survive the termination of this Agreement.
- d. **Interpretation.** Any ambiguity in this Agreement shall be resolved to permit Covered Entity to comply with the Privacy Rule..

NAME OF BUSINESS ASSOCIATE		
Business Name ( <b>Please Print</b> ): AltaPoint Data Systems, LLC		
Name and Title ( <b>Please Print</b> ):		
Address ( <b>Please Print</b> ): 448 E. Winchester – Suite 110		
City	State	Zip
Salt Lake city	Utah	84107
Telephone:	Facsimile:	
801-569-9360	801-569-9370	
Authorized Signature:	Date:	

[ORGANIZATION] – A Covered Entity [REDACTED]		
Name and Title :		
Address:		
City:	State: UT	Zip:
Telephone:	Facsimile:	
Authorized Signature:	Date:	