Attachment A

USF HEALTH
NOTICE OF PROSPECTIVE HIPAA BUSINESS ASSOCIATE

Date: _____ Originating Unit within USF/USFPG: _____

Submitted by: _____ _____
Employee Name Department

Telephone No. _____ Email _____ Campus Mail _____

Prospective Business Associate (see back for assistance in identifying a Business Associate)**:**

Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Telephone No. _____

Contact Person: _____

Description of work to be performed by Business Associate that requires access, use or disclosure of individually identifiable health information by USF:

_____

_____

Are you in receipt of a Business Associate Agreement from this person/entity?

No ___ Yes ___ If yes, attach with this form

Submit this form and any related service agreement or other attachments to the USF HEALTH Professional Integrity Office, MDC 74.

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Date Received by the USF HEALTH Professional Integrity Office: _____

Business Associate designation: Y ___ proceed with BAA N ___ (return to Dept. w/ comment)

Comments: _____

_____

Identifying Business Associates:

1. Is the person/entity performing or assisting in performing a function or activity on behalf of the USF Covered Entity (the USF HIPAA Covered Entity: the USF College of Medicine and its constituent schools and departments (including the School of Physical Therapy & Rehabilitation Sciences); the USF College of Pharmacy; the USF College of Nursing; the USF Student Health Services; the Johnnie B. Byrd, Sr. Alzheimer's Center and Research Institute; USF College of Behavioral Sciences Department of Communication Sciences and Speech Disorders; USF Medical Services Support Corporation; and the University Medical Service Association.)?

   Yes ____ No ____

2. Does the function or activity involve the access, use or disclosure of individually identifiable health information?

   Yes ____ No ____

3. Check all of the following that apply to the function/activity:

   Consulting
   Legal
   Accounting
   Billing
   Transcription
   Practice Management