

 <p>FOUNDATION FOR THE ACCREDITATION OF CELLULAR THERAPY AT THE UNIVERSITY OF NEBRASKA MEDICAL CENTER Policies and Procedures</p>	Policy	Document #: CON.2.1.003 Revision: 3 Approval Date: 06/27/2012 Page 1 of 2 Effective Date: 06/27/2012
FACT Business Associate Agreement Policy		

1.0 Purpose

The purpose of this document is to establish terms for the relationship established between FACT and a Surveyed Organization with the intent of FACT providing accreditation surveys and related services to the Surveyed Organization.

2.0 Scope

This procedure is applicable to FACT and all personnel who are responsible for providing accreditation surveys and related services to Surveyed Organizations.

3.0 Responsibility

- 3.1 It will be the responsibility of FACT to ensure that:
 - 3.1.1 All appropriate FACT personnel and support staff have access to this SOP.
 - 3.1.2 The guidelines described herein are followed.
 - 3.1.3 All Surveyed Organizations have a signed business associate agreement on file with FACT.

4.0 References

- 4.1 FACT Business Associate Agreement Cover Letter, CON.LTR.2.001
- 4.2 [FACT Business Associate Agreement form](#), CON.FRM.2.001
- 4.3 FACT Record Retention Policy for Surveyed Organizations, ADM.1.2.004
- 4.4 Privacy and Security Policy, ADM.1.2.002

5.0 Definitions and Abbreviations

- 5.1 PHI: Protected Health Information
- 5.2 HIPAA: Health Insurance Portability and Accountability Act of 1996
- 5.3 HITECH Standards: Health Information Technology for Economic and Clinical Health Act Standards
- 5.4 Surveyed Organization: A Program, which refers to clinical programs, cell collection, and/or processing facilities, or cord blood banks undergoing accreditation or re-accreditation by FACT.

6.0 Policy

- 6.1 FACT ensures its compliance with the HIPAA privacy rule (the “Privacy Rule”), HITECH amendment, and the *FACT Privacy and Security Policy* by requiring all accredited and applicant Surveyed Organizations to have a signed Business Associate Agreement with FACT.
 - 6.1.1 FACT is a Business Associate with a Surveyed Organization because FACT acts on behalf of the Surveyed Organization to provided services that involve the disclosure and use of protected health information (PHI).
- 6.2 When a Surveyed Organization contacts FACT to start the process of accreditation, the FACT Office shall request that the Surveyed Organization complete a Business Associate Agreement form.
 - 6.2.1 The Business Associate Agreement will be the agreement provided by FACT (attached in Form 2) or a specific Business Associate Agreement form provided by the Surveyed Organization.
- 6.3 The Business Associate Agreements are valid for the duration of the relationship between FACT and the Surveyed Organization and do not need to be renewed.
- 6.4 In the event the Surveyed Organization provides a Business Associate Agreement, the FACT office will send two copies of the agreement to the HIPAA compliance officer at UNMC for signatures.
 - 6.4.1 One signed copy will be provided to the Surveyed Organization for documentation.
 - 6.4.2 One signed copy will be returned to the FACT office and maintained in the Surveyed Organization’s applicant file.
 - 6.4.3 Once all copies of the agreement are signed, the FACT database is updated accordingly.
- 6.5 In the event the Surveyed Organization elects to use the [*FACT Business Associate Agreement*](#), the FACT Chief Medical Officer will sign the agreement and send the signed copy to the attention of the Surveyed Organization’s HIPAA compliance officer.
 - 6.5.1 The Surveyed Organization’s HIPAA compliance officer will sign the agreement and return a signed copy back to the FACT office to be maintained in the Surveyed Organization’s applicant file.
 - 6.5.2 Once all copies of the agreement are signed, the FACT database is updated accordingly.

Approved by (date):

Linda Miller (Chief Executive Officer) (06/27/2012), Brenda Strama (FACT Legal Counsel, Beatty Bangle Strama P.C) (06/11/2012)