	<b>DIVISION:</b> <b>LAST DATE REVISED:</b> <b>LAST DATE REVIEWED:</b> <b>ORIGINAL DATE ADOPTED:</b> <b>PAGE NUMBER:</b> <b>POLICY / PROCEDURE #:</b> <b>APPROVED BY:</b>	Compliance/HIPAA 03/20/2017 03/20/2017 09/04/2002 Page 1 of 3 HI 050-WAIVER SVP Ministry Integrity
	<b>WAIVER OF SJHS STANDARD HIPAA BUSINESS ASSOCIATE AGREEMENT FORM</b>	

**PLEASE ENSURE THAT THIS FORM IS COMPLETED IN ITS ENTIRETY AND THAT A COPY OF THE PROPOSED BUSINESS ASSOCIATE AGREEMENT IS ATTACHED**

*Note: The purpose of this form is to help consider the risks associated with accepting Business Associate Agreement provisions that are different from the SJHS standard Business Associate Agreement provisions and to document the Ministry's understanding of such risks. This form in no way should serve as a waiver for the complete elimination of HIPAA Business Associate Agreement provisions.*

**REQUEST PROCESS**

Date Submitted: \_\_\_\_\_ Name/Title of Submitter: \_\_\_\_\_

Phone number of Submitter: \_\_\_\_\_ Department: \_\_\_\_\_

Direct Supervisor: \_\_\_\_\_

**Executive Sponsor:** \_\_\_\_\_

Name of Business Associate (vendor): \_\_\_\_\_

Scope of services/products: \_\_\_\_\_

Explain how the business associate will have access to, and/or use Protected Health Information in the provision of services/products to SJHS?

\_\_\_\_\_

\_\_\_\_\_

Dates/term of contract: \_\_\_\_\_

Describe other agreements that Submitter's Ministry and SJHS had/has with this Business Associate:

\_\_\_\_\_

\_\_\_\_\_

Has the Business Associate refused to sign the SJHS Standard HIPAA Business Associate Agreement?

Yes \_\_\_\_\_ (If yes, please complete the remainder of this form).

No \_\_\_\_\_ (If no, do not turn in this form and use the SJHS Standard HIPAA Business Associate Agreement).

Describe in detail the circumstances for which a waiver of the SJHS Standard HIPAA Business Associate Agreement is being requested (i.e. request by Business Associate for modification of the SJHS Standard HIPAA Business Associate Agreement, request by Business Associate to use their HIPAA Business Associate Agreement, or other reason) and rationale for why a waiver should be considered.

**Revisions have been requested by the Business Associate for modification to the indemnification and/or limitation of liability provisions.**



<b>DIVISION:</b>	Compliance/HIPAA
<b>LAST DATE REVISED:</b>	03/20/2017
<b>LAST DATE REVIEWED:</b>	03/20/2017
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<b>APPROVED BY:</b>	SVP Ministry Integrity

**WAIVER OF SJHS STANDARD HIPAA BUSINESS ASSOCIATE AGREEMENT FORM**

If so, the revisions move the indemnification/limitation of liability provisions from the Business Associate Agreement to the underlying agreement but the same level of protection is provided in the underlying agreement.

If so, the revisions provide SJHS with a different level of protection than the standard indemnification and limitation of liability provisions. Describe requested modifications:

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**Business Associate has requested material modifications to provisions other than the indemnification and/or limitation of liability provisions.** If so, describe requested modification:

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REVIEW PROCESS

By signing below, I represent that I fully understand the risks associated with accepting HIPAA Business Associate Agreement provisions other than the SJHS standard provisions, which include but are not limited to the potential costs, fines, penalties and damages SJHS, rather than the vendor, might incur as a result of the diminished protection SJHS will receive in the event of the vendor’s impermissible use or disclosure of Protected Health Information. I further understand that it is highly recommended that I seek the input and advice of the SJHS Ministry Integrity Department or SJHS Legal Services Department prior to accepting HIPAA Business Associate Agreement provisions other than the SJHS standard provisions. By signing below, I hereby represent that I have either consulted with the SJHS Chief Compliance Officer, SJHS General Counsel, Associate General Counsel, or the Regional Compliance Director, regarding the non-standard HIPAA Business Associate Agreement provisions or have assumed the risk of not pursuing such consultation and will take responsibility for such decision.

	<b>DIVISION:</b> <b>LAST DATE REVISED:</b> <b>LAST DATE REVIEWED:</b> <b>ORIGINAL DATE ADOPTED:</b> <b>PAGE NUMBER:</b> <b>POLICY / PROCEDURE #:</b> <b>APPROVED BY:</b>	Compliance/HIPAA 03/20/2017 03/20/2017 09/04/2002 Page 3 of 3 HI 050-WAIVER SVP Ministry Integrity
	<b>WAIVER OF SJHS STANDARD HIPAA BUSINESS ASSOCIATE AGREEMENT FORM</b>	

\_\_\_\_\_  
Executive Sponsor

\_\_\_\_\_  
Date Approved

The Business Associate Agreement is for a system office contract:

The Business Associate Agreement is not for a system office contract:

\_\_\_\_\_  
Ministry Chief Executive Officer

\_\_\_\_\_  
Date Approved

**Keep this signed form on file with all other pertinent documentation related to the Business Associate Agreement.**