# ADDENDUM TO BUSINESS ASSOCIATE AGREEMENT

**BETWEEN**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(hereinafter referred to as the “Covered Entity”)**

**AND**

**KENT COUNTY HEALTH DEPARTMENT**

**(hereinafter referred to as the “Business Associate”)**

**FOR**

**COMPLIANCE WITH HIPAA PRIVACY AND SECURITY REGULATIONS**

This Addendum (“Addendum”) is in reference to the Business Associate Agreement (“Agreement”), entered into on [DATE], by and between Covered Entity and Business Associate.

**WHEREAS,** Covered Entity and Business Associate agree to include, as party to the Agreement and as contracted third-party program evaluator of the Ready by Five Early Childhood Millage (“Program”), Basis Policy Research, LLC, a Delaware limited liability company, whose legal address is 104R NC HWY 54 West, #304, Carrboro, NC 27510 (hereinafter referred to as the “Evaluator”);

**WHEREAS,** Covered Entity, Business Associate, and Evaluator are committed to the privacy of protected health information, and agree to follow all laws and regulations to keep protected health information safe; and

**WHEREAS,** for good and valuable consideration, the receipt and adequacy of which is acknowledged by the Parties, Covered Entity, Business Associate, and Evaluator mutually agree as follows:

1. **Amendments.** The Agreement is hereby modified so that:
2. Evaluator will serve as third-party evaluator of the Program and request data monthly from Business Associate to inform its third-party evaluation of said Program.
3. Evaluator will receive the requested data from Business Associate in de-identified format exclusive of any Protected Health Information (“PHI”) as means to inform its third-party evaluation of the Program.
4. Business Associate may share aggregate and de-identified forms of the data exclusive of PHI when reporting on the third-party evaluation of the Program for purposes of quality improvement programs and measures.
5. **All Other Terms and Conditions.** All other terms and conditions of the Agreement remain unchanged.
6. **Authorization.** The Parties each acknowledge and warrant that they have the right, power, and authority to enter into this Addendum to the Agreement. The Parties, and the individuals executing this Addendum to the Agreement for and on behalf of each named Party, further warrant and represent that the undersigned representative for each Party has the full right, power, and authority to execute and bind such entity to this Agreement and to the obligations set forth herein.

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| [COVERED ENTITY]  By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Its: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | KENT COUNTY HEALTH DEPARTMENT  By \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Its: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |