

## BUSINESS ASSOCIATE AGREEMENT

This Privacy Agreement (“Agreement”) is effective upon signing this Agreement and is entered into by and between Choices In Community Living (“Covered Entity”) and \_\_\_\_\_ (the “Business Associate”).

**1. Term.** This Agreement shall remain in effect for the duration of the Task Order the Business Associate has with the Covered Entity, and shall apply to all of the Services and/or Supplies delivered by the Business Associate in pursuant to this Agreement.

**2. HIPAA Assurances.** In the event the Business Associate creates, receives, maintains, or otherwise is exposed to personally identifiable or aggregate patient or other medical information defined as Protected Health Information (“PHI”) in the Health Insurance Portability and Accountability Act of 1996 or its relevant regulations (“HIPAA”) and otherwise meets the definition of Business Associate as defined in the HIPAA Privacy Standards (45 C.F.R. Parts 160 and 164), Business Associates shall:

- (a) Recognize that HITECH (the Health Information Technology for Economic and Clinical Health Act of 2009) and the regulations thereunder (including 45 C.F.R. Sections 164.308, 164.310, 164.312, and 164.316), apply to a Business Associate of a Covered Entity in the same manner that such sections apply to the Covered Entity;
- (b) Not use or further disclose the PHI, except as permitted by law;
- (c) Not use or further disclose the PHI in a manner that had the Covered Entity done so, would violate the requirements of HIPAA;
- (d) Use appropriate safeguards (including implementing administrative, physical, and technical safeguards for electronic PHI) to protect the confidentiality, integrity, and availability of and to prevent the use or disclosure of the PHI other than as provided for by this Agreement;
- (e) Comply with each applicable requirement of 45 C.F.R. Part 162 if the Business Associate conducts Standard Transactions for or on the behalf of the Covered Entity;
- (f) Report promptly to Choices In Community Living Compliance Officer, Chasity Cook (or Executive Director) any security incident or other use or disclosure of PHI not provided for by this Agreement of which the Business Associate becomes aware;

(g) Ensure that any subcontractors or agents who receive or are exposed to PHI (whether in electronic or other format) are explained the Business Associate obligations under this paragraph and agree to the same restrictions and conditions;

(h) Make available PHI in accordance with the individual's rights as required under the HIPAA regulations;

(i) Account for PHI disclosures for up to the past six (6) years as requested by the Covered Entity, which shall include:

(1) Dates of disclosure, (2) names of the entities or persons who received the PHI, (3) a brief description of the PHI disclosed, and (4) a brief statement of the purpose and basis of such disclosure;

(j) Makes its internal practices, books, and records that relate to the use and the disclosure of PHI available to the U.S. Secretary of Health and Human Services for purposes of determining the Covered Entity's compliance with HIPAA; and

(k) Incorporate any amendments or corrections to PHI when notified by the Covered Entity or enter into a Business Associate Agreement or other necessary Agreements to comply with HIPAA.

**3. Termination upon Breach of Provisions.** Notwithstanding any other provision of this Agreement, the Covered Entity may immediately terminate this Agreement if it determines that the Business Associate breaches any term in this Agreement. Alternatively, the Covered Entity may give written notice to the Business Associate in the event of a breach and give the Business Associate five (5) business days to cure such breach. The Covered Entity shall also have the option to immediately stop all further disclosures of PHI to the Business Associate if the Covered Entity reasonably determines the Business Associate has breached its obligations under this Agreement. In the event that termination of this Agreement and the Agreement is not feasible, the Business Associate hereby acknowledges that the Covered Entity shall be required to report the breach to the Secretary of the U.S. Department of Health and Human Services, notwithstanding any other provision of this Agreement or Agreement to the contrary.

(a) In event of a breach, the Covered Entity should file a breach notification by filling out and electronically submitting a breach report form to the U.S. Department of Health and Human Services.

(i) If a breach affects 500 or more individuals, the Business Associate or the Covered Entity must file a report promptly, and in no case later than sixty (60) days following a breach. If a breach affects fewer than 500 individuals, the Business Associate or the Covered Entity must submit

notification no later than sixty (60) days after the end of the calendar year in which breach is discovered.

- (ii) A breach report should include the following information:
  - (1) The Business Associate's or subcontractor's name and contact information;
  - (2) A description of the breach incident;
  - (3) The date the breach occurred;
  - (4) The date of discovery of the breach (if known);
  - (5) The type of PHI potentially compromised or actually compromised due to the incident; and
  - (6) What measures have been taken by the Business Associate or subcontractors to investigate and address the incident and protect against future incidents.

**4. Return or Destruction of Protected Health Information upon Termination.** Upon the termination of this Agreement, unless otherwise directed by the Covered Entity, the Business Associate shall either return or destroy all PHI received from the Covered Entity or created or received by the Business Associate on behalf of the Covered Entity in which the Business Associate maintains in any form. The Business Associate shall not retain any copies of such PHI. Notwithstanding the foregoing, in the event the Business Associate determines that returning or destroying the Protected Health Information is infeasible upon termination of this Agreement, the Business Associate shall provide the Covered Entity notification of the condition that makes return or destruction infeasible. To the extent that it is not feasible for the Business Associate to return or destroy such PHI, the terms and provisions of this Agreement shall survive such termination or expiration and such PHI shall be used or disclosed solely as permitted by law for so long as the Business Associate maintains such Protected Health Information.

**5. No Third Party Beneficiaries.** The parties agree that the terms of this Agreement shall apply only to themselves and are not for the benefit of any third party beneficiaries.

**6. De-Identified Data.** Notwithstanding the provisions of this Agreement, the Business Associate and its subcontractors may disclose non-personally identifiable information provided that the disclosed information does not include a key or other mechanism that would enable the information to be identified.

**7. Amendment.** The Business Associate and the Covered Entity agree to amend this Agreement to the extent necessary to allow either party to comply with the Privacy Standards, the Standards for Electronic Transactions, the Security Standards, or other relevant state or federal laws or regulations created or amended to protect the privacy of patient information. All such amendments shall be made in a writing signed by both parties.

**8. Interpretation.** Any ambiguity in this Agreement shall be resolved in favor of a meaning that permits the Covered Entity to comply with the then most current version of HIPAA and the HIPAA privacy regulations.

**9. Definitions.** Capitalized terms used in this Agreement shall have the meanings assigned to them as outlined in HIPAA and its related regulations.

**10. Survival.** The obligations imposed by this Agreement shall survive any expiration or termination of this Agreement.

**Facility:**

Facility Address:

Choices In Community Living, 1651 Needmore Road

City/State/Zip: Dayton, Ohio 45414

*The facility signer should be the person responsible for maintaining PHI for the facility  
(e.g., the Chief Privacy Officer, System Security Officer, or Chief Executive Officer)*

Signature:

Name:

Title:

Date:

Email address of signer: ccook@cicloh.com

[tweaver@cicloh.com](mailto:tweaver@cicloh.com)

**Business Associate:**

Business Name & Address

Signature:

Name of the signer:

Title:

Date:

Email address of signer:

**Disclaimer to covered entities: This template is not a substitute for legal advice and is for informational purposes only and should not be construed as legal advice.**