

**HIPAA BUSINESS ASSOCIATE TRACKING FORM**

Date: \_\_\_\_\_

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

\_\_\_\_\_

Company Contact Name: \_\_\_\_\_

Company Contact email address (if available): \_\_\_\_\_

Company/Contact Phone Number: \_\_\_\_\_

Contract Location:  Department     Grants & Contracts     Procurement

Contract Start Date: \_\_\_\_\_      Contract Expiration Date: \_\_\_\_\_

Yale University Department: \_\_\_\_\_

Yale Individual Completing Form: \_\_\_\_\_

Yale Phone Number of Individual Completing Form: \_\_\_\_\_

Yale Email Address of Individual Completing Form: \_\_\_\_\_

Description of Services: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PHI Description: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is the company/entity a Business Associate of Yale's or is the company/entity claiming that Yale is their Business Associate?

\_\_\_\_\_

\_\_\_\_\_

**Please fax this form to: Yale University HIPAA – BA Tracking @ (203) 432-4033**