Tulane University

Tulane University Business Associates Agreement

SCOPE OF POLICY

This policy applies to Tulane University Medical Group, its participating physicians and clinicians, and all University employees and business units who provide management, administrative, financial, legal, and operational support to or on behalf of Tulane University Medical Group and have been designated as part of the Tulane University HIPAA Health Care Component.

STATEMENT OF POLICY

All business associates of the Tulane University HIPAA Health Care Component will be required to sign a business associate agreement consistent with the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”), as amended by the Health Information Technology for Economic and Clinical Health Act (“HITECH”), as well as any and all other federal regulations and interpretive guidelines promulgated thereunder, including the HIPAA Privacy Regulations, HIPAA Security Regulations, and HIPAA Breach Notification Regulations, all as amended by the HIPAA Omnibus Rule.

IMPLEMENTATION OF POLICY

The Privacy Official’s office, in collaboration with Associate General Counsel’s Office, processes all Business Associate Agreements. They will identify those parties that must execute business associate agreements with Tulane University Medical Group. In addition, any request that Tulane University or Tulane University Medical Group sign a Business Associate Agreement should be directed to the Privacy Official’s office.

Business Associates who provide services to the Tulane University Medical Group will be required to sign and return the attached Business Associate Agreement, which will be sent to them by the Office of the Privacy Official. Signed Business Associate Agreements should be forwarded to the Privacy Official’s office.

NOTE: An up-to-date list of TUMG Business Associates is maintained in the Office of the Privacy Official.
BUSINESS ASSOCIATE AGREEMENT

This Business Associate Agreement (the “Agreement”) is effective as of [Agreement Effective Date], by and between the Administrators of the Tulane Educational Fund acting on behalf of Tulane University Medical Group (“Covered Entity”) and [Business Associate] on behalf of itself and its Affiliates (“Business Associate”).

RECITALS

WHEREAS, Covered Entity has engaged Business Associate to perform services or provide goods, or both;

WHEREAS, Covered Entity possesses Individually Identifiable Health Information that is protected under HIPAA (as hereinafter defined), the HIPAA Privacy Regulations (as hereinafter defined), the HIPAA Security Regulations (as hereinafter defined), and the HIPAA Breach Notification Regulations (as hereinafter defined) and is permitted to use or disclose such information only in accordance with such laws and regulations;

WHEREAS, Business Associate may receive such information from Covered Entity, or create and receive such information on behalf of Covered Entity, in order to perform certain of the services or provide certain of the goods, or both; and

WHEREAS, Covered Entity wishes to ensure that Business Associate will appropriately safeguard the privacy, confidentiality, integrity and availability of Individually Identifiable Health Information;

NOW THEREFORE, Covered Entity and Business Associate agree as follows:

1. Definitions. The parties agree that the following terms, when used in this Agreement, shall have the following meanings, provided that the terms set forth below shall be deemed to be modified to reflect any changes made to such terms from time to time as defined in the HIPAA Privacy Regulations, the HIPAA Security Regulations, and the HIPAA Breach Notification Regulations.

a. “Breach” shall mean the acquisition, access, use, or disclosure of PHI in a manner not permitted under 45 C.F.R. Part 164, Subpart E (the “HIPAA Privacy Rule”) which compromises the security or privacy of the PHI. “Breach” shall not include:

(1) Any unintentional acquisition, access, or use of PHI by a workforce member or person acting under the authority of Covered Entity or Business Associate, if such acquisition, access, or use was made in good faith and within the scope of authority and does not result in further use or disclosure in a manner not permitted under the HIPAA Privacy Rule; or

(2) Any inadvertent disclosure by a person who is authorized to access PHI at Covered Entity or Business Associate to another person authorized to access PHI at Covered Entity or Business Associate, respectively, or Organized Health Care
Arrangement in which Covered Entity participates, and the information received as a result of such disclosure is not further used or disclosed in a manner not permitted under the HIPAA Privacy Rule; or

(3) A disclosure of PHI where Covered Entity or Business Associate has a good faith belief that an unauthorized person to whom the disclosure was made would not reasonably have been able to retain such information.

b. “Business Associate” means, with respect to a Covered Entity, a person who:

(1) on behalf of such Covered Entity or of an organized health care arrangement in which Covered Entity participates, but other than in the capacity of a member of the workforce of such Covered Entity or arrangement, performs, or assists in the performance of:

   a) a function or activity involving the use or disclosure of Individually Identifiable Health Information, including claims processing or administration, data analysis, processing or administration, utilization review, quality assurance, billing, benefit management, practice management, and repricing; or

   b) any other function or activity regulated by the HIPAA Privacy Regulations or HIPAA Security Regulations; or

(2) provides, other than in the capacity of a member of the workforce of such Covered Entity, legal, actuarial, accounting, consulting, Data Aggregation, management, administrative, accreditation, or financial services to or for such Covered Entity, or to or for an organized health care arrangement in which Covered Entity participates, where the provision of the service involves the disclosure of Individually Identifiable Health Information from such Covered Entity or arrangement, or from another Business Associate of such Covered Entity or arrangement, to the person.

c. “Covered Entity” means a health plan, a health care clearinghouse, or a health care provider who transmits any health information in electronic form in connection with a transaction covered by the HIPAA Privacy Regulations and HIPAA Security Regulations.

d. “Data Aggregation” means, with respect to PHI created or received by a Business Associate in its capacity as the Business Associate of a Covered Entity, the combining of such PHI by the Business Associate with the PHI received by the Business Associate in its capacity as a Business Associate of another Covered Entity, to permit data analyses that relate to the health care operations of the respective Covered Entities.

e. “Electronic Protected Health Information” or “Electronic PHI” means PHI that is transmitted by or maintained in electronic media as defined in the HIPAA Security Regulations.
f. “HIPAA” means the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191, as amended by the Health Information Technology for Economic and Clinical Health Act (“HITECH”), Title XIII of the American Recovery and Reinvestment Act of 2009 (Public Law 111-5), and as otherwise may be amended from time to time.

g. “HIPAA Breach Notification Regulations” means the regulations promulgated under HIPAA by the United States Department of Health and Human Services to require notification of breaches of unsecured PHI, including, but not limited to, 45 C.F.R. Part 160 and 45 C.F.R. Part 164, Subpart A and Subpart D, as amended by the HIPAA Omnibus Rule, and as otherwise may be amended from time to time.

h. “HIPAA Omnibus Rule” means the recently promulgated final rule entitled, “Modifications to the HIPAA Privacy, Security, Enforcement, and Breach Notification Rules under the Health Information Technology for Economic and Clinical Health Act and the Genetic Information Nondiscrimination Act Other Modifications to the HIPAA Rules.” Any standards or implementation specifications described herein that have been added or modified by the HIPAA Omnibus Rule shall have a compliance date of September 23, 2013.

i. “HIPAA Privacy Regulations” means the regulations promulgated under HIPAA by the United States Department of Health and Human Services to protect the privacy of PHI, including, but not limited to, 45 C.F.R. Part 160 and 45 C.F.R. Part 164, Subpart A and Subpart E, as amended by the HIPAA Omnibus Rule, and as otherwise may be amended from time to time.

j. “HIPAA Security Regulations” means the regulations promulgated under HIPAA by the United States Department of Health and Human Services to protect the security of Electronic PHI, including, but not limited to, 45 C.F.R. Part 160 and 45 C.F.R. Part 164, Subpart A and Subpart C, as amended by the HIPAA Omnibus Rule, and as otherwise may be amended from time to time.

k. “Individually Identifiable Health Information” means information that is a subset of health information, including demographic information collected from an individual, and;

(1) is created or received by a health care provider, health plan, employer, or health care clearinghouse; and

(2) relates to the past, present, or future physical or mental health or condition of an individual; the provision of health care to an individual; or the past, present, or future payment for the provision of health care to an individual; and

a) that identifies the individual; or

b) with respect to which there is a reasonable basis to believe the information can be used to identify the individual.

l. “Protected Health Information” or “PHI” means Individually Identifiable Health Information transmitted or maintained in any form or medium, including electronically,
that (i) is received by Business Associate from Covered Entity, (ii) Business Associate creates for its own purposes from Individually Identifiable Health Information that Business Associate received from Covered Entity, or (iii) is created, received, transmitted or maintained by Business Associate on behalf of Covered Entity. PHI excludes Individually Identifiable Health Information in education records covered by the Family Educational Rights and Privacy Act, as amended, 20 U.S.C. § 1232g, records described at 20 U.S.C. § 1232g(a)(4)(B)(iv), and employment records held by the Covered Entity in its role as employer.

m. Any terms capitalized, but not otherwise defined, in this Agreement shall have the same meaning as those terms have under HIPAA, the HIPAA Privacy Regulations, the HIPAA Security Regulations, and the HIPAA Breach Notification Regulations.

2. **Status of Parties.** Business Associate hereby acknowledges and agrees that Covered Entity is a Covered Entity and that Business Associate is a Business Associate of Covered Entity.

3. **Permitted Uses and Disclosures.**

   a. **Performance of Services.** Business Associate may use and disclose PHI in connection with the performance of the services if such use or disclosure of PHI would not violate HIPAA or the HIPAA Privacy Regulations if done by Covered Entity or such use or disclosure is expressly permitted under Section 3.b. or 3.c. of this Agreement.

   b. **Proper Management and Administration.** Business Associate may use PHI for the proper management and administration of Business Associate in connection with the performance of services outlined in the contract and as permitted by this Agreement. Business Associate may disclose PHI for such proper management and administration of Business Associate only with the prior consent of Covered Entity. Any such disclosure of PHI shall only be made if Business Associate obtains reasonable assurances from the person to whom the PHI is disclosed that: (1) the PHI will be held confidentially and used or further disclosed only as required by law or for the purpose for which it was disclosed to the person; and (2) Business Associate will be notified by such person of any instances of which it becomes aware in which the confidentiality of the PHI has been breached.

   c. **Other Permitted Uses.** Unless otherwise limited herein, the Business Associate may also: (1) perform Data Aggregation for the Health Care Operations of Covered Entity; (ii) may use, analyze, and disclose the PHI in its possession for the public health activities and purposes set forth at C.F.R. § 164.512(b); and (iii) de-identify any and all PHI provided that Business Associate implements de-identification criteria in accordance with 45 C.F.R. §164.514(b).

   d. **Minimum Necessary Use and Disclosure.** In conducting functions and/or activities under this Agreement that involve the use and/or disclosure of PHI, Business Associate shall limit the use and/or disclosure of PHI to the minimum amount of information necessary as determined by Covered Entity to accomplish the intended purpose of the use or disclosure, as required by 45 C.F.R. 164.502(b).
4. **Nondisclosure.**

   a. **As Provided In Agreement.** Business Associate shall not use or further disclose PHI except as permitted or required by this Agreement.

   b. **Disclosures Required By Law.** Business Associate shall not, without the prior written consent of Covered Entity, disclose any PHI on the basis that such disclosure is required by law without notifying Covered Entity so that Covered Entity shall have an opportunity to object to the disclosure and to seek appropriate relief. If Covered Entity objects to such disclosure, Business Associate shall refrain from disclosing the PHI until Covered Entity has exhausted all alternatives for relief. Business Associate shall require reasonable assurances from persons receiving PHI in accordance with Section 3.b. hereof that such persons will provide Covered Entity with similar notice and opportunity to object before disclosing PHI on the basis that such disclosure is required by law.

   c. **Additional Restrictions.** If Covered Entity notifies Business Associate that Covered Entity has agreed to be bound by additional restrictions on the uses or disclosures of PHI pursuant to HIPAA or the HIPAA Privacy Regulations, Business Associate shall be bound by such additional restrictions and shall not disclose PHI in violation of such additional restrictions in accordance with 45 C.F.R. §164.522.

5. **Safeguards, Reporting, Mitigation and Enforcement.**

   a. **Safeguards and Compliance with the HIPAA Security Regulations.** Business Associate represents and warrants that it complies with each of the Standards and Implementation Specifications of 45 C.F.R. §§ 164.308 (Administrative Safeguards), 164.310 (Physical Safeguards), 164.312 (Technical Safeguards), 164.314 (Organizational Requirements), and 164.316 (Policies and Procedures and Documentation Requirements) with respect to Electronic PHI and agrees to use appropriate safeguards to prevent use or disclosure of Electronic PHI other than as provided for in this Agreement.

   b. **Business Associate’s Agents.** Business Associate shall ensure that any agents, including subcontractors, to whom it provides PHI agree in writing to be bound by the same restrictions and conditions that apply to Business Associate with respect to such PHI; provided, however, that Business Associate shall not disclose or provide access to PHI to any subcontractor or agent without the prior written consent of Covered Entity.

   c. **Reporting.** Business Associate shall report immediately to Covered Entity any use or disclosure of PHI in violation of this Agreement or applicable law of which it becomes aware. Business Associate further agrees to report immediately to Covered Entity any Security Incident of which it becomes aware. In addition, Business Associate shall immediately report to Covered Entity any Breach consistent with the HIPAA Breach Notification Regulations. Business Associate’s Breach report to Covered Entity shall include a copy of Business Associate’s risk assessment.

   Notwithstanding the foregoing provisions of this Section 5.c., Business Associate shall immediately, without unreasonable delay, identify each individual whose unsecured PHI has been, or is reasonably believed to have been, accessed, acquired or disclosed as a result
of the Breach, and provide such information to Covered Entity as needed in order to meet
the data breach notification requirements under the Breach Notification Regulations, and
in any event within twenty (20) calendar days after the discovery of the Breach. The
Breach shall be considered “discovered” when the Business Associate knew or reasonably
should have known when the Breach occurred.

Business Associate agrees to fully cooperate, coordinate with and assist Covered Entity in
gathering the information necessary to notify the affected individuals. Specifically,
Business Associate agrees to cooperate with Covered Entity to ensure that all such Breach
notices are sent without unreasonable delay, and in no case more than sixty (60) days from
the discovery of the Breach, or such earlier time period as required under applicable state
data breach notification rules. Business Associate agrees that it shall be solely responsible
for all costs and expenses incurred as a result of the Breach, including costs associated
with mitigation, preparation and delivery of the notices. In the event that Business
Associate creates, receives, maintains, or transmits PHI on behalf of other covered entities
in addition to Covered Entity, Business Associate agrees that it has the capability to
identify the covered entity to which the breached information relates.

In the event of any use or disclosure of PHI in violation of this Agreement by Business
Associate or by a third party to which Business Associate disclosed PHI pursuant to
Section 5.b (“Business Associate’s Agents”) that arises from the acts or omissions of
Business Associate or its employees, subcontractors, agents, or representatives, and that
requires notification of government agencies and patients, Business Associate will
cooperate fully with Covered Entity and will carry out the notification requirements
subject to Covered Entity’s prior approval of any written reports, unless Covered Entity
elects to carry out the notifications.

d. **Mitigation.** Business Associate shall have procedures in place to mitigate, to the
maximum extent practicable, any deleterious effect from any use or disclosure of PHI in
violation of this Agreement or applicable law.

e. **Sanctions.** Business Associate shall have and apply appropriate sanctions against any
employee, subcontractor or agent who uses or discloses PHI in violation of this Agreement
or applicable law.

f. **Covered Entity’s Rights of Access and Inspection.** From time to time upon reasonable
notice, or upon a reasonable determination by Covered Entity that Business Associate has
breached this Agreement, Covered Entity may inspect the facilities, systems, books and
records of Business Associate to monitor compliance with this Agreement. The fact that
Covered Entity inspects, or fails to inspect, or has the right to inspect, Business
Associate’s facilities, systems and procedures does not relieve Business Associate of its
responsibility to comply with this Agreement, nor does Covered Entity’s (1) failure to
detect or (2) detection of, but failure to notify Business Associate or require Business
Associate’s remediation of, any unsatisfactory practices constitute acceptance of such
practice or a waiver of Covered Entity’s enforcement or termination rights under this
Agreement. The parties’ respective rights and obligations under this Section 5.f. shall
survive termination of the Agreement.
g. *United States Department of Health and Human Services.* Business Associate shall make its internal practices, books and records relating to the use and disclosure of PHI, and the security of Electronic PHI, available to the Secretary of the United States Department of Health and Human Services (“HHS”) for purposes of determining Covered Entity’s compliance with the HIPAA Privacy Regulations, the HIPAA Security Regulations, and the HITECH Standards after the compliance dates, respectively, of these regulations and standards; provided, however, that Business Associate shall immediately notify Covered Entity upon receipt by Business Associate of any such request for access by the Secretary of HHS, and shall provide Covered Entity with a copy thereof as well as a copy of all materials disclosed pursuant thereto. The parties’ respective rights and obligations under this Section 5.g. shall survive termination of the Agreement.

6. **Obligation to Provide Access, Amendment and Accounting of PHI.**

   a. *Access to PHI.* Business Associate shall make available to Covered Entity such information as Covered Entity may require to fulfill Covered Entity’s obligations to provide access to, and copies of, PHI in accordance with HIPAA and the HIPAA Privacy Regulations.

   b. *Amendment of PHI.* Business Associate shall make available to Covered Entity such information as Covered Entity may require to fulfill Covered Entity’s obligations to amend PHI in accordance with HIPAA and the HIPAA Privacy Regulations. In addition, Business Associate shall, as directed by Covered Entity, incorporate any amendments to Covered Entity’s PHI into copies of such information maintained by Business Associate.

   c. *Accounting of Disclosures of PHI.* Business Associate shall make available to Covered Entity such information as Covered Entity may require to fulfill Covered Entity’s obligations to provide an accounting of disclosures with respect to PHI in accordance with HIPAA and the HIPAA Privacy Regulations. Business Associate shall make this information available to Covered Entity upon Covered Entity’s request.

   d. *Forwarding Requests From Individual.* In the event that any individual requests access to, amendment of, or accounting of PHI directly from Business Associate, Business Associate shall within two (2) days forward such request to Covered Entity. Covered Entity shall have the responsibility of responding to forwarded requests. However, if forwarding the individual’s request to Covered Entity would cause Covered Entity or Business Associate to violate HIPAA or the HIPAA Privacy Regulations, Business Associate shall instead respond to the individual’s request as required by such law and notify Covered Entity of such response as soon as practicable.

7. **Material Breach, Enforcement and Termination.**

   a. *Term.* This Agreement shall be effective as of the Agreement Effective Date, and shall continue until the Agreement is terminated in accordance with the provisions of Section 8.b. [or the __________ Service Agreement between the parties terminates].

   b. *Termination.* Covered Entity may terminate this Agreement:
(1) immediately if Business Associate is named as a defendant in a criminal proceeding for a violation of HIPAA, the HIPAA Privacy Regulations, the HIPAA Security Regulations, or the HIPAA Breach Notification Regulations;

(2) immediately if a finding or stipulation that Business Associate has violated any standard or requirement of HIPAA, or other security or privacy laws is made in any administrative or civil proceeding in which Business Associate has been joined; or

(3) pursuant to Sections 7.c. or 8.b. of this Agreement.

c. Remedies. If Covered Entity determines that Business Associate has breached or violated a material term of this Agreement, Covered Entities may, at its option, pursue any and all of the following remedies:

(1) exercise any of its rights of access and inspection under Section 5.f. of this Agreement;

(2) take any other reasonable steps that Covered Entity, in its sole discretion, shall deem necessary to cure such breach or end such violation; and/or

(3) terminate this Agreement immediately.

If Business Associate determines that Covered Entity has breached or violated a material term of this Agreement, Business Associate may, at its option, pursue any and all of the following remedies:

(1) take any reasonable steps that Business Associate, in its sole discretion, shall deem necessary to cure such breach or end such violation; and/or

(2) terminate this Agreement immediately.

d. Knowledge of Non-Compliance. Any non-compliance by Business Associate with this Agreement or with HIPAA, the HIPAA Privacy Regulations, the HIPAA Security Regulations, or the HIPAA Breach Notification Regulations automatically will be considered a breach or violation of a material term of this Agreement if Business Associate knew or reasonably should have known of such non-compliance and failed to immediately take reasonable steps to cure the non-compliance.

e. Reporting to United States Department of Health and Human Services. If Covered Entity’s efforts to cure any breach or end any violation are unsuccessful, and if termination of this Agreement is not feasible, Covered Entity shall report Business Associate’s breach or violation to the Secretary of HHS, and Business Associate agrees that it shall not have or make any claim(s), whether at law, in equity, or under this Agreement, against Covered Entity with respect to such report(s). If Business Associate’s efforts to cure any breach or end any violation are unsuccessful, and if termination of this Agreement is not feasible, Business Associate shall report Covered Entity’s breach or violation to the Secretary of HHS, and Covered Entity agrees that it shall not have or make any claim(s), whether at
law, in equity, or under this Agreement, against Business Associate with respect to such report(s)

f. *Return or Destruction of Records.* Upon termination of this Agreement for any reason, Business Associate shall return or destroy, as specified by Covered Entity, all PHI that Business Associate still maintains in any form, and shall retain no copies of such PHI. If Covered Entity, in its sole discretion, requires that Business Associate destroy any or all PHI, Business Associate shall certify to Covered Entity that the PHI has been destroyed. If return or destruction is not feasible, Business Associate shall inform Covered Entity of the reason it is not feasible and shall continue to extend the protections of this Agreement to such information and limit further use and disclosure of such PHI to those purposes that make the return or destruction of such PHI infeasible.

g. *Injunctions.* Covered Entity and Business Associate agree that any violation of the provisions of this Agreement may cause irreparable harm to Covered Entity. Accordingly, in addition to any other remedies available to Covered Entity at law, in equity, or under this Agreement, in the event of any violation by Business Associate of any of the provisions of this Agreement, or any explicit threat thereof, Covered Entity shall be entitled to an injunction or other decree of specific performance with respect to such violation or explicit threat thereof, without any bond or other security being required and without the necessity of demonstrating actual damages. The parties’ respective rights and obligations under this Section 8.g. shall survive termination of the Agreement.

h. *Indemnification.* Business Associate shall indemnify, hold harmless and defend Covered Entity from and against any and all claims, losses, liabilities, costs and other expenses resulting from, or relating to, the acts or omissions of Business Associate in connection with the representations, duties and obligations of Business Associate under this Agreement. The parties’ respective rights and obligations under this Section 7.h. shall survive termination of the Agreement.

8. **Miscellaneous Terms.**

a. *State Law.* Nothing in this Agreement shall be construed to require Business Associate to use or disclose PHI without a written authorization from an individual who is a subject of the PHI, or written authorization from any other person, where such authorization would be required under state law for such use or disclosure.

b. *Amendment.* Covered Entity and Business Associate agree that amendment of this Agreement may be required to ensure that Covered Entity and Business Associate comply with changes in state and federal laws and regulations relating to the privacy, security, and confidentiality of PHI, including, but not limited to, changes under the HIPAA Privacy Regulations, the HIPAA Security Regulations, and the HITECH Standards. Covered Entity may terminate this Agreement upon 30 days written notice in the event that Business Associate does not promptly enter into an amendment that Covered Entity, in its sole discretion, deems sufficient to ensure that Covered Entity will be able to comply with such laws and regulations. This Agreement may not otherwise be amended except by written agreement between both parties.
c. No Third Party Beneficiaries. Nothing express or implied in this Agreement is intended or shall be deemed to confer upon any person other than Covered Entity and Business Associate, and their respective successors and assigns, any rights, obligations, remedies or liabilities.

d. Ambiguities. The parties agree that any ambiguity in this Agreement shall be resolved in favor of a meaning that complies and is consistent with applicable law protecting the privacy, security and confidentiality of PHI, including, but not limited to, HIPAA, the HIPAA Privacy Regulations, the HIPAA Security Regulations, and the HITECH Standards.

e. Primacy. To the extent that any provisions of this Agreement conflict with the provisions of any other agreement or understanding between the parties, this Agreement shall control with respect to the subject matter of this Agreement.

f. Ownership of PHI. As between Covered Entity and Business Associate, Covered Entity holds all right, title and interest in and to any and all PHI received by Business Associate from, or created or received by Business Associate on behalf of, Covered Entity, and Business Associate does not hold, and will not acquire by virtue of this Agreement or by virtue of providing any services or goods to Covered Entity, any right, title or interest in or to such PHI or any portion thereof. Except as specified in Section 3.c. above or as otherwise agreed to in writing by both parties, Business Associate shall have no right to compile and/or distribute any statistical analysis or report utilizing such PHI, any aggregate information derived from such PHI, or any other health and medical information obtained from Covered Entity.

g. Independent Contractors. No provision of this Agreement is intended to create, nor shall be deemed or construed to create, any employment, agency or joint venture relationship between Covered Entity and Business Associate other than that of independent entities contracting with each other hereunder solely for the purpose of effectuating the provisions of this Agreement. None of the Parties nor any of their respective representatives shall be construed to be the agent, employer, or representative of the other. The Parties have reviewed the factors to determine whether an agency relationship exists under the federal common law of agency and it is not the intention of either Covered Entity or Business Associate that Business Associate constitutes an “agent” under such common law.

h. Notices. Any notices to be given under this Agreement to a Party shall be made via U.S. Mail or express courier to such Party’s address set forth below, and/or via facsimile to the facsimile telephone numbers listed below.
If to Covered Entity, to:

1430 Tulane Avenue – TW 3
New Orleans, LA 70112
Attention: Privacy Officer
Fax: 504-988-7777

with a copy to:

1440 Canal Street – TB 33
New Orleans, LA 70112
Attention: Associate General Counsel
Fax: 504-988-3585

If to Business Associate, to:

________________________________

Attention: [Privacy Officer]
Fax: _________________________

with a copy to:

________________________________

Attention: [General Counsel]
Fax: _________________________

Each Party may change its address and that of its representative for notice by giving notice thereof in the manner provided above in this Section.

i. Counterparts; Facsimiles. This Agreement may be executed in any number of counterparts, each of which shall be deemed an original. Facsimile copies hereof shall be deemed to be originals.

[Remainder of Page Intentionally Left Blank]
IN WITNESS WHEREOF, the parties hereto have duly executed this Agreement as of the Agreement Effective Date.

TULANE UNIVERSITY MEDICAL GROUP:  BUSINESS ASSOCIATE:

BY:______________________________  BY:______________________________
Jerold V. Feddersen, CEO  NAME:
Tulane University Medical Group  TITLE:

Date: _____________________________  Date: _____________________________

BY:______________________________
L. Lee Hamm, III, M.D., FACP
Senior Vice President and Dean
Professor of Medicine
Tulane University School of Medicine

Date:______________________________