State of Vermont Agency of Human Services

HIPAA Business Associate Agreement Worksheet

AHS Department/Program: _____
Contractor/Grantee/Party to a Letter of Agreement:
_____
Contract Number: _____

To be completed by the preparer of the contract or grant or letter of agreement:

Your Name: _____ Date:_____

The following questions will help determine if it is necessary to include a Business Associate Agreement (BAA) as part of a contract/grant/letter of agreement.

Complete this worksheet for each contract/grant/letter that you prepare. However if you are preparing a series of identical grants/contracts/letters generated from a single template in which the only differences are the name of the recipient and the dollar amount, you need only to complete one worksheet for the series. If so please identify the subject matter of the series: _____

_____

Send this completed worksheet by email to the reviewing assistant attorney general, even if you believe that a BAA is not necessary.

1. Description of work that will be done under the contract/grant/letter:

_____

_____

2. Does the work involve the disclosure, creation or retention of protected health information? ____ Yes ____ No

If "No" then a BAA is not needed.

3. Is the contractor/grantee/recipient a health care provider to whom under this contract/grant/letter AHS or a third party at the direction of AHS discloses protected health information only for treatment purposes? ____ Yes ____ No

If "Yes" then a BAA is not needed.

To be completed by the reviewing Assistant Attorney General:

Your Name: _____ Date: _____

Check one:
____ No BAA is needed for this contract or grant.
____ A BAA is needed for this contract because: _____

_____

Definitions

HIPAA: Health Insurance Portability and Accountability Act of 1996

Protected Health Information (PHI): Any information, whether oral or recorded and whether transmitted or maintained in any form or medium, that:

(1) is created or received by AHS or its contractors/grantees;

(2) relates to the **past, present, or future** physical or mental health or condition of an individual; the provision of health care to an individual; or the **past, present, or future** payment for the provision of health care to an individual;

AND

(3) identifies the individual, or with respect to which there is a reasonable basis to believe the information can be used to identify the individual.

PHI includes demographic information collected from an individual.

Disclosure: The release, transfer, provision of access to, or divulging of information held by AHS or its contractors/grantees to outside of AHS or its contractors/grantees.

Treatment: The provision, coordination, or management of health care and related services by one or more health care providers, including the coordination or management of health care by a health care provider with a third party; consultation between health care providers relating to a patient; or the referral of a patient for health care from one health care provider to another.

Business Associate Agreement: A written agreement that AHS obtains from a contractor/grantee in which the contractor/grantee agrees that it will appropriately safeguard PHI that it receives from AHS (or a third party at the direction of AHS) or creates for AHS and use it only for authorized purposes.

A Business Associate Agreement is not needed for disclosures to a health care provider for treatment purposes.

Business Associate: Generally a person or entity who:

On behalf of AHS, performs or assists in the performance of functions or activities involving the use or disclosure of individually identifiable health information (e.g. claims processing or administration, data analysis, processing or administration, utilization review, quality assurance, billing, benefit management, practice management and re-pricing).

To or for AHS, provides legal, actuarial, accounting, consulting, data aggregation, management, administrative, accreditation, or financial services, where the service involves the disclosure of PHI from AHS (or a third party at the direction of AHS) to the business associate.