

**TRI-CITY HEALTHCARE DISTRICT
AGENDA FOR A REGULAR MEETING
OF THE AUDIT, COMPLIANCE AND ETHICS COMMITTEE
September 17, 2019
8:30 a.m. – 10:00 a.m.
Assembly Rm. 1
Tri-City Medical Center, 4002 Vista Way, Oceanside, CA 92056**

The Committee may make recommendations to the Board on any of the items listed below, unless the item is specifically labeled "Informational Only"

	Agenda Item	Time Allotted	Action/ Recommendation	Requestor/ Presenter
1.	Call to order – a) Welcome New Members Stanley Dale and Carl Marcuzzi b) Farewell to Subject Matter Expert Kathryn Fitzwilliam	5 min.		Chair
2.	Approval of Agenda	2 min.		Chair
3.	Public Comments – Announcement Comments may be made at this time by members of the public and Committee members on any item on the Agenda before the Committee's consideration of the item or on any matter within the jurisdiction of the Committee. NOTE: During the Committee's consideration of any Agenda item, members of the public also have the right to address the Committee at that time regarding that item.	1 min.		Standard
4.	Ratification of Minutes- July 16, 2019	3 min.	Action	Chair
5.	Old Business – None	--	--	--
6.	New Business – Discussion and Possible Action a) Fiscal 2019 Financial Statement Audit - Moss Adams b) Administrative Policies & Procedures: 1) Chief Compliance Officer – 8750-535 2) Business Associate Agreement – 8610-511	1 hour 10 min.	Discussion/ Possible Action Discussion/ Possible Action	CFO/Moss Adams Chair
7.	Committee Communications	5 min.		All
8.	Committee Openings – One	3 min.		Chair
9.	Date of Next Meeting: October 17, 2019	1 min.		Chair
10.	Adjournment			Chair
11.	Total Time Budgeted for Meeting	1.5 hour		

**Tri-City Medical Center
Audit, Compliance & Ethics Committee
July 16, 2019
Assembly Room 1
8:30 a.m-10:30 a. m.**

Members Present:	Director Larry W. Schallock(Chair); Director George W. Coulter; Director Tracy M. Younger; Kathryn Fitzwilliam, Subject Matter Expert
Non-Voting Members:	Steve Dietlin (CEO); Scott Livingstone, COO; Ray Rivas, CFO
Others Present:	Teri Donnellan, Executive Assistant; Kristy Larkin, Director of Compliance, Audit & Monitoring; Maria Carapia, Compliance Specialist; Stacy Stelzriede, Engagement Partner (Moss Adams); Kyle Rogers, Audit Manager; Stanley J. Dale, MA, JD, CCEP; Carl Marcuzzi, CPA
Absent:	Leslie Schwartz, Community Member; Cary Mells, M.D.; Physician Member

	Discussion	Action Recommendations/ Conclusions	Person(s) Responsible
1. Call to Order	<p>The meeting was called to order at 8:30 a.m. in Assembly Room 1 at Tri-City Medical Center by Chairman Schallock.</p> <p>Chairman Schallock reported Chief Compliance Officer Carlos Cruz recently left the organization to accept an offer on the east coast. Mr. Dietlin is in the process conducting a search for a new Compliance Officer.</p> <p>Chairman Schallock introduced Committee applicants Stanley Dale and Carl Marcuzzi. He explained the interview process which will take place later on in the agenda.</p>		
2. Approval of Agenda	<p>It was moved by Director Coulter and seconded by Director Younger to approve the agenda as presented. The motion passed unanimously.</p>	Agenda approved.	
3. Comments by members of the public and committee members on any item of interest to the public before Committee's consideration of the item	<p>There were no public comments.</p>		

	Discussion	Action Recommendations/ Conclusions	Person(s) Responsible
4. Ratification of minutes – April 16, 2019	It was moved by Director Younger and seconded by Director Coulter to approve the minutes of April 16, 2019, as presented. The motion passed unanimously.	Minutes ratified.	
4. Old Business - None			
5. New Business a) Fiscal 2019 Financial Statement Audit Entrance – Moss Adams	<p>Ms. Stelzriede, Engagement Partner with Moss Adams introduced Kyle Rogers, Audit Manager. The team also includes Annie Norviel, Audit Senior Manager, Brian Conner, Concurring Reviewer and Matt Parsons, Audit Senior Manager who is in charge of the Single Audit. She noted Moss Adams always follows best practice with staff rotation every few years.</p> <p>Ms. Stelzriede presented information on the following:</p> <ul style="list-style-type: none"> ➤ Required Communications to those Charged with Governance ➤ Our Responsibility Under US Generally Accepted Auditing Standards and Government Auditing Standards. <p>Ms. Stelzriede explained the Auditor’s role is to plan and perform the audit in accordance with generally accepted auditing standards and to design the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. Ms. Stelzriede emphasized that the audit of the financial statements does not relieve the Board or management of their responsibilities.</p> <ul style="list-style-type: none"> ➤ Audit Process <ul style="list-style-type: none"> • Internal Controls • Analytical Procedures • Substantive Procedures <p>Ms. Stelzriede explained that the auditors take a “controls” approach over revenue procurement and disbursements and if any significant issues were to arise between now and the audit, the Auditors would reach out to the Chair of the Committee.</p>	Information only.	

	Discussion	Action Recommendations/ Conclusions	Person(s) Responsible
	<p>Ms. Stelzriede commented that materiality is never the same number year to year. It may or may not adjust for qualitative factors. She stated that the auditors are not aware of anything this year however they do perform a "look back" analysis from the prior year.</p> <ul style="list-style-type: none"> ➤ Significant Audit Areas <ul style="list-style-type: none"> • Revenue Recognition and Valuation of Patient Revenue/Receivables and Third Party Settlements • Self-Insured Liabilities • Line of Credit and Long-Term Debt (HUD Financing, Covenant Compliance and Single Audit) • Commitments and Contingencies, including status of MOB Legal Matter. MOB Legal Proceedings ➤ Consideration of Fraud <p>Ms. Stelzriede explained how the auditors will gather information to identify fraud-related risks of material misstatement and the procedures to be performed which will include but not be limited to testing and analyzing significant accounting estimates or biases.</p> ➤ Deliverables ➤ Audit TimeLine – Ms. Stelzriede expects to present the audit results to the committee and the Board at their September meetings. <p>Ms. Stelzriede also provided an update of New Standards which included GASB 85 that addresses a variety of topics including issues related to blending component unit, goodwill, fair value measurement and application and postemployment benefits.</p> <p>Lastly, Ms. Stelzriede commented on the 2019 Health Care Conference entitled Preparing for the Future of Healthcare which is scheduled on November 7-8, 2019.</p> <p>Committee members asked questions of the auditors</p>		

	Discussion	Action Recommendations/ Conclusions	Person(s) Responsible
	<p>throughout the presentation.</p> <p><i>Ms. Stelzriede and Mr. Rogers left the meeting at 9:05 a.m.</i></p>		
<p>b) Community Member Interviews:</p> <p>1) Stanley J. Dale, MA, JD, CCEP</p> <p>2) Carl Marcuzzi, CPA</p>	<p>Mr. Stanley Dale provided a brief update of his background and experience. Mr. Dale has spent a great deal of time as an Educator in various Universities. He also has served as a Consultant, Mediator, worked in governmental services and has a JD as well as a certificate in Corporate Compliance and Ethics. Mr. Dale was very interested in Tri-City's Compliance department and its organization. Committee members asked questions of Mr. Dale as well.</p> <p><i>Mr. Dale exited the meeting and Mr. Marcuzzi joined the meeting.</i></p> <p>Mr. Carl Marcuzzi provided a brief update of his background and experience. Mr. Marcuzzi is a CPA and is currently working independently after extensive work with a Dutch accounting firm in New York and moved on to Arthur Young. Mr. Marcuzzi served on the Audit Committee previously for a four-year term commencing 2012 through 2015 and also served on the Finance, Operations & Planning Committee from 2015-2017. Mr. Marcuzzi stated it has been two years since serving on one of our Board Committees and he is very interested in serving once again. Committee members asked questions of Mr. Marcuzzi as well.</p> <p><i>Mr. Marcuzzi left the meeting at 9:15 a.m.</i></p> <p>The committee discussed the qualifications of each candidate and it was their opinion that the committee could benefit from both Mr. Dale and Mr. Marcuzzi's experience.</p> <p>It was moved by Director Coulter and seconded by Director Younger to recommend Mr. Stanley Dale to a two-year term on the Audit, Compliance & Ethics Committee. The motion passed unanimously.</p>		

	Discussion	Action Recommendations/ Conclusions	Person(s) Responsible
	<p>It was moved by Director Younger and seconded by Director Coulter to recommend Carl Marcuzzi to a two-year term on the Audit, Compliance & Ethics Committee. The motion passed unanimously.</p> <p><i>Mr. Dale and Mr. Marcuzzi rejoined the meeting at 9:20 a.m.</i></p> <p>Chairman Schallock reported the committee believes both Mr. Dale and Mr. Marcuzzi bring value and insight to the committee. The committee unanimously recommended both individuals be appointed to a two-year term on the Committee.</p>	<p>Recommendation to be sent to the Board of Directors to recommend Stanley Dale and Carl Marcuzzi to a two-year term on the Audit, Compliance & Ethics Committee; item to be placed on Board agenda and included in agenda packet.</p>	Ms. Donnellan
6. Comments from Committee Members	Chairman Schallock reported Leslie Schwartz's second two-year term will expire next month. He expressed his appreciation for Mr. Schwartz's service.		
7. Committee Openings	There are currently three committee openings, pending approval by the Board of two appointments, Mr. Dale and Mr. Marcuzzi.	Mr. Dale and Mr. Marcuzzi will be contacted and confirm appointment following the August Board meeting.	Ms. Donnellan
8. Date of Next Meeting	The Committee's next meeting is scheduled for September 17, 2019.		
9. Adjournment	Chairman Schallock adjourned the meeting at 9:25 a.m.		

ADMINISTRATIVE
COMPLIANCE

ISSUE DATE: 05/12 SUBJECT: Chief Compliance Officer
REVISION DATE(S): 12/12, 04/15 POLICY NUMBER: 8750-535

Administrative Compliance Content Expert Approval: 04/1905/19
Administrative Policies & Procedures Committee Approval: 04/1905/1908/19
Organizational Compliance Committee Approval: -n/a05/19
Medical Executive Committee Approval: n/a
Audit, Compliance & Ethics Committee Approval: 02/19
Board of Directors Approval: 02/19

A. **PURPOSE:**

1. This policy provides for the appointment of, and sets forth the general duties and responsibilities of, Tri-City Healthcare District's (TCHD's) Chief Compliance Officer.

B. **GENERAL POLICY:**

1. The Chief Compliance Officer (CCO) shall advise the Board of Directors (Board) and Chief Executive Officer (CEO) regarding the design and implementation of the agency's ethics and compliance programs. The CCO shall report directly to the **CEO with a dotted line to the Board** regarding material-legal and compliance risks and mitigation efforts. In the event that the CCO ceases to be a TCHD employee, ~~or is removed or resigns or is removed with Board concurrence~~ from the position of CCO, the ~~Board-CEO~~ shall promptly appoint an interim CCO until such time as an appropriate permanent CCO may be identified and engaged.

C. **HIRE OF CHIEF COMPLIANCE OFFICER:**

1. The CCO shall be hired by the CEO. ~~with approval from the TCHD Board.~~
2. The CEO shall cause the hiring of the CCO ~~with approval of the Board~~ to be recorded in writing and properly and effectively announced to TCHD's employees, members of the Medical Staff and other affected individuals, including, but not limited to, contractors who furnish patient care or related services to TCHD and/or its patients.
3. The CCO shall have the duties and responsibilities set forth below.
4. The CCO shall have direct access ~~and report directly to~~ TCHD's Board of Directors, Audit, Compliance & Ethics (ACE) Committee, and CEO regarding the status of the Compliance Program and any material developments affecting the Compliance Program. ~~Such Reports~~ shall occur as frequently as needed in the best interests of TCHD, but in any event no less than on a quarterly basis.
5. For administrative purposes, the CCO shall report directly to the CEO.

D. **QUALIFICATIONS OF COMPLIANCE OFFICER**

1. The CCO shall have credentials and experience appropriate for understanding the TCHD's mission and operations, and for executing the duties and responsibilities set forth in this Policy.
2. The CCO shall demonstrate high integrity, good judgment, assertiveness, and an approachable demeanor, when working with TCHD's Board, senior management, employees, Medical Staff, and relevant contractors and agents.
3. The CCO must have sufficient time to dedicate to the CCO position and its attendant duties and responsibilities. The CCO also shall have sufficient resources to perform his/her duties and responsibilities.

E. AUTHORITY OF COMPLIANCE OFFICER; REVIEW OF FINDINGS

1. The CCO shall have the authority to access and review all TCHD records and other documents (whether in paper or electronic form) and interview all TCHD employees, as necessary to discharge his/her duties and responsibilities.
2. The CCO shall have sufficient management authority, responsibility, and resources to permit the performance of his/her duties.
3. The CCO shall have the authority to report to the CEO, Board, and ACE Committee regarding compliance matters at any time.
4. The CCO shall have direct access to all senior management.
5. ~~With approval of the Board or CEO, the CCO shall have authority to engage qualified outside legal counsel and consultants to assist him/her achieve the objectives of the Compliance Program.~~ The CCO should routinely review with General Counsel any matters reported to the Board.
- 5-6. The CCO shall provide prior notice and consultation with the General Counsel or the CEO or the Board of Directors in the absence of the CEO, prior to obtaining outside counsel or consultants to achieve the objectives of the Compliance Program.
- 6-7. TCHD may commission an independent review to verify any findings of the CCO.

F. SPECIFIC DUTIES AND RESPONSIBILITIES OF COMPLIANCE OFFICER

1. The CCO will be responsible for, among other things:
 - a. Advise the Board and the CEO regarding the design and implementation of TCHD's Compliance Program.
 - b. Oversee and monitor the implementation and operation of TCHD's Compliance Program, including staff supervision as necessary.
 - c. Monitor changes and/or updates in relevant state and federal health care program laws and regulations.
 - d. Report on a regular basis (at least quarterly) to the CEO, ACE Committee, and Board regarding compliance issues and the status of TCHD's Compliance Program.
 - e. Monitor various guidance, alerts and other communications issued by federal or state government agencies, including the U.S. Department of Health and Human Services, the Federal Trade Commission, and the U.S. Department of Justice.
 - f. Develop written policies to implement the Compliance Program and address existing and new compliance risk areas.
 - g. Amend the Compliance Program (including the Code of Conduct and Policies), as necessary.
 - h. Oversee the meetings, work plans, and operations of the internal compliance committee.
 - i. Develop, coordinate, and document TCHD's compliance-related educational and training programs.
 - j. Promote awareness of, and compliance with, applicable laws and policies on the part of Directors, employees, members of the Medical Staff, contractors, and agents.
 - k. Ensure new employees and contractors are screened against appropriate state and federal debarment/sanction lists.
 - l. Ensure new employees receive the Code of Conduct and related training.
 - m. Coordinate internal and external compliance reviews or audits of TCHD's business operations and practices.
 - n. Review TCHD business arrangements to ensure compliance with applicable laws, regulations, and policies. This may be accomplished by conferring with legal counsel, as appropriate.
 - o. Respond to compliance inquiries.
 - p. Ensure TCHD's Confidential Reporting Line (Values Line) and other lines of communication are operating effectively and that compliance concerns are documented and addressed promptly and appropriately.
 - q. Ensure exit interviews of departing employees are conducted to elicit information concerning potential violations of laws, regulations or TCHD's policies.

- r. Investigate suspected violations of applicable laws, regulations and policies and make recommendations regarding corrective actions, as appropriate.
- s. Consult with Board and legal counsel, as appropriate to the foregoing.

G. **REFERENCE(S):**

1. Compliance Program Guidance for Hospitals, published by the U.S. Department of Health and Human Services, Office of Inspector General, February 1998.
2. Office of Inspector General Supplemental Compliance Program Guidance for Hospitals, January 2005.
- ~~2.~~3. **California Hospital Association Compliance Manual, 2018**

ADMINISTRATIVE ~~POLICY~~ MANUAL
COMPLIANCE

ISSUE DATE: 10/02

SUBJECT: Business Associate Agreement

REVISION DATE: 12/02; 06/06; 07/09

POLICY NUMBER: 8610-511

<u>Administrative Compliance Content Expert Approval:</u>	<u>03/19</u>
Administrative Policies & Procedures Committee Approval:	<u>05/15</u> <u>03/19</u>
<u>Organizational Compliance Committee Approval:</u>	<u>05/19</u>
<u>Medical Executive Committee Approval:</u>	<u>n/a</u>
Audit and Compliance & Ethics Committee Approval:	06/15
Board of Directors Approval:	06/15

A. PURPOSE:

1. According to the terms of the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191, as amended ("HIPAA") and regulations promulgated thereunder by the U.S. Department of Health and Human Services (the "HIPAA Regulations"), the Tri-City Healthcare District ("District" or "TCHD") is a "Covered Entity".
2. District enters into agreements with various persons and entities to provide functions or activities regulated by HIPAA on behalf of the District (e.g. data analysis, utilization review) and such functions or activities require the person/entity to create, receive, maintain or transmit PHI. The District also enters into agreements with persons or entities performing services for the District which require the District to disclose PHI in order for the contracting party to perform a service (e.g. legal, accounting, etc.). These contracting parties are "Business Associates" under HIPAA.
- 3.1. This Policy summarizes the obligations of District and Business Associates to meet HIPAA requirements. The purpose of this policy is to outline the criteria for a business associate and establishes criteria for disclosing protected health information to a business associate, including the required content of a Business Associate Agreement ("BAA").

B. DEFINITIONS:

1. Business Associate: means, a person or organization who, on behalf of the Tri-City Healthcare District ("~~District~~" TCHD), performs certain functions or activities or services that require the Business Associate to create, receive, maintain or transmit PHI-protected health information (PHI) on behalf of the District TCHD or where the District TCHD needs to disclose PHI protected health information PHI to Business Associate for the services.
2. Business Associate Addendum or Agreement ("BAA"): is an Addendum Agreement or Addendum to an applicable Services Agreement between the District TCHD and a Business Associate that outlines the specific obligations of the Business Associate related to the Use or Disclosure of District TCHD protected health information PHI PHI.
3. Covered Entity: includes health care providers like the District TCHD that transmit health information in electronic form in connection with certain standard transactions (e.g. claims processing, reference laboratories).
4. Data Use Application: describes the purpose, controls and safeguards agreed to by the Business Associate and Covered Entity.
5. Designated Record Set: those documents whether maintained in paper, film or electronic formats, that comprise the individual patient's medical record as approved by the Medical Executive Committee, that comprises the individual patient's billing records, and any documents used in whole or in part by Tri-City Healthcare District TCHD to make decisions about

6. individuals, including copies from another health care provider's ~~D~~esignated ~~R~~ecord ~~S~~et. Protected Health Information ("PHI"): ~~I~~ndividually identifiable health information transmitted or maintained in paper, ~~or~~ electronic, ~~or~~ other form that is created or received by TCHD ~~AND~~and
- Relates to the past, present, or future physical or mental health or condition of an individual.
 - Relates to the provision of health care to an individual
 - Relates to the past, present, or future payment, ~~AND~~and
 - ~~I~~dentifies the individual ~~OR~~or
 - With respect to which there is a reasonable basis to believe the information can be used, to identify the individual
7. Services Agreement: An agreement between ~~the District~~TCHD and a third party whereby the third party performs a function, activity or service on behalf of ~~the District~~TCHD. Services Agreements that require ~~the District~~TCHD to ~~d~~isclose PHI for such functions, activities or services require Business Associate ~~Agreements and/or~~ Addendums.
- 7.8. Workforce Member: ~~e~~mployees, ~~Medical Staff and Allied Health Professionals (AHP),~~ volunteers, trainees, and other persons whose conduct, in the performance of work for (TCHD), is under the direct control of TCHD whether or not they are paid by TCHD.

C. **POLICY:**

- A Business Associate is subject to civil and criminal penalties under Sections 1176 and 1177 of the Social Security Act and is directly liable for compliance with the Health Insurance Portability and Accountability Act ("HIPAA") Privacy and Security Rules.
- ~~The District~~TCHD and each Business Associate shall protect the privacy and provide for the security of PHI disclosed to Business Associate in compliance ~~HIPAA with~~ the HIPAA Regulations.
- If ~~the District~~TCHD enters into a Services Agreement with a party that is a Business Associate under HIPAA, ~~the District~~TCHD will enter into a BAA with such party before ~~d~~isclosing PHI to it.
- ~~The District~~TCHD will require that Business Associates ensure that agreements with subcontractors that receive, maintain or transmit PHI on behalf of the Business Associates for purposes of Business Associates' BAAs with ~~the District~~TCHD are subject to the same requirements as those in ~~the District~~TCHD's BAA.
- ~~The District~~TCHD also complies with and requires its Business Associates to comply with applicable state laws and regulatory requirements that may be more stringent than ~~t~~ HIPAA, such as those requiring notification of breaches of PHI.

D. **PROCESS:**

- As part of the HIPAA Regulations, the Privacy Rule requires ~~District~~TCHD to enter into a contract containing specific requirements with Business Associate prior to the disclosure of PHI. These requirements include, but may not be limited to the following: ~~The BAA shall contain all BAA contractual requirements under the Privacy Rule.~~
 - In conjunction with ~~District~~TCHD, Business Associate must establish the permitted Uses and Disclosures of PHI by the Business Associate. HIPAA permits the use of PHI for proper management and administration.
 - Business Associate must refrain from ~~u~~Using or ~~d~~isclosing the PHI other than as permitted by the BAA or as required by law.
 - Business Associate must use appropriate safeguards to prevent Use or Disclosure of the information other than as provided for in the BAA.
 - Business Associate shall have implemented a security program that includes administrative, technical and physical safeguards designed to prevent unauthorized Use or Disclosure of electronic PHI as required by the Security Rule set forth in subchapter C of Part 45.
 - Business Associate must report to the District any Use or Disclosure of PHI not provided for in the BAA or any unauthorized or unlawful access, any security incident and/or

- ~~b~~Breach of PHI.
- f. Business Associate must ensure that agents and subcontractors that receive PHI from the Business Associate agree to the same restrictions and conditions that apply to the Business Associate.
 - g. Business Associate shall cooperate with ~~the District~~TCHD in fulfilling requests by individuals for access to their PHI that are approved by ~~the District~~TCHD. If Business Associate maintains PHI received from ~~District~~TCHD in a Designated Record Set, Business Associate must make available that information in order to comply with an individual's right to access, inspect, and copy their health information.
 - h. If Business Associate maintains PHI in a Designated Record Set, it must also provide that information in accordance with an individual's right to have the District make amendments to PHI.
 - i. Business Associate must provide information required to make an accounting of disclosures of PHI, where such disclosures were made for purposes not related to treatment, payment, and healthcare operations.
 - j. Business Associate must agree to make its internal practices, books and records related to the Use and Disclosure of PHI received from or created for ~~the District~~TCHD available to the U.S. Department of Health and Human Services (HHS) for the purpose of determining ~~the District~~TCHD's compliance with HIPAA.
 - k. Business Associate must return or destroy all PHI in any form at the termination of the Agreement, unless there is a determination that return or destruction is infeasible pursuant to the HIPAA Regulations.
 - l. The Business Associate Addendum shall authorize termination of it by ~~the District~~TCHD if ~~the District~~TCHD determines that the Business Associate has violated a material term of the Business Associate Agreement and/or Addendum.
2. The ~~Contract Manager or other District~~TCHD ~~employee~~ Legal Department or designee responsible for Services Agreements will determine the need for a BAA. These individuals will determine if the proposed agreement meets the following criteria:
- a. The outside entity or individual is not a TCHD Workforce Member;
 - b. The outside entity or individual will perform a service or activity "for" or "on behalf of" the District; and
 - c. The services or activities of the outside entity or individual involve creating, receiving, maintaining or transmitting PHI.
- ~~2.3. Attached to this policy is the ~~District~~A TCHD-approved standard HIPAA Business Associate Agreement and Addendum. This Agreement and Addendum, or a version of the Addendum thereof, modified to provide specific safeguards for the privacy and security of PHI, must be executed.~~
- ~~3.4. When required, Business Associate and ~~District~~TCHD will also execute a Data Use Application.~~
- ~~4.5. The ~~Contract Manager, or other District~~ TCHD ~~employee~~ Legal Department or designee responsible for Services Agreements, will ~~assure~~ensure that a HIPAA Business Associate Agreement and/or Addendum is executed concurrently with execution of each new Services Agreement between ~~District~~TCHD and a party that is identified as a Business Associate and before any PHI is ~~d~~Disclosed by ~~the District~~TCHD or used, created or transmitted by the Business Associate on behalf of ~~the District~~TCHD.~~
- ~~5.6. The executed HIPAA Business Associate Agreement and/or Addendum is filed with the original Services Agreement in ~~District~~TCHD's Administrative Offices.~~

E. **FORM(S):**

- 1. HIPAA - Business Associate Agreement
- ~~1.2.~~ HIPAA Business Associate - Data Use Application
- 3. HIPAA Business Associate Addendum

2-F. **RELATED DOCUMENT(S):**

- 3-1 Instructions - Data Use Application

F.G. **REFERENCE(S):**

1. 45 Code of Federal Regulations (CFR) Section 164.524
2. 45 CFR Section 164.526
3. 45 CFR Section 164.528
4. 45 CFR Section 164.530