

Dear _____,

Federal law, via the Health Insurance Portability and Accountability Act (HIPAA) and the Health Information Technology for Economic and Clinical Health Act of 2009 (HITECH), requires that Business Associates who work on behalf of Choices In Community Living, a HIPAA-covered entity, provide assurances regarding the use and the disclosure of protected health information by signing a Business Associate Agreement. In recent months, the federal government has cracked down on enforcement of these rules. In the interest of those we serve and the integrity of our organization, we want to ensure that our Business Associates are doing everything possible to protect private health information as required.

We want you to be aware of your responsibilities to safeguard Choices In Community Living protected health information in your day-to-day business under these laws. The enclosed Business Associate Agreement details these responsibilities as well as potential liabilities in the event of unlawful disclosure or breach of protected health information.

Please review and sign the enclosed Business Associate Agreement and return it to:

Choices In Community Living
1651 Needmore Road
Dayton, Ohio 45414

If you have any questions or concerns about the enclosed agreement, please feel free to contact us at 937-898-2220. We appreciate your cooperation in this matter, and request the signed agreement be returned to us by _____.

Thank you.

Sincerely,