

HIPAA/HITECH-BUSINESS ASSOCIATE DECISION TOOL

(BA Tool)

Contrac	t Dro	DONOM:	Legal Name of Contractor :						
Contract Preparer: For: □DHHS □MH □PH □SS			Date:						
Contract: New Modified Renewal (Auto / Manual)			Contract Term:						
Service Type/Program:			State Std. Agreement # (If Applicable):						
Directions: Complete this tool for <u>all contracts</u> . Follow the arrows to your decision checking the box with your answ									
the way. Complete the attestation and signature sections on page 2 (backside).									
		1. Is Protected Health Information (PHI) being disclosed/released to a person or entity other than in the capacity as a member of DHHS workforce to RECEIVE, TRANSMIT, CREATE , and/or MAINTAIN PHI ? □YES □NO							
		YES							
JSINESS ASSOCIATE e attestation and signature section on page two (backside).		2. Is PHI being disclosed to a healthcare provider for Treatment Purposes? ☐ YES ☐ NO Treatment is the provision, coordination, or management of health care and related services by one or more health care providers.							
		▼ NO							
		3. Is the PHI being disclosed to a health plan for payment purposes, or to a health plan sponsor with respect to disclosures by a group health plan? NO 4. Is PHI being disclosed to a government agency pursuant to an official investigation? YES NO NO 5. Is PHI being disclosed to another covered entity that is part of an organized healthcare arrangement in which DHHS participates? NO 6. Does the other person or entity create, receive, maintain, or transmit PHI for a function or activity regulated by HIPAA, including: claims processing or administration, data analysis, processing or administration, utilization review, quality assurance, patient safety activities billing benefits management, practice management, and							
		▼ NO							
E tion on po		4. Is PHI being disclosed to a government agency pursuant to an official investigation? □YES □NO							
Seci	`	VES NO							
SOCIA signature		5. Is PHI being disclosed to another covered entity that is part of an organized healthcare arrangement in which DHHS participates? ☐YES ☐NO							
A			red entity that is part of an organized articipates? Set on an articipates? Set on an articipates? Set on an articipates? Set on an articipate set on artici	i					
		6. Does the other person or entity create, receive, maintain, or transmit PHI for a function or activity regulated by HIPAA, including: claims processing or administration, data analysis, processing or administration, utilization review, quality assurance, patient safety activities, billing, benefits management, practice management, and reprising? □YES □NO							
8	`		on page two (backside).	1					
B(omplete Parts I, II, & III of th	YES	7. Does the other person or entity provide legal, actuarial, accounting, consulting, data aggregation, management, administrative, accreditation or financial services where the provision of such services involves disclosure of PHI to the person or entity? □YES □NO							
on			NO						

Proceed to the Attestation on page 2 (backside).

8. Will the other person or entity be able to access PHI on a routine basis, AND/OR is there a possibility that the PHI in the person or entity's custody or control could be

compromised (i.e. Data storage vendor, shredding company)? \square YES \square NO

YES

NO



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ATTESTATION									
PART I									
The contractor is NOT A BUSINESS ASSOCIATE (Proceed to signatures)									
It has been determined the contractor is a BUSINESS ASSOCIATE (Proceed to PART II and III)									
PART II									
☐ Business Associate Agreement (BAA) will be included in the contract. (Program shall work with DHHS Contract Unit and County Counsel for language specific to the contract when needed. DHHS Contract Unit and County Counsel will work with DHHS Compliance and Quality Assurance Office when needed.)									
\square Contractor was provided the Business Associate of DHHS pamphlet (form DHHS 82)									
☐ Contractor attests to having Privacy and Security Policies and Procedures (breach notification, workforce training, privacy/security event processing)									
Attestation received in writing / verbal (circle one) Name of Person Attesting: Date:									
□ Contractor has been provided the phone number for the DHHS Compliance and Quality Assurance Office (707-441-5410) and instructed this is the number to use for reporting incidents pursuant to the contractual agreement with DHHS.									
PART III									
Business Associate First Point of Contac	:t:								
Name (Please Print First and Last Name)	Title		Phone Number						
Address (Including city, state, and zip code									
Email Address			Fax Number						
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Business Associate Second Point of Con	lact								
N. (D. D.: F. J. J.)	T::1		- N. M. I						
Name (Please Print First and Last Name)	Title		Phone Number						
Address (Including city, state, and zip code									
Email Address			Fax Number						
Contractor Website URL	SIC	NATURE	Type of Service(s) Provided						
SIGNATURES									
Signatures confirm the determination in PART I and when applicable completion of this Business Associates Decision Tool PART II and III.									
Contract Preparer (Signature/Date):		DHHS Responsible	Manager (Signature/Date):						
□Notified/Communicated to Contract Coordinator □Notified/Communicated to Director/Deputy Director									
Comments:									
ROUTING									
□Program Contract File	☐Contract Coord		☐Contractor Database / C	Contract Unit					
Contract # (If known):				.oci acc oiiic					