

Business Associate Agreement and Scope of Work Instructions

In order to complete a DHHS Business Associate Agreement, (BAA) and Scope of Work, (SOW) the following provider information is required.

Provider Information Needed

1. Name, address and phone number
2. Name of a contact person
3. Name of the person signing the BAA
4. Contract number or description of what services are being provided for DHHS

Business Associate Agreement and Scope of Work

1. BAA page 1, first paragraph, business name, address and phone number
2. BAA page 4, second paragraph, name of contact person, business name, address, phone number
3. BAA page 9, contractor signature
4. SOW page 1, business name, address, phone number
5. SOW page 2, type of services