

RF-ECMCC Data Extraction Business Associate Affirmation

I affirm that I have reviewed the "Business Associate Confidentiality Agreement" between Erie County Medical Center Corporation (ECMCC) and the Research Foundation of State University of New York dated 8/1/2005.

I further affirm that I understand my obligations under this agreement, that the activities I perform under this agreement are on behalf of ECMCC, and that I will perform all activities associated with this agreement according to its terms.

I further affirm my understanding that I may not release any information prepared under the terms of this agreement to any entity other than ECMCC unless I have been specifically authorized in writing to do so by ECMCC.

I further affirm my understanding of the information I am required to collect, maintain, and provide to ECMCC in order for them meet their documentation requirements as specified by the HIPAA regulations. I understand that such information must be collected whenever I access Protected Health Information maintained by ECMCC, or if I release such information to a third party pursuant to specific written authorization provided by ECMCC when such documentation is required.

I further affirm my understanding that I have a duty to inform ECMCC of any known or suspected disclosures of information outside the terms of this agreement, of third party requests for information held under the terms of this agreement, and of my duty to attempt to mitigate any harm to ECMCC that disclosures outside the scope of this agreement may cause.

I further affirm that I am an employee of the Research Foundation of the State University of New York.

I further affirm that I am not a member of the house staff or an employee of Erie County Medical Center Corporation.

Name (Print)

Signature

Title

Date

BA services are being performed on behalf of Erie County Medical Center Corporation in order to comply with requests for a Research Data Set from:

IRB approved protocol title

PI Name (Print)

PI Signature

Date

PI Email

PI Telephone

Dates over which BA service will be performed

Email address where notification will be sent when individual is added to BAC