



# PROGRAMMATIC POLICY AND PROCEDURE

## NOTICE: PPPN-065

### BUSINESS ASSOCIATE AGREEMENT

**Summary and Purpose of PPN:** To further efforts in the sharing of client-level data and the protection of confidential information.

#### **Authority:**

- Sections 261 through 264 of the federal Health Insurance Portability and Accountability Act of 1996, Public Law 104-191
- 45 CFR Parts 160 and 164

#### **Policy and Procedure:**

Fulton County and the subrecipient have entered into a contract for the provision of services supported by the Fulton County Ryan White Part A Program (FCRW) and subrecipient will provide functions, activities, or services to Fulton County involving the use of Protected Health Information (“PHI”) as defined by Health Insurance Portability and Accountability Act of 1996 (“HIPAA”).

Sections 261 through 264 of the federal Health Insurance Portability and Accountability Act of 1996, Public Law 104-191, known as “the Administrative Simplification provisions,” direct the Department of Health and Human Services to develop standards to protect the security, confidentiality and integrity of health information.

Pursuant to the Administrative Simplification provisions, the Secretary of Health and Human Services has issued regulations modifying 45 CFR Parts 160 and 164 (the “HIPAA Privacy Rule”).

Fulton County and the subrecipient wish to enter into or have entered into an arrangement whereby Business Associate will provide certain services to FCRW, and, pursuant to such arrangement, Business Associate may be considered a “business associate” of a Covered Entity as defined in the HIPAA Privacy Rule and may have access to Protected Health Information fulfilling its responsibilities under such arrangement.

1. In consideration of the Parties’ continuing obligations under the Ryan White Part A contract, compliance with the HIPAA Privacy Rule, and other good and valuable consideration, the recipient and subrecipient shall establish a Business Associate Agreement in order to address the requirements of the HIPAA Privacy Rule and to protect the interests of both Parties.

2. The Business Associate Agreement shall be developed by Fulton County and provided to subrecipient for signature by the individual authorized to enter into contracts on behalf of subrecipient. See [Business Associate Agreement FCRW and Subrecipient Form](#).
3. Upon execution, one original shall be retained by the Clerk to the Board of Commissioners, one original retained by the recipient, and one original retained by the subrecipient.

**Verification:**

- Signed Business Associate Agreement.

Approved: February 2017

Reviewed: April 2021