

**HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)
BUSINESS ASSOCIATE AGREEMENT**

The Contractor, _____, satisfactorily assures Three Rivers Regional Commission Area Agency on Aging (TRRC/AAA) that it is in compliance with Health Insurance Portability and Accountability Act (HIPAA), Public Law No. 104-19 1, 110 Stat. 1936. (Kassenbaum, Kennedy), 45 CFR 160, et seq. (HIPAA Privacy Regulations) and its regulations, including, but not limited to the Privacy Rule promulgated in 45 CFR 160 and Part 164 subparts A and E, that pursuant to HIPAA became effective April 14, 2003. The contractor (provider) understands and acknowledges that the Georgia Department of Human Services (DHS) is a covered entity, as defined by HIPAA, and is required to adopt and implement standards and procedures for the handling of protected health information by April 14, 2003. Further, as TRRC/AAA is for the purpose of HIPAA, a business associate of DHS and its contractors that provide aging related services and handle protected health information are businesses associates of both TRRC/AAA and DHS.

The Contractor further understands and acknowledges that upon entering a contract with TRRC/AAA, it is a business associate of DHS and the TRRC/AAA as defined by HIPPA and is required to agree to comply with and abide by the DHS and the TRRC/AAA privacy standards and procedures. The Contractor therefore agrees that any use of Protected Health Information (PHI) pursuant to this contract will comply with all HIPAA, DHS and TRRC/AAA requirements and privacy standards and procedures.

Further, the Contractor agrees to provide training for its employees as required by HIPAA. Contractor shall provide the privacy, security and electronic data interchange safeguards as outlined by Federal law and regulations. The Contractor shall provide clients' rights, notice of privacy policies, maintain minimum necessary and de-identified information as required by HIPAA and will comply with any policies of the Georgia DHS Division of Aging Services (DAS). The Contractor further acknowledges and agrees that the Georgia DHS DAS, including the Long-Term Care Ombudsman and the TRRC/AAA provide functions that are considered health oversight agencies in their funding, quality improvement and regulatory functions. As health oversight agencies, protected health information must be shared with them and authorization is not required according to HIPAA.

I HAVE REVIEWED, UNDERSTAND AND AGREE TO ABIDE BY ALL CONDITONS AS STATED HEREIN.

Name of Responder _____ Date: _____
(print/ type)

(Signature of Legally Authorized Person) Title: _____