FORM F

BUSINESS ASSOCIATE AGREEMENT (BAA)

START HERE

Will the person/entity access, receive, maintain or create Protected Health Information (PHI) on behalf of the department?

YES

NO

Is the person/entity providing a service on behalf of the department?

NO

YES

Does the PHI being disclosed meet any of the exceptions listed to the right?

YES

YES

NO

Is the person/entity a heathcare provider or health plan using the information for treatment, payment or operation purposes?

NO

A BUSINESS ASSOCIATE AGREEMENT IS REQUIRED

STOP

A BUSINESS ASSOCIATE RELATIONSHIP DOES NOT EXIST

EXCEPTIONS:

1. The PHI is de-identified;
2. Relationship is for transport services (ex. postal service or courier);
3. Claim being sent to health plan, payment to a provider or a fund transfer to a financial institution;
4. PHI being disclosed to health oversight agency as part of a federal or state program;
5. Information provided as a response to law enforcement or subpoena; or
6. The Office of General Counsel has informed you that you are legally required to report the information.