

UNIVERSITY OF WASHINGTON
PURCHASING SERVICES

TO:

Date:

FROM:

(Buyer Name) (Title)

FAX: 543-3854

SUBJECT: **HIPAA* Business Associate Agreement Checklist**

Requisition Number:

Purchasing Services has received the above-referenced purchase requisition which we believe may require a HIPAA Business Associate Agreement. To make this determination, please complete the Business Associate Checklist below. Please FAX this completed checklist to the buyer listed above as soon as possible so that your order can be processed.

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. If you are entering into a contract with business partners, vendors, and other outside parties who are given UW confidential data that has IT components or system, you need to also include the Data Security Addendum. The primary contract user* shall be responsible for implementing Business Associate Agreements for the contracts they facilitate.

HIPAA Business Associate Addendum or Agreement is required if the arrangement between the UW 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:*

- My department or unit is defined by the UW as a "Health Care Component" (or is performing a function/activity for the Health Care Component that uses PHI). See definition of "Health Care Component" below.
- 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:*

- Is the use or disclosure of PHI for purposes **other than** treatment of a patient? Yes No
- Is the use or disclosure of PHI for purposes **other than** support of IRB approved research? Yes No

WHAT THIS MEANS. 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. **Please provide purchasing a copy of this form whether a Business Associate relationship exists or not so that they know this contract has been evaluated for this relationship.**

If the contract **does** meet the Business Associate relationship criteria, please state how the vendor can use the Protected Health Information below: _

Checklist completed by:

Name:

Date:

*** DEFINITIONS**

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

Use: The sharing, employment, application, utilization, examination, or analysis of individually identifiable health information within UW Medicine.

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

Health Care Component: A "Health Care Component" is any component that would meet the definition of covered entity if it were a separate legal entity. A Health Care Component may also include a component that performs covered functions and components that perform activities that would make such component a business associate of a component that performs covered functions if the two components were separate legal entities.

Protected Health Information (PHI): A subset of individually identifiable health information maintained in health records and/or other clinical documentation in either paper-based or electronic format.

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.