



Healthcare Business Associate Agreement Checklist: HIPAA Compliance

Business Associate Identification & Scope

Verify Business Associate details, services provided, and defined scope of agreement.

Business Associate Legal Name

Business Associate Contact Person

Business Associate Contact Phone Number

Business Associate Type (e.g., Data Storage, Billing)

- ☐ Data Storage
- ☐ Billing Services
- ☐ IT Support
- ☐ Other

Detailed Description of Services Provided

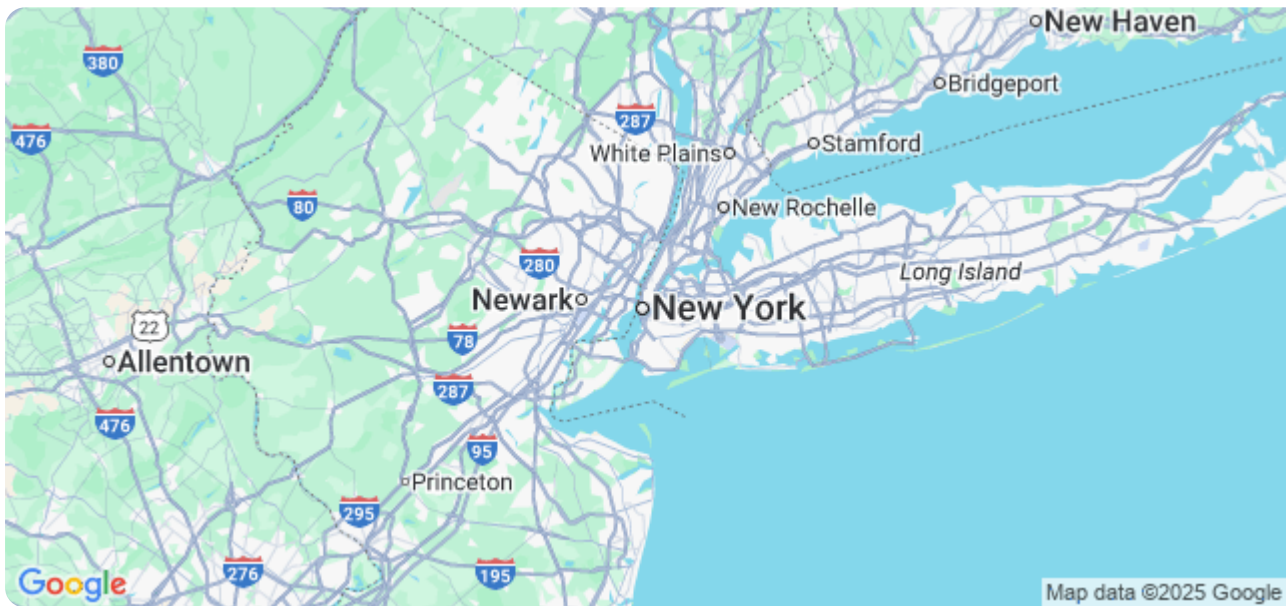
Write something...

Agreement Start Date

Enter date...

Business Associate Primary Location

 [Set My Current Location](#)



Permitted Uses and Disclosures

Review allowed uses and disclosures of Protected Health Information (PHI).

Purpose of Disclosure

- ☐ Treatment
- ☐ Payment
- ☐ Healthcare Operations
- ☐ Public Health Activities
- ☐ Research
- ☐ Other (Specify)

Detailed Description of Permitted Use

Write something...

Recipient of Disclosure

- ☐ Patient
- ☐ Healthcare Provider
- ☐ Insurance Company
- ☐ Government Agency
- ☐ Other (Specify)

Justification for Specific Disclosure (If applicable)

Write something...

Requires Patient Authorization?

- ☐ Yes
- ☐ No

Authorization Expiration Date (If applicable)

Enter date...

Data Security and Breach Notification

Confirm security safeguards, breach reporting procedures, and timelines.

Encryption Method Used

- ☐ AES-256
- ☐ RSA
- ☐ Other (Specify)

Data Encryption Key Rotation Frequency (Days)

Enter a number...

Description of Data Access Controls

Write something...

Breach Notification Timeline Adherence

- ☐ Yes
- ☐ No
- ☐ N/A

Last Security Risk Assessment Date

Enter date...

Security Training Topics Covered

- ☐ Phishing Awareness
- ☐ Data Encryption
- ☐ Access Control
- ☐ Malware Prevention


Subcontractor Agreements

Assess Business Associate's adherence to subcontracting requirements and compliance.

Does the Business Associate have written agreements with subcontractors?

- ☐ Yes
- ☐ No
- ☐ Unknown

Upload a copy of the Business Associate's standard subcontractor agreement (if available).

 Upload File

Do the subcontractor agreements include HIPAA compliance clauses?

- ☐ Yes
- ☐ No
- ☐ N/A

Describe the key HIPAA compliance requirements outlined in the subcontractor agreements.

Write something...

Does the Business Associate require subcontractors to undergo HIPAA training?

- ☐ Yes
- ☐ No
- ☐ Unknown

Number of Subcontractors Requiring HIPAA Compliance Review

Enter a number...

HIPAA Training and Compliance

Verify Business Associate's employee training and ongoing compliance efforts.

Initial Training Completion Date

Enter date...

Last Refresher Training Completion Date

Enter date...

Training Format (e.g., Online, In-Person)

- ☐ Online
- ☐ In-Person
- ☐ Hybrid

Topics Covered in Training (Select all that apply)

- ☐ HIPAA Privacy Rule
- ☐ HIPAA Security Rule
- ☐ Breach Notification Rule
- ☐ Business Associate Agreements
- ☐ PHI Handling Procedures

Number of Employees Trained

Enter a number...

Signature Acknowledging Training Completion

Term and Termination

Examine termination clauses, data return procedures, and ongoing obligations.

Agreement Start Date

Enter date...

Agreement Termination Date (if known)

Enter date...

Termination Notice Period (in days)

Enter a number...

Termination Reason (if applicable)

Write something...

Termination Method

- ☐ Written Notice
- ☐ Certified Mail
- ☐ Electronic Delivery

Business Associate Representative Signature

Healthcare Organization Representative Signature

Business Associate Responsibilities

Outline and confirm responsibilities of the Business Associate in regards to HIPAA.

Description of Services Provided

Write something...

Confirmation of HIPAA Training Completion

☐ Yes

☐ No

Number of Employees with Access to PHI

Enter a number...

Specific Security Measures Implemented

☐ Encryption

☐ Firewalls

☐ Access Controls

☐ Data Backup

☐ Physical Security

Last Security Risk Assessment Date

Enter date...

Business Associate Representative Signature

Agreement Updates & Review

Ensure the agreement is reviewed and updated regularly to reflect current regulations and security best practices.

Last Review Date

Enter date...

Summary of Review Changes

Write something...

Review Cycle Frequency (Months)

Enter a number...

Compliance Updates Considered

- ☐ HIPAA Updates
- ☐ State Law Updates
- ☐ Industry Best Practices

Next Scheduled Review Date

Enter date...

Reviewer Signature