Pursuant to the Business Associate Agreement (“BAA”) between **[COVERED ENTITY]** and your company, and as a result of changes to the HIPAA Privacy regulations resulting from the Omnibus Rule, we request that you answer these questions, sign the form below, and return the form to the address/fax/e-mail listed below.

|  |  |  |
| --- | --- | --- |
|  | **Question** |  |
| 1. | Do you intend to use subcontractors for any service contemplated under the contract between your company and **[COVERED ENTITY]**? | □Yes □No |
| 2. | If the answer in Question 1 is “yes”, will the subcontractors use, disclose, transmit, receive, or store protected health information? | □Yes □No |
| 3. | If the answer in Question 2 is “yes”, is there a BAA in place between your company and all subcontractors? | □Yes □No |
| 4. | If the answer in Question 3 is “no”, please list the date by which a BAA will be in place for all subcontractors: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (note, this is required by our existing BAA) |  |
| 5. | If the answer to Question 2 is “yes”, have you obtained reasonable assurances from the subcontractor that it has implemented a HIPAA privacy and security program to mitigate the risk of inappropriate disclosure of PHI? | □Yes □No |
| 6. | If the answer to Question 5 is “no”, please list the date by which reasonable assurances from the subcontractors will be obtained: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(note, this is required by our existing BAA) |  |
| 7. | If the answer to Question 2 is “yes”, have you validated that the subcontractors have a HIPAA privacy and security program to mitigate the risk of inappropriate disclosure of PHI? | □Yes □No |
| 8. | If the answer to Question 7 is “no”, please list the date by which you will validate that subcontractors have implemented a HIPAA privacy and security program to mitigate the risk of inappropriate disclosure of PHI: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(note, this is required by our existing BAA) |  |

I understand that **[COVERED ENTITY]** will rely on the representations made in this document to demonstrate its compliance with the HIPAA Privacy and Security Regulations as amended.

Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title