

PROTECTED HEALTH INFORMATION (PHI)
COMPLIANCE AGREEMENT
“Business Associate Agreement”

Superior Scanning Service hereby assures that it will comply with applicable guidelines, regulations, requirements and/or laws as sent forth in the “Privacy Regulations” of HIPAA (the Health Insurance Portability and Accountability Act of 1996, 42 U.S.C. 1171 et seq) with respect to the performance of its obligations to _____.

It is agreed and understood that, except otherwise expressly specified, Superior Scanning Service shall have the right to make such use of protected health information (“PHI”) as it deems necessary in order to exercise its rights, and/or fulfill its obligations, under or in connection with the above named Agreements. Superior Scanning Service agrees to institute such safeguards as are mandated by the Act to protect PHI obtained from the “Covered Entity”. Superior Scanning Service acknowledges that this Compliance Agreement is subject to, and controlled by, the applicable provisions of 45 C.F.R. 160.504(e).

Nothing contained herein is intended to, nor shall be deemed, to confer upon any person or entity, other than the Parties and their respective successors or assigns, any rights, remedies, obligations of liabilities.

Execution of this agreement below, on behalf of Superior Scanning Service and Covered Entity, constitutes their agreement to and approval of its contents.

Agreed and approved:

Superior Scanning Service

Signature

Signature

Print

Print

Date

Date