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BUSINESS ASSOCIATE LETTER OF AGREEMENT FOR ELECTRONIC DATA EXCHANGE

This Letter of Agreement ("LOA") by and	between <u>Van Lang IPA</u> ("IPA/MG") and, Participating Provider ("Provider"), is made
effective pursuant to Section 17 or the Health Insura Business Associate Addendum of the provider service both parties.	ince Portability and Accountability Act ("HIPAA")
Whereas, IPA/MG and Provider desire to send and a business of conducting health care and administrativaccess to member eligibility, referral authorizations, Provider hereto agrees to the following:	ve services, specifically, but not limited to, on-line
Accountability Act of 1996) regulations pro-	re to HIPAA (Health Insurance Portability and mulgated and ensure that equipment, software and siness Associate be safeguarded and secure agains
	are and devices utilized be assessed periodically to to and including, utilization of virus scans and
	ed business associate assigned to conduct such data greement and has received appropriate training to ading, the safeguarding of passwords;
	is not curable within thirty (30) days of notification d this agreement, and IPA/MG shall immediately d access to Provider.
"IPA/MG"	"Provider"
Authorized Signature	Authorized Signature
Print Name/Title	Print Name/Title
Date	Authorized Email Address
	Date

Password: ___