

ATLAS FINANCIAL SERVICES

PO BOX 1180, Vancouver, WA 98666
Office Phone (503) 286-3606 Fax (503) 286-5856

HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT BUSINESS ASSOCIATE CONTRACT

Atlas Financial Services agrees that any private health information received by our company from _____ will be used only in accordance with this agreement and the Health Insurance Portability and Accountability Act (HIPAA) privacy rules. By signing this contract, I acknowledge that I have read and understand the HIPAA provisions applying to business associates. I agree to protect private health information to the full extent of all appropriate laws and regulations, including the following:

Not to further disclose private health information unless permitted by *signed* agreement from _____ or if required by law.

- I. To use all available safeguards to prevent unauthorized uses or disclosures of private health information and to record all inappropriate uses.
- II. To provide access to private health information in a timely manner to an individual as required, meeting all requirements under HIPAA or other laws or regulations. To ensure a like agreement with Atlas Financial Services' own subcontractors who may have access to private health information that they will handle information in accordance with HIPAA regulations and that they will provide access to private health information only in a manner appropriate to all existing laws and regulations.
- III. To return or destroy private health information at the time when Atlas Financial Services' business relationship with _____, terminated. Should Atlas Financial Services need to maintain a record of private health information following termination of our relationship with _____ to maintain such information in a manner that abides by HIPAA regulations.

The undersigned understands that HIPAA Privacy Rule regulations are retroactive to cover private information obtained prior to April 14, 2003, the date the Privacy Rules became effective.

_____ by their signature of a duly authorized representative agree to *this* contract as of the date of signature below.

Signature

Date

Printed Name and Title

Atlas Financial Services

Signature

Date

Printed Name and Title