**Subcontractor Business Associates & Covered Entity Clients - BAAs**

A current list of **Subcontractor Business Associates (Sub-BA) and Covered Entities (CE)**, with documentation of executed business associate agreements, should be maintained and reviewed at least on an annual basis. This list will also be an important part of a disaster recovery plan and a copy should be stored with that plan.

A Sub-BA may receive, maintain and/or transmit PHI. Examples include the following:

|  |  |
| --- | --- |
| Collection Agency | Accountant (if receiving PHI) |
| Attorney (if receiving PHI) | Transcription services |
| Regional Health Information Organizations (Exchanges) | e-Prescribing Gateway |
| Companies or individuals which:* Process claims for services provided
* Produce bills for medical services
* Shred documents which include PHI
* Provide technology or systems support if accessing PHI
* Provide file hosting services (i.e. Dropbox)
 | Companies or individuals which:* Create Personal Health Records
* Store back-up data
* Communicate appointment reminders
* Handle after hour calls
* Provide accreditation services
 |

\* Available in electronic format on the TMC Client Portal in HIPAA forms

**Document Subcontractor Business Associates along with contact information. Ensure the BAA reflects changes required since 2013.**

**If a list is developed, attach to this document or document the location of the list:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Business Associate Name****Type of Business** | **Address, Phone, Email** | **Contact Name, Phone, Email**  | **BAA Date****(should be 2013 or after)** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Reviewed by:** | **Date:** | **Reviewed by:** | **Date:** | **Reviewed by:** | **Date:** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**Maintain a list of Covered Entities (CE) and their contact information. Ensure the BAA reflects changes required since 2013.**

**If a list is developed, attach to this document or document the location of the list:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Covered Entity/Client Name****Type of Business** | **Address, Phone, Email** | **Contact Name, Phone, Email**  | **BAA Date****(should be 2013 or after)** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Reviewed by:** | **Date:** | **Reviewed by:** | **Date:** | **Reviewed by:** | **Date:** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |