

W. L. Schneider Associates

Accredited by the Community Health Accreditation Program (CHAP)
Member, Pennsylvania Association of Medical Equipment Suppliers (PAMS)

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Client / Facility: _____

Definitions

Catch-All Definitions:

The following terms used in this Agreement shall have the same meaning as those terms in the HIPPA Rules: Breach, Data, Aggregation, Designated Record Set, Disclosure, Health Care Operations, Individual, Minimum, Necessary, Notice of Privacy Practices, Protected Health Information, Required By Law, Secretary, Security, Incident, Subcontractor, Unsecured Protected Health Information and Use.

Specific Definitions:

- (a) **Business Associate:** "Business Associate" shall generally have the same meaning as the term "Business Associate" at 45 CFR 160.103, and in reference to the party to this agreement, shall mean **W.L Schneider Associates Inc..**
- (b) **Covered Entity:** "Covered Entity" shall generally have the same meaning as the term "Covered Entity" at 45 CFR 160.103, and in reference to the party to this agreement, shall mean _____.
- (c) **HIPAA Rules:** "HIPAA Rules" shall mean the Privacy, Security, Breach Notification and Enforcement Rules at 45 CFR Part 160 and Part 164.

Obligations and Activities of Business Associate

Business Associate agrees to:

- (a) Not use or disclose protected health information other than as permitted or required by the Agreement or as required by law;
- (b) Use appropriate safeguards, and comply with Subpart C of 45 CFR Part 164 with respect to electronic protected health information, to prevent use or disclosure of protected health information other than as provided for by the Agreement;
- (c) Report to Covered Entity any use or disclosure of protected health information not provided for by the Agreement of which it becomes aware, including breaches of unsecured protected health information as required at 45 CFR 164.410, and any security incident of which it becomes aware
- (d) In accordance with 45 CFR 164.502(e)(1)(ii) and 164.308(b)(2), if applicable, ensure that any subcontractors that create, receive, maintain or transmit protected health information on behalf of the Business Associate agree to the same restrictions, conditions and requirements that apply to the Business Associate with respect to such information;

(e) Make available protected health information in a designated record set to the "individual or the individual's designee" as necessary to satisfy Covered Entity's obligations under 45 CFR 164.524;

(f) Make any amendment(s) to protected health information in a designated record set as directed or agreed to by the Covered Entity pursuant to 45 CFR 164.526, or take other measures as necessary to satisfy Covered Entity's obligations under 45 CFR 164.526;

(g) Maintain and make available the information required to provide an accounting of disclosures to the individual as necessary to satisfy Covered Entity's obligations under 45 CFR 164.528;

(h) To the extent the Business Associate is to carry out one or more of Covered Entity's obligation(s) under Subpart E of 45 CFR Part 164, comply with the requirements of Subpart E that apply to the Covered Entity in the performance of such obligation(s);

(i) Make internal practices, books and records available to the Secretary for purposes of determining compliance with the HIPM Rules

Permitted Uses and Disclosures by Business Associate:

(a) Business Associate may only use or disclose protected health information as necessary to perform the services set forth in the Service Agreement.

(b) Business Associate may use or disclose protected health information as required by law

(c) Business Associate agrees to make uses disclosures and requests for protected health information consistent with Covered Entity's minimum necessary policies and procedures.

(d) Business Associate may not use or disclose protected health information in a manner that would violate Subpart E of 45 CFR Part 164 if done by Covered Entity, except for the specific uses and disclosures set forth below.

(e) Business Associate may use protected health information for the proper management and administration of the Business Associate or to carry out the legal responsibilities of the Business Associate.

(f) Business Associate may disclose protected health information for the proper management and administration of businessAssociate or to carry out the legal responsibilities of the Business Associate, provided the disclosures are required by law, Business Associate obtains reasonable assurances from the person to whom the information is disclosed that the information will remain confidential and used or further disclosed only as required by law or for the purposes for which it was disclosed to the person, and the person notifies business associate of any instances of which it is aware in which the confidentiality of the information has been breached.

(g) Business Associate may provide data aggregation services relating to the health care operations of the Covered Entity.

(h) Business Associate is authorized to use protected health information to de-identify the information in accordance with 45 CFR 164.514 (a) - (c) that does not identify an individual and with the respect to which there is no reasonable basis to believe that the information can be used to identify an individual is not individually identifiable health information.

(i) Business Associate may institute internal procedures that will allow the Business Associate to identify the protected health information for reference.

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 the notice of privacy practices of Covered Entity under 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, the permission by an individual to use or disclose his or her 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 on the use or disclosure of protected health information that Covered Entity has agreed to or is required to abide by under 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 Subpart E of 45 CFR Part 164 if done by Covered Entity, with the exception of the Business Associate, will use or disclose protected health information for provisions for data aggregation or management and administration and legal responsibilities of the Business Associate.

Term and Termination:

(a) The Term of this Agreement shall be effective as of _____ and shall terminate on _____ or on the date Covered Entity terminates for cause as authorized in paragraph (b) of this Section, whichever is sooner.

(b) **Termination for Cause:** Business Associate authorizes termination of this Agreement by Covered Entity if Covered Entity determines Business Associate has violated a material term of the Agreement (and Business Associate has not cured the breach or ended the violation within the time specified by the Covered Entity).

(c) **Obligations of Business Associate Upon Termination:** Upon termination of this Agreement for any reason, Business Associate shall return to Covered Entity all protected health information received from Covered Entity or created, maintained or received by Business Associate on behalf of Covered Entity, that the Business Associate still maintains in any form. Business Associate shall retain no copies of the protected health in information other than to carry out its legal responsibilities and the Business Associate needs to retain protected health information for such purposes after termination of the agreement.

Upon termination of this Agreement for any reason, Business Associate, with respect to protected health information received from Covered Entity, or created, maintained or received by Business Associate on behalf of Covered Entity shall:

1. Retain only that protected health information which is necessary for Business Associate to continue its proper management and administration or to carry out its legal responsibilities;
2. Return to Covered Entity, or destroy if requested, the remaining protected health information that the Business Associate still maintains in any form;
3. Continue to use appropriate safeguards and comply with Subpart C of 45 CFR Part 164 with respect to electronic protected health information to prevent use or disclosure of the protected health information, other than as provided for in this Section, for as long as Business Associate retains the protected health information;
4. Not use or disclose the protected health information retained by Business Associate other than the purposes for which such protected health information was retained and subject to the same conditions set out at Section 2 paragraphs (e) and (f) under "Permitted Uses and Disclosures By Business Associate" which applied prior to termination;
5. Return to Covered Entity (or, if agreed to by Covered Entity, destroy) the protected health information retained by Business Associate when it is no longer needed by Business Associate for proper management and administration or to carry out its legal responsibilities;
6. Upon request, the Business Associate will transmit the protected health information to another Business Associate of the Covered Entity at termination, or ensure the destruction of protected health information created, received or maintained by Business Associate.

(d) **Survival:** The obligations of Business Associate under this Section shall survive the termination of this Agreement.

Miscellaneous

(a) **Regulatory References:** A reference in this Agreement to a section in the HIPAA Rules

(b) **Amendment:** The Parties agree to take such action as is necessary to amend this Agreement from time to time as is necessary for compliance with the requirements of the HIPAA Rules and other applicable law.

(c) **Interpretation:** Any ambiguity in this Agreement shall be interpreted to permit compliance with the HIPAA Rules.

The parties have executed this Agreement as of (date): _____

FACILITY: _____

NAME: _____

TITLE: _____

W. L. Schneider Associates, Inc.

NAME: _____

TITLE: _____