Issuing DepartmentInternal Audit, Compliance, an Enterprise Risk Management

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## **Business Associates**

Policy

/ap T75 p T75 th2(tm)i dtmt/cu T75 0.10 Ted T75 .d ()Tj 0.15 Tw4.88 -1.15 Td [(pa)4 (r) (n-10 (t)-T) NYU LangoneHealthmay engage outside parties to perform functions for ourobehalf. In any case where a third party needs to receivereate, transmitor maintain Protected Health Information (PHI") to perform a service or function for or on behalf of NYU Langbleealth, the individual or entitymay be aBusiness Associat(#BA") and a valid Business Associate Agreement("BAA") must be in place prior to the Disclosu(sebaring) of any PHI.

A BAA must contain certain provisions to be considered valid. The NYU Larl**gealt** htemplate BAA should be used. A use of any other BAA must be reviewed and approved by the Privacy Officer. The template is available from the Privacy Officer, on the Internal Audit, Compliance, and Enterprise Risk Managemetht (CERM") intranet site, or in the HIPAA manual on Ellucid.

Generally, i is the responsibility of the Department Heador his/herdesigneeengaging the third party to

- x A BAA is generally required when:
  - o the third party creates, receives, maintains, or transmitsand
  - o the third party is performing a function for or obehalf of NYU LangoneHealth
- x A BAA is not required for:

<sup>1.</sup> The Department Hea(dr appropriate individual/department as described abcorres) iders whether a BAAis required.

- o treatment services provided to the patient (eugo,ther physician or a reference laborato)y
- o incidental access to PHI (e.janitorial services)
- o other specific exceptions.
- x Contactthe Privacy Officerat <u>baacompliance@nyulangone.</u>dogr assistance asnecessargand/or to determine if NYU Langor tealthalready has a BAA in place with the third party
- 2. If the relationship involves/lectronic data (e.g., transmission, storage, or processing of) the Privacy Officer and MCIT Security should be notified. The Department (derad appropriate individual/department as described abieve)sponsible for requesting/CIT Security to complete a third party risk assessmet/fCIT Security must approve the use of the vendor prior to any engagementservices
- 3. If it is determined that BAA is required, execute the agreemientaccordance with the following:
  - x The NYU Langond Health standard form should be used and the appropriate corresponding box(es) checked, indicating which entities the services will be provided to or on behalf offe.g., NYU Langond Hospitals/NYU School of Medicine; the Family Health Centers NYU Langond Health).
  - x Use of any other BAA(i.e., one providedby thethird party) is not permitted unless reiewed and approved by the Privacy Officer.
  - x Stateridations or mo3 0 TxAAU Td <00714rd < 1.5 04 (N)2 (Y)2 (U)2 (L)1 .1(a)4 (n9.9

<u>Related Documents</u> Business Associate Agreement Document Signing Authority HIPAA Privacy Policies, Procedures, and Documentation HIPAA Privacy Policies and Procedures Definitions

Legal Reference 45 C.F.R. §160.103 45 C.F.R. §164.502((a)) 45 C.F.R. §164.504(e) 45 C.F.R. §