# **BUSINESS ASSOCIATE CHECKLIST PROCEDURE**

The Privacy Rule requires that a covered entity obtain satisfactory assurances from its business associate that the business associate will appropriately safeguard the protected health information it receives or creates on behalf of the covered entity. The satisfactory assurances must be in writing, whether in the form of a contract or other agreement between the covered entity and the business associate. The primary contract user\* shall be responsible for implementing Business Associate Agreement for the contracts they facilitate.

HIPAA Business Associate Addendum or Agreement is required if the arrangement between HMC and the outside entity/individual (contractor) meets the following criteria in Part 1 & Part 2.

| Part 1. If the statement is true, please check the box:                               |                                                                                                                                                                      |                  |
|---------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|
|                                                                                       | The outside entity/individual is not a member of UW or UW Medicine workforce*.                                                                                       |                  |
|                                                                                       | The outside entity/individual will be or is performing a service or activity "for" or "on behalf of" UW or UW Medicine.                                              |                  |
|                                                                                       | The services or activity the outside entity/individual will be or is performing involves the use* or disclosure* of protected health information (PHI)*.             |                  |
| Part 2. If ALL of the above boxes are checked, please answer the following questions: |                                                                                                                                                                      |                  |
|                                                                                       | the use or disclosure of PHI for purposes <b>other than</b> treatment of a patient? the use or disclosure of PHI for purposes <b>other than</b> support of research? | Yes No No Yes No |

<u>What This Means</u>. A Business Associate relationship exists if use or disclosure of PHI is for purposes other than treatment or research. If the answers to ALL of Part 1 and 2 are "True/Yes", then a Business Associate relationship exists. If an answer to any of the above criteria is "False/No", then a Business Associate relationship does not exist.

#### How to Implement

## Contracts for Acquisition of Goods/Services

Upon requisitioning department's input, Purchasing will implement Business Associate agreements for acquired goods/service contracts that are facilitated by Purchasing, and for purchase orders that do not require formal signed contracts. Purchasing will need the following input from the requisitioning department in order to facilitate a business associates on their behalf:

Requisitioning department will need to clearly indicate in the Header Notes or Line Notes of the requisition:

- 1. Whether or not the Vendor/Contractor is a business associate, and:
- 2. How the Vendor/Contractor will be allowed to use and/or disclose protected health information. [E.g. contractor may only use or disclose the protected information for the following purposes...]

### All Other Contracts

For agreements that do not go through Purchasing, such as financial agreements, affiliation agreements, client service contracts related to master affiliation agreements, and grant related contracts, etc., the primary contract user can work with the Privacy Coordinator in implementing appropriate Business Associate contract language.

## \* **DEFINITIONS**

**Workforce**: Employees, volunteers, trainees, and other persons whose conduct, in the performance of work for UW/UW Medicine, is under the direct control of UW/UW Medicine, whether or not they are paid by UW/UW Medicine.

**Use**: Sharing, employment, application, utilization, examination, analysis, canonization or commingling with other information.

**Disclosure**: Release, transfer, provision of access to, or divulging in any other manner of information outside the entity holding the information.

**Protected Health Information (PHI)**: Individually identifiable health information that is (i) transmitted by electronic media, (ii) maintained in any medium constituting electronic media, or (iii) transmitted or maintained in any other form or medium.

**Primary Contract User**: The person/division that requires the contract, is a party to the contract and is responsible for ensuring the contractor is compliant with contract terms.