UBFA-ECMC Data Extraction Business Associate Affirmation

I affirm that I have reviewed the Business Associate Agreement (the "Agreement") between Erie County Medical Center Corporation (ECMCC) and UB Foundation Activities, Inc. dated January 26, 2006.

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

I further affirm my understanding that I may not release any information prepared under the terms of the 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 ECMCC to meet its 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 the Agreement, of third party requests for information held under the terms of the Agreement, and of my duty to attempt to mitigate any harm to ECMCC that disclosures outside the scope of the Agreement may cause.

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 BA

Revised 2/17/2006
003599/00000 BFLODOCS 1468470v1