

Business Associate Agreement

This agreement is entered into by St. Joseph's Imaging and _____ on _____. In an effort to comply with the Health Insurance Portability and Accountability Act of 1996, _____ and their designations agree to restrain from use or disclosure of any **Private Health Information** they may obtain in the routine operation of the services provided by St. Joseph's Imaging. In return, St. Joseph's Imaging agrees to provide _____ with the minimum necessary information they need to properly manage and or administer their practice.

By signing this agreement, _____ also understands that as a covered entity under HIPAA, they are obliged to maintain confidential the **Private Health Information** of patients acquired through St. Joseph's Imaging web connection. _____ understands this connection is secured and accessed by personal passwords and agrees to use these passwords to enhance the medical care they provide patients. Individuals should not transfer passwords to other individuals who are not involved in the direct care of their patients.

Olga M. Stanton _____

Director of Radiology
Compliance Officer
St. Joseph's Imaging

Signature of Physician _____

Date: _____