
4-OP-H-30.02 Acknowledgement of Understanding and Compliance

Acknowledgment of Understanding and Agreement to Comply with FSU Requirements for University Internal Business Associates. (“Acknowledgement”)

I acknowledge and agree that I have read and understand the requirements for business associates internal to FSU established in the [4-OP-H-30 Health Insurance Portability and Accountability Act \(HIPAA\) Policy](#) and the [4-OP-H-31 HIPAA Authorization for Use and Disclosure of Protected Health Information Policy](#). (“FSU HIPAA Policies”)

I, further acknowledge and agree that I am responsible, or if applicable, my college, department, program, or research team is responsible, for complying with the requirements herein, and in accordance with the FSU HIPAA Policies.

Name and Title of FSU Workforce Member: (Print Name/Title and Sign Full Name)

Ex. Principal Investigator, Dept. Head, Professor, Individual Researcher, Post Doc., Center, Institute, or Lab director.

Name of University Internal Business Associate and University Internal Covered Entity:

(If Applicable) Name of Department Head, or Principal Investigator, if an FSU College, Department, Program, or FSU Research Team, is serving as a University Internal Business Associate: (Print Name/Title and Sign Full Name)

Date of Completion of this Acknowledgment and Agreement:

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Completion of this Acknowledgment confirms the University Internal Business Associate understands and agrees to:

- (a) Not use or disclose Protected Health Information (PHI) other than as specified in writing by the university internal covered entity or as authorized or required by the FSU HIPAA Policies.
- (b) Use appropriate safeguards which comply with 45 C.F.R. Part 164 subpart C with respect to prevent the unauthorized use or disclosure of PHI.
- (c) Report any suspected or actual security incident, breach, and use or disclosure of PHI not authorized by law of which it becomes aware in accordance with the requirements in Sections III.C and III.D of the 4-OP-H-30 Health Insurance Portability and Accountability Act (HIPAA) Policy.
- (d) If applicable, return or destroy PHI according to instructions specified in writing by the university internal covered entity at the conclusion of the HIPAA-regulated functions performed by the university internal business associate.
- (e) If applicable, and in accordance with 45 C.F.R. §§ 164.502(e)(1)(ii) and 164.308(b)(2), ensure any subcontractors that create, receive, maintain, or transmit PHI agree to the same restrictions, conditions, and requirements that apply to the university internal business associate.
- (f) Upon request by the university internal covered entity, make PHI available in a designated record set to the university internal covered entity to which the business associate is providing services, pursuant to 45 C.F.R. § 164.524.
- (g) Maintain an internal inventory of the completed Acknowledgment(s) in accordance with the FSU HIPAA Policies.

Maintenance and Review

The Chief Information Security Officer (CISO), or designee of the CISO, is responsible for reviewing and updating this Acknowledgment when determined to be necessary pursuant to the FSU HIPAA Policies.