



Date:

Name and Address of Vendor:

Dear Compliance Officer,

The Health Insurance Portability and Accountability Act (HIPAA) applies to third parties that have access to a Covered Entity's identifiable patient information to provide services to, or on behalf of, the Covered Entity. HIPAA requires that the Covered Entity enters into an agreement with such third parties (Business Associates), the contents of which is defined by HIPAA. Based on our relationship, UPMC has determined that your organization is a Business Associate.

UPMC's Business Associate Terms and Conditions can be found at:

<https://www.upmc.com/about/supply-chain/guidelines-for-associates> ("Terms and Conditions").

These Terms and Conditions shall supplement the terms and conditions contained in any existing contract or written agreement between us. In the event that there is a conflict between these Terms and Conditions and any existing contract or written agreement, these Terms and Conditions shall control.

Please review the Terms and Conditions, then have an authorized signer for your organization (1) sign at the bottom of this letter and (2) complete the Product/Service section where indicated.

The original of this letter should then be returned via mail or by email to:

Corporate Accounts Payable
University of Pittsburgh Medical Center (UPMC)
U.S. Steel Tower
600 Grant Street, 59th Floor
Pittsburgh, PA 15219
Email: vendor_support@upmc.edu

If you fail to return this letter within 14 days of receipt, by continuing to provide a service to UPMC, you agree to be bound by the Terms and Conditions (as may be updated from time to time) to the extent you are at any time considered to be a Business Associate as defined by HIPAA.

Additionally, please contact the UPMC Office of Patient and Consumer Privacy at 412-647-5757 should you have any questions.

Thank you, in advance, for your cooperation and assistance in this matter.

Sincerely,



John P. Houston
Vice President, Information Security
and Privacy & Assistant Counsel



J. Kevin Griffin
Senior VP Finance

Company Name (if different than as appears on this letter):

agrees to be bound by the Terms and Conditions (as may be updated from time to time) to the extent you are at any time considered to be a Business Associate as defined by HIPAA.

Agreed

Signature

Name (print)

Title

Date

We provide the following product(s) and/or service(s) to UPMC (please complete all as necessary):

Product(s):

Service(s):
