

Business Associate Profile Questionnaire

DISCLAIMER: DO NOT INCLUDE ANY VETERAN/PATIENT INDIVIDUALLY IDENTIFIABLE INFORMATION IN THIS FORM.

1. *Company Name:*
2. Define in your terms, the services your company provides to VHA. *(Include all services currently being provided regardless of whether they are covered under the National BAA with VHA)*

3. Does your services involve the use or disclosure of VHA's Protected Health Information (PHI)?
(PHI includes patient identifiers such as name, social security number and address)

☐ Yes

☐ No

If you answered "No" to this question, please disregard the remaining questions and submit form to VHA.

4. *List the names of the VA Medical Centers, Program Offices or VISNs that receive the services noted:*
(If the number of VHA facilities is more than 10, just insert the number)

5. Who is your company's official point-of-contact to VHA regarding the BAA relationship?
Individual's Name, Email, and Phone Number:

6. Does your company access, use or encounter VHA PHI outside of a VHA facility?
(Including PHI that has been disclosed to your company by VHA)

☐ Yes

☐ No

7. How is VHA data accessed? (Select all that Apply)

a. Electronic Means of Access:

☐ VPN

☐ Interconnection

☐ Direct Access to VHA

☐ Other (explain on Page 3)

b. Hard Copy Means of Access:

☐ File

☐ Other Media (Films, Tissues, Photographs, etc.)

☐ N/A

c. Data created by your company for VHA on VHA's behalf:

☐ Electronic

☐ Hard Copy

☐ N/A

8. Number of employees with access to VHA PHI?

☐ 1 - 25

☐ 26 - 100

☐ More than 100

9. Percentage of employees that access VHA data outside of a VA facility?

Percentage of Employees:

☐ 1 - 25

☐ 26 - 75

☐ 76 - 100

10. Number of location(s) where employees access VHA data outside of a VHA facility? (Including PHI that has been disclosed to your company by VHA)

☐ 1

☐ 2 - 5

☐ 10 or more

11. Does your company use VHA PHI for purposes other than those specific to the services or activities for which you are a Business Associate with VHA? (e.g., state reporting required of your company)

☐ Yes

☐ No

If you answered yes, please list the purposes for which VHA data is being disclosed by your company outside the purposes under the BAA.

Purposes

12. Does your company make disclosures of VHA PHI to other individuals or entities in its provision of specific services or activities to VHA, in order for them to provide a portion of the service?

☐ Yes

☐ No

13. Does your company engage subcontractors in services provided to VHA under your Business Associate Agreement?

☐ Yes

☐ No

If you answered Yes to Question 13, do you have a specific, documented chain of custody agreement that requires the subcontractor to meet the requirements set forth in your BAA with VHA?

☐ Yes

☐ No

If you answered Yes to Question 13, do you have subcontractors who provide services to VHA that are outside of the jurisdiction of the laws of the United States

☐ Yes

☐ No

14. How many VHA Records does your company have access to?

Specific Number of VHA records:

☐ 1 - 100

☐ More than 100

15. Does your company create, store or maintain VHA PHI?

☐ Yes

☐ No

If you answered Yes to Question 15, select the following that apply:

☐ Create

☐ Store

☐ Maintain

If your company stores or maintains VHA PHI, identify the locations. (Use space at bottom of form if needed)

Location (Address, City, State, Zip Code)

Location (Address, City, State, Zip Code)

Location (Address, City, State, Zip Code)

16. Does your company destroy VHA PHI on VHA's behalf? (Including PHI that has been disclosed to your company by VHA)

☐ Yes

☐ No

☐ Return to VHA

17. Does your company have **direct** contact with VHA patients?

☐ Yes

☐ No

18. Has your company entered into other BAAs on a local/regional level with VHA?

☐ Yes

☐ No

19. Does your company receive requests from third parties for data to be disclosed by you or created by you for purposes other than defined in the BAA?

☐ Yes

☐ No

20. Has your company ever been involved in a data breach involving VHA PHI?

☐ Yes

☐ No

If you answered Yes to Question 20, how many data breaches have you had since becoming a Business Associate with VHA?

Number of Breaches:

☐ 1 - 5

☐ More than 5

If you answered Yes to Question 20, how many veterans were affected?

Number of Veterans:

☐ Less than 500

☐ More than 500

21. Does your company have an assigned Privacy Officer or Compliance Officer?

☐ Yes

☐ No

22. Has your company developed and documented policies and procedures that explain safeguards to prevent use or disclosure of PHI not authorized by the BAA? (*Specifically policies related to Privacy, Security and Records Management*)

☐ Yes

☐ No

23. Does your company have any other classification, other than Business Associate, as defined under the HIPAA Privacy and Security Rules? (*e.g., Covered Entity, Hybrid Entity, etc.*)

☐ Yes

☐ No

If you answered yes to question 23, please enter the type of classification:

Please use this space for any additional information you would like to provide: