**(sample)BUSINESS ASSOCIATE AGREEMENT**

This Business Associate Agreement (“Agreement”), effective DATE, is entered into by and between \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Business Associate)

and NAME OF BUSINESS (the “Covered Entity”), with an address at ADDRESS

“Parties”).

The Business Associate is a Not-for-Profit Corporation and the Covered Entity is a Not-for-Profit Corporation. The parties have entered into one or more agreements under which the Business Associate regularly uses and/or discloses Protected Health Information (PHI) in its performance of the services described below. Both Parties are committed to complying with the Standards for Privacy of Individually Identifiable Health Information under the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) and subsequent rules and regulations including those set forth in the American Recovery and Reinvestment Act of 2009 (“ARRA”). This Agreement sets forth the terms and conditions pursuant to which PHI that is provided by, or created or received by, the Business Associate from or on behalf of the Covered Entity, will be handled between the Business Associate and the Covered Entity and with third parties during the term of their XXXXXXXXX agreement and after its termination. The Parties agree as follows:

# PERMITTED USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

1.1 Services. Pursuant to the XXXXXXXXX Agreement, the Business Associate provides services (“Services”) for the Covered Entity that involve the use and disclosure of PHI. Except as otherwise specified herein, the Business Associate may make any and all uses of PHI necessary to perform its obligations under the XXXXXXXXX Agreement. All other uses not authorized by this Agreement are prohibited. Moreover, Business Associate may disclose PHI for the purposes authorized by this Agreement only, (i) to its employees, subcontractors and agents, in accordance with Section 2.1(e), (ii) as directed by the Covered Entity, or (iii) as otherwise permitted by the terms of this Agreement including, but not limited to, Section 1.2(b) below.

1.2 Business Activities of the Business Associate. Unless otherwise limited herein, the Business Associate may:

1. Use the Protected Health Information in its possession for its proper management and to fulfill any present or future legal responsibilities of the Business Associate provided that such uses are permitted under state and federal confidentiality.

1. Disclose the Protected Health Information in its possession to third parties for the purpose of its proper management and administration or to fulfill any present of future legal responsibilities of the Business Associate, provided that the Business Associate represents to the Covered Entity, in writing, that (i) the disclosures are required by law, as provided for in 45 C.F.R. § 164.501 or (ii) the Business Associate has received from the third party written assurances regarding the confidential handling of such PHI as required under 45 C.F.R. § 164.504(e)(4).

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1.3 Additional Activities of Business Associate. In addition to using the Protected Health Information to perform the Services set forth in Section 1.1 of this Agreement, Business Associate may:

1. Aggregate the PHI in its possession with the Protected Health Information of other covered entities that the Business Associate has in its possession through its capacity as a business associate to said other covered entities provided that the purpose of such aggregation is to provide the covered Entity with data analyses relating to the Health Care Operations of the Covered Entity. Under no circumstances may the Business Associate disclose PHI of one Covered Entity to another Covered Entity absent the explicit authorization of the Covered Entity.

1. De-identify any and all PHI provided that the de-identification conforms to the requirements of 45 C.F.R. § 164.514(b), and further provided that the Covered Entity maintains the documentation required by 45 C.F.R. § 164.514(b) which may be in the form of a written assurance from the Business Associate. Pursuant to 45 C.F.R. § 164.514(d)(2), de-identified information does not constitute Protected Health Information and is not subject to the terms of this Agreement.

# RESPONSIBILITIES OF THE PARTIES WITH RESPECT TO PHI

2.1 Responsibilities of the Business Associate. With regard to its use and/or disclosure of Protected Health Information, the Business Associate hereby agrees to do the following:

1. Use and/or disclose the Protected Health Information only as permitted or required by this Agreement or as otherwise required by law.

1. Implement and comply with all provisions of Title 45 of the Code of Federal Regulations which are now applicable to business associates or which hereafter become applicable to business associates, including, without limitation, Sections 164.308, 164.310, 164.312, 164.316 , and 164.504(e) thereof.

1. Implement and comply with all requirements of ARRA and the regulations thereunder that relate to privacy or security and are made applicable under ARRA to business associates and covered entities, including, without limitation:

* + 1. Section 13402 of ARRA regarding notification in the case of breach; provided, however, that Business Associate shall notify Covered Entity within five (5) calendar days of any event which is the subject of such notice requirement, and Business Associate shall promptly upon request reimburse Covered Entity for the cost of providing any notice to Individuals which is required to be given by Covered Entity as a result of a breach by Business Associate;

* + 1. Section 13405 of ARRA regarding restrictions on certain disclosures and sales of health information, accounting of certain protected health information disclosures, and access to certain information in electronic format;

* + 1. Section 13406 of ARRA regarding conditions on certain contacts as part of health care operations;

* + 1. Section 13407 of ARRA regarding temporary breach notification requirements for vendors of personal health records and other non-HIPAA covered entities (if applicable); and,

* + 1. Section 13408 of ARRA regarding business associate contracts required for certain entities (if applicable).

1. In addition to the notification requirements set forth herein, Business Associate shall report to the designated Privacy Officer of the Covered Entity, in writing, any use and/or disclosure of the PHI that is not permitted or required by this Agreement, of which Business Associate becomes aware within five (5) business days of the Business Associate’s discovery of such unauthorized use and/or disclosure.

1. Establish procedures for mitigating, to the greatest extent possible, any deleterious effects from any improper use and/or disclosure of Protected Health Information that the Business Associate reports to the Covered Entity.

1. Use commercially reasonable efforts to maintain the security of the Protected Health Information and to prevent unauthorized use and/or disclosure of such PHI.

1. Require all of its subcontractors and agents that receive or use, or have access to, Protected Health Information under this Agreement to agree, in writing, to adhere to the same restrictions and conditions on the use and/or disclosure of Protected Health Information that apply to the Business Associate pursuant to section 2 of this Agreement.

1. Make available all records, books, agreements, policies and procedures relating to the use and/or disclosure of Protected Health Information to the Secretary of HHS for the purposes of determining the Covered Entity’s compliance with the Privacy Regulation, subject to attorney-client and other applicable legal privileges.

1. Upon prior written request, make available during normal business hours at Business Associate’s offices all records, books, agreements, policies and procedures relating to the use and/or disclosure of Protected Health Information to the Covered Entity within 14 days for purposes of enabling the Covered Entity to determine the Business Associate’s compliance with the terms of this Agreement.

1. Within five (5) days of receiving a written request from the Covered Entity, provide to the Covered Entity such information as is requested by the Covered Entity to permit the Covered Entity to respond to a request by an individual for an accounting of the disclosures of the individual’s PHI in accordance with 45 C.F.R. § 164.528.

1. Subject to Section 4.5 below, return to the Covered Entity or destroy, within 90 days of the termination of this Agreement, the Protected Health Information in its possession and retain no copies (which for purposes of this Agreement shall mean destroy all backup tapes).

1. Disclose to its subcontractors, agents or other third parties, and request from the Covered Entity, only the minimum Protected Health Information necessary to perform or fulfill a specific function required or permitted hereunder.

1. To the extent Business Associate performs any activities on behalf of Covered Entity in connection with one or more covered accounts (as defined in 16 C.F.R. § 681.2(b)(3)), Business Associate shall conduct such activities in accordance with reasonable policies and procedures designated to detect, prevent, and mitigate the risk of identity theft.

1. Business Associate must comply with any written directive received from Covered Entity relating to the use and disclosure of PHI concerning an individual.

2.2 Responsibilities of the Covered Entity. With regard to the use and/or disclosure of PHI by the Business Associate, the Covered Entity hereby agrees:

1. To inform the Business Associate of any changes in the form of notice of privacy practices (the “Notice”) that the Covered Entity provides to individuals pursuant to 45 C.F.R. § 164.520, and provide the Business Associate a copy of the Notice currently in use.

1. To inform the Business Associate of any changes in, or withdrawal of, the consent or authorization provided to the Covered Entity by individuals pursuant to 45 C.F.R. § 164.506 or § 164.508.

1. To inform the Business Associate of any opt-outs exercised by an individual from marketing and/or fundraising activities of the Covered Entity pursuant to 45 C.F.R. § 164.514(e).

1. To notify the Business Associate, in writing and in a timely manner, of any arrangements permitted or required of the Covered Entity under 45 C.F.R. part 160 and 164 that may impact in any manner the use and/or disclosure of Protected Health Information by the Business Associate under this agreement, including, but not limited to, restrictions on use and/or disclosure of Protected Health Information as provided for in 45 C.F.R. § 164.522 agreed to by the Covered Entity.

1. That the Business Associate may make any use and/or disclosure of Protected Health Information permitted under 45 C.F.R. § 164.512 except uses or disclosure for research which are not permitted without prior approval by the covered entity.

# REPRESENTATIONS AND WARRANTIES

3.1 Mutual Representations and Warranties of the Parties.

Each Party represents and warrants to the other Party:

1. That it is duly organized, validly existing, and in good standing under the laws of the jurisdiction in which it is organized or licensed, it has the full power to enter into this Agreement and to perform its obligations hereunder, and that the performance by it, of its obligations, under this Agreement have been duly authorized by all necessary corporate of other actions and will not violate any provision of any license, corporate charter or bylaws.

1. That neither the execution of this Agreement, nor its performance hereunder, will directly or indirectly violate or interfere with the terms of another agreement to which it is a party, or give any governmental entity the right to suspend, terminate, or modify any of its governmental authorizations or assets required for its performance hereunder. Each Party represents and warrants to the other Party that it will not enter into any agreement the execution and/or performance of which would violate or interfere with this Agreement.

1. That it is not currently the subject of a voluntary or involuntary petition in bankruptcy, does not currently contemplate filing any such voluntary petition, and is not aware of any claim for the filing of an involuntary petition.

1. That all of its employees, agents, representatives and members of its workforce, whose services may be used to fulfill obligations under this Agreement are or shall be appropriately informed of the terms of this Agreement and are under legal obligation to each Party, respectively, by contract or otherwise, sufficient to enable each Party to fully comply with all provisions of this Agreement including, without limitation, the requirement that modifications or limitations that the Covered Entity has agreed to adhere to with regards to the use and disclosure of Protected Health Information of any individual that materially affects and/or limits the uses and disclosures that are otherwise permitted under the Standard will be communicated to the Business Associate, in writing, and in a timely fashion.

1. That it will reasonably cooperate with the Party in the performance of the mutual obligations under this Agreement.

1. That neither Party, nor its shareholders, members, directors, officers, agents, employees or members of its workforce have been excluded or served a notice of exclusion or have been served with a notice of proposed exclusion, or have committed any acts which are cause for exclusion, from participation in, or had any sanctions, or civil or criminal penalties imposed under, any federal or state healthcare program, including but not limited to Medicare or Medicaid, or have been convicted, under federal or state law (including without limitation a plea of nolo contendere or participation in a first offender deterred adjudication or other arrangement whereby a judgment of conviction has been withheld), of a criminal offense related to (a) the neglect or abuse of a patient, (b) the delivery of an item or service, including the performance of management or administrative services related to the delivery of an item or service, under a federal or state healthcare program, (c) fraud, theft, embezzlement, breach of fiduciary responsibility, or other financial misconduct in connection with the delivery of a healthcare item or service or with respect to any act or omission in any program operated by or financed in whole or in part by any federal, state or local government agency, (d) the unlawful, manufacture, distribution, prescription or dispensing of a controlled substance, or (e) interference with or obstruction of any investigation into any criminal offense described in (a) through (d) above. Each Party further agrees to notify the other Party immediately after the Party becomes aware that any of the foregoing representation and warranties may be inaccurate or may become incorrect.

# TERMS AND TERMINATION

4.1 Term. This Agreement shall become effective on the Effective Date and shall continue in effect until all obligations of the Parties have been met, unless terminated as provided in this Section 5. In addition, certain provisions and requirements of this Agreement shall survive its expiration or other termination in accordance with Section 8.3 herein.

4.2 Termination by the Covered Entity. As provided for under 45 C.F.R. § 164.504(e)(2)(iii), the Covered Entity may immediately terminate this Agreement and any related agreements if the Covered Entity makes the determination that the Business Associate has breached a material term of this Agreement. Alternatively, the Covered Entity may choose to: (i) provide the Business Associate with thirty (30) days written notice of the existence of an alleged material breach; and (ii) afford the Business Associate an opportunity to cure said alleged material breach upon mutually agreeable terms. Nonetheless, in the event that mutually agreeable terms cannot be achieved within thirty (30) days, Business Associate must cure said breach to the satisfaction of the Covered Entity within 30 days. Failure to cure in the manner set forth in this paragraph is grounds for the immediate termination of this Agreement.

4.3 Termination by Business Associate. If the Business Associate makes the determination that a material condition of performance has changed under the XXXXXXXXX Agreement or this Agreement, or that the Covered Entity has breached a material term of this Agreement, Business Associate may provide thirty (30) days’ notice of its intention to terminate this Agreement. Business Associate agrees, however, to cooperate with Covered Entity to find a mutually satisfactory resolution to the matter prior to terminating and further agrees that, notwithstanding this provision, it shall not terminate this Agreement so long as the XXXXXXXXX Agreement is in effect.

4.4 Automatic Termination. This Agreement will automatically terminate without any further action of the Parties upon the termination or expiration of the XXXXXXXXX Agreement in effect between the Parties.

4.5 Effect of Termination. Upon the event of termination pursuant to this Section, Business Associate agrees to return or destroy all Protected Health Information pursuant to 45 C.F.R. § 164.504(e)(2)(I), if it is feasible to do so. Prior to doing so, the Business Associate further agrees to recover any Protected Health Information in the possession of its subcontractors or agents. If it is not feasible for the Business Associate to return or destroy said Protected Health Information, the Business Associate will notify the Covered Entity in writing. Said notification shall include: (i) a statement that the Business Associate has determined that it infeasible to return or destroy the PHI in its possession, (ii) the specific reasons for such determination. Business Associate further agrees to extend any and all protections, limitations and restrictions contained in this Agreement to the Business Associate’s use and/or disclosure of any PHI retained after the termination of this Agreement, and to limit and further uses and/or disclosures to the purposes that make the return or destruction of the PHI infeasible. If it is infeasible for the Business Associate to obtain, from a subcontractor or agent any PHI in the possession of the subcontractor or agent, the Business Associate must provide a written explanation to the Covered Entity and require the subcontractors and agents to agree to extend any and all protections, limitations and restrictions contained in this Agreement to the subcontractors’ and/or agents’ use and/or disclosure of any PHI retained after the termination of this Agreement, and to limit any further uses and/or disclosures to the purposes that make the return or destruction of the PHI infeasible.

# CONFIDENTIALITY

5.1 Confidentiality Obligations. In the course of performing under this Agreement, each Party may receive, be exposed to or acquire the Confidential Information including, but not limited to, all information, data, reports, records, summaries, tables and studies, whether written or oral, fixed in hard copy or contained in any computer database or computer readable form, as well as any information identified as confidential (“Confidential Information”) or the other Party. For purposes of this Agreement, “Confidential Information” shall **not** include PHI, the security of which is the subject of this Agreement and is provided for elsewhere. The Parties, including their employees, agents, or representatives (i) shall not disclose to any third party the Confidential Information of the other Party except as otherwise permitted by this Agreement, (ii) only permit use of such Confidential Information by employees, agents and representatives having a need to know in connection with performance under this Agreement, and (iii) advise each of their employees, agents, and representatives of their obligations to keep such Confidential Information confidential. Notwithstanding anything to the contrary herein, each Party shall be free to use, for its own business purposes, any ideas, suggestions, concepts, know-how or techniques contained in information received from each other that directly relates to the performance under this Agreement. This provision shall not apply to confidential Information: (a) after it becomes publicly available through no fault of either Party; (b) which is later publicly released by either Party in writing; (c) which is lawfully obtained from third parties without restriction; or (d) which can be shown to be previously known or developed by either Party independently of the other Party.

# INDEMNIFICATION

6.1 Indemnification. The Parties agree to indemnify, defend and hold harmless each other and each other’s respective employees, directors, officers, subcontractors, agents or other members of its workforce, each of the foregoing hereinafter referred to as “indemnified party,” against all actual and direct losses suffered by the indemnified party and all liability to third parties arising from or in connection with any breach of this Agreement or of any warranty hereunder or form any negligence or wrongful acts or omissions, including failure to perform its obligations under the Privacy Regulation, by the indemnifying party or its employees, directors, officers, subcontractors, agents or other members of its workforce. Accordingly, on demand, the indemnifying party shall reimburse any indemnified party for any and all actual and direct losses, liabilities, lost profiles, fines, penalties, costs or expenses (including reasonable attorneys’ fees) which may for any reason be imposed upon any indemnified party by reason of any suit, claim, action, proceeding or demand by any third party which results from the indemnifying party’s breach hereunder. The Parties’ obligation to indemnify any indemnified party shall survive the expiration or termination of this Agreement for any reason.

# MISCELLANEOUS

7.1 Covered Entity. For purposes of this Agreement, covered Entity shall include all entities covered by the joint notice of information practices (or privacy notice), which includes Ozarks Medical Center.

7.2 Business Associate. For purposes of this Agreement, Business Associate shall include the named Business Associate herein. However, in the event that the Business Associate is otherwise a covered entity under the Privacy Regulation, that entity may appropriately designate a health care component of the entity, pursuant to 45 C.F.R. § 164.504(a), as the Business Associate for purposes of this Agreement.

7.3 Survival. The respective rights and obligations of Business Associate and Covered Entity under the provisions of Sections 5.5, 7.2, 8.5, 8.8, 8.9 and Section 2.1 solely with respect to PHI Business Associate retains in accordance with Section 5.5 because it is not feasible to return or destroy such PHI, shall survive termination of this Agreement indefinitely. In addition, Section 3 shall survive termination of this Agreement, provided that the Covered Entity determines that the Protected Health Information being retained pursuant to Section 5.5 herein constitutes a Designated Record Set.

7.4 Amendments; Waiver. This Agreement may not be modified, nor shall any provision hereof be waived or amended, except in a writing duly signed by authorized representatives of the Parties. A waiver with respect to one event shall not be construed as continuing, or as a bar to or waiver of any right or remedy as to subsequent events.

7.5 No Third Party Beneficiaries. Nothing expressed or implied in this Agreement is intended to confer, nor shall anything herein confer, upon any person other than the Parties and the respective successors or assigns of the Parties, any rights, remedies, obligations, or liabilities whatsoever.

7.6 Notices. Any notices to be given hereunder to a Party shall be made via U.S. Mail or express courier to such Party’s address given below, and/or (other than for the delivery of fees) via facsimile to the facsimile telephone numbers listed below.

If to Business Associate, to: XXXXXXXXX

 Address

 Contact Information

With a copy (which shall not constitute notice) to: XXXXXXXXX

 Address

 Contact Information

If to Covered Entity, to:

 NAME

 ADDRESS

 CITY STATE Zip

 Attention: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE

With a copy (which shall not constitute notice) to:

 SAME AS ABOVE

 Attention: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 PHONE

Each Party named above may change its address and that of its representative for notice by the giving of notice thereof in the manner hereinabove provided.