

**USF HEALTH  
NOTICE OF PROSPECTIVE HIPAA BUSINESS ASSOCIATE**

Date: \_\_\_\_\_ Originating Unit within USF/USFPG: \_\_\_\_\_

Submitted by: \_\_\_\_\_  
Employee Name Department

Telephone No. \_\_\_\_\_ Email \_\_\_\_\_ Campus Mail \_\_\_\_\_

**Prospective Business Associate** (see back for assistance in identifying a Business Associate):

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone No. \_\_\_\_\_

Contact Person: \_\_\_\_\_

Description of work to be performed by Business Associate that requires access, use or disclosure of individually identifiable health information by USF:

\_\_\_\_\_  
\_\_\_\_\_

Are you in receipt of a Business Associate Agreement from this person/entity?

No \_\_\_ Yes \_\_\_ If yes, attach with this form

**Submit this form and any related service agreement or other attachments to the USF HEALTH Professional Integrity Office, MDC 74.**

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Date Received by the USF HEALTH Professional Integrity Office: \_\_\_\_\_

Business Associate designation: Y \_\_\_ proceed with BAA N \_\_\_ (return to Dept. w/ comment)

Comments: \_\_\_\_\_

\_\_\_\_\_

**Identifying Business Associates:**

1. Is the person/entity performing or assisting in performing a function or activity on behalf of the USF Covered Entity (the USF HIPAA Covered Entity: the USF College of Medicine and its constituent schools and departments (including the School of Physical Therapy & Rehabilitation Sciences); the USF College of Pharmacy; the USF College of Nursing; the USF Student Health Services; the Johnnie B. Byrd, Sr. Alzheimer's Center and Research Institute; USF College of Behavioral Sciences Department of Communication Sciences and Speech Disorders; USF Medical Services Support Corporation; and the University Medical Service Association.)?

Yes \_\_\_\_\_ No \_\_\_\_\_

2. Does the function or activity involve the access, use or disclosure of individually identifiable health information?

Yes \_\_\_\_\_ No \_\_\_\_\_

3. Check all of the following that apply to the function/activity:

- Consulting
- Legal
- Accounting
- Billing
- Transcription
- Practice Management
- Quality Assurance
- Data Analysis
- Other describe: \_\_\_\_\_

If the answer to both 1 & 2 above is "Yes", meets the definition of a Business Associate. Proceed with submitting the Notice of Prospective Business Associate form to the USF Health PIO.