



EXTERNAL BUSINESS PARTNER HIPAA COMPLIANCE AGREEMENT

_____ is a covered entity as that term is defined in the Health Information Portability and Accountability Act (HIPAA). _____ is an External Business Partner of County providing contracted services to _____ at Livingston County Administration Building with access to the Livingston County wide area network (WAN). Contractor and/or its employee(s) is therefore a member of County's "workforce" as that term is defined in HIPAA, for HIPAA purposes only, and must comply with the County's rules regarding protection of personal health information (PHI) and electronic personal health information (ePHI).

Contractor agrees as follows:

Contractor and each of its employee(s) to be granted access have read each of the following County Policies and Procedures related to protection of PHI:

Livingston County HIPAA Privacy Policies: Resolution #2013-04-107

Livingston County HIPAA Security Policies: Resolution #2013-04-107

Livingston County Personnel Rule: Information Technology Resources Policy: Resolution #2007-08-200

Contractor and its employee(s) agree to abide by all policies and procedures listed above.

Contractor and its employee(s) agree not to use or disclose PHI or PHI other than as permitted or required by this Contract or as required by law.

Contractor further agrees to use or disclose PHI or ePHI only on behalf of or to provide services to the County in fulfilling Contractor's obligations under this contract, and not to make uses or disclosures that would violate HIPAA if done by County, or violate County's Minimum Disclosure policy.

Contractor agrees to immediately report to County any incident involving use or disclosure of PHI or ePHI not provided for by this contract of which it becomes aware

Employee departures shall be reported immediately to the County's liaison for your agency.

Signature

Date

Please indicate if signing as an individual (X) or officially for your agency (X):

_____ Individual

_____ Agency