



## **Associate Agreement**

Health Insurance Portability & Accountability Act  
HIPAA - 45 C.F.R. Parts 160-164  
*Privacy of Protected Health Information*

Angel Healthcare of America (Angel) and all Associates are part of the process to ensure privacy of Protected Health Information (PHI). In accordance with HIPAA directives, Angel has signed Business Associate Contracts with Clients agreeing to maintain the confidential nature of PHI of patients and residents we serve. These Contracts further require that when PHI data is provided, or made available to its Associates, Angel must enter into a subcontract with each Associate that contains the same terms, conditions and restrictions on the use and disclosure of PHI as contained in the main Contract. Accordingly, each Angel Associate is required to read and abide by the terms of this Agreement and attest to this by their signature.

As evidence by my signature below I hereby acknowledge that I have read and will be compliant with the following HIPAA requirements.

**Protected Health Information (PHI)** is individually identifiable health information relating to the care & treatment (past, present, future) of the resident, as well as payment for the care & treatment of the resident.

To be considered "individually identifiable health information" it must identify the individual or there must be a reasonable basis to believe the information can be used to identify the individual.

Examples: name, address, date of birth, social security number, diagnosis, admission date.

### **Residents' Rights**

- Upon request, receive our Notice of Privacy Practices.
- Request amendments to their PHI.
- Request PHI be communicated in an alternate manner.
- Access, review, & obtain a copy of their PHI.
- Request an accounting of disclosures of their PHI.
- File a complaint with the facility Privacy Contact person

### **Use & Disclosure of PHI**

- **Resident authorization is *not* required for:**
  - Treatment
  - Payment
  - Healthcare operations
  - Reasons of national security
  - Complying with law
  - Healthcare oversight agencies
  - Law enforcement officials
  - Funeral directors or coroner
  - FDA, public health department, protective agencies
  - Military (for active service or veterans)
  - Correctional institutions (for convicts)
- **Resident authorization is *required* for:**
  - Plaintiff's attorney
  - Researchers
  - Marketing
  - Fundraising activities

### **Associate's Responsibilities**

- Obtain resident's authorization for any use or disclosure not described previously.
- Use or disclose the minimum amount of PHI necessary to perform you job.

- Use reasonable precautions when E-mailing PHI & when opening E-mail attachments. *Do not open attachments from unknown senders!*
- Abide by the terms of our Notice of Privacy Practices & our privacy policies.
- Keep all of your logon IDs & passwords confidential.
- Keep your PC free of unauthorized software.
- Limit discussions of resident's PHI to authorized individuals or those directly involved in resident's care.
- Report any suspected violations to the facility Privacy Contact.

### **Safeguards**

- Assign a unique logon ID for each employee needing system access.
- Require passwords to be at least 7 characters & to be changed on a periodic basis.
- Perform regular backups for all local desktops & servers.
- Position computer monitors, printers, fax machines, photocopiers away from public view or access.
- Position whiteboards & other posted documentation containing PHI away from public view or access.
- Maintain medical/clinical charts behind the Nurses Station away from public view or access.
- Close MARs, TARs when not in use & store cart in an area away from public view or access.
- Place documents with PHI in interoffice envelope before distributing.
- Shred any paper document with PHI, as well as labels on IVs & medication bottles before discarding.
- Strikethrough PHI (when it can not be removed & shredded) using an indelible, black marker before discarding.
- Lock file cabinets or offices where PHI is stored when not in use.

Any questions or concerns which may arise concerning Angel's HIPAA PHI Compliance Program must be immediately communicated to the Corporate HIPAA Coordinator.

\_\_\_\_\_  
Associate Signature

\_\_\_\_\_  
Date