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|  | wdmk | Attach this form to PSIS (UM 1669)  U Wide Form: UM 1807  Rev: 11/17 |

**Health Insurance Portability & Accountability Act (HIPAA) Data Collection:**

*Business Associates* of health care components must be identified. All identified business associates must be reported to the *Privacy Coordinator* of the appropriate health care component for tracking. Please respond to the questions below to facilitate the compliance.

|  |  |
| --- | --- |
| Does contractor create, receive, transmit, or store Patient Health Information (PHI) on behalf of the University for Services provided under this contract? | Yes  No |

**What does the contractor do with the PHI on behalf of the University? (Check all that apply)**

|  |  |
| --- | --- |
| **Transmit** | **Receive** |
| Electronic  Oral  Paper | Electronic  Oral  Paper |
|  |  |
| **Create** | **Maintain** |
| Electronic  Oral  Paper | Electronic  Oral  Paper |

|  |  |  |  |
| --- | --- | --- | --- |
| Are the contractor Transactions and Code Sets (TCS) complaint with Electronic Data Interchange (EDI) PHI billing Standards? | Are the University unit’s Transactions and Code Sets (TCS) complaint with Electronic Data Interchange (EDI) PHI billing standards? | Is any PHI maintained in a *designated record set (medical record)*? | Will the Service be performed in Minnesota? |
| Yes  No | Yes  No | Yes  No | Yes  No |

|  |  |  |  |
| --- | --- | --- | --- |
| Is this person a resident of Michigan, North Dakota, or Wisconsin? | If YES (person is resident of Michigan, North Dakota, or Wisconsin), is form MW-R (reciprocity) completed? | Is this an entertainer (that is, musician, singer, dancer, comedian, thespian, professional athlete, lecturer, or public speaker in a noncredit program setting)? | If YES answered on the above Entertainer question, is this person a public speaker? |
| Yes  No | Yes  No | Yes  No | Yes  No |

|  |  |
| --- | --- |
| Has the service provided filed a W-4 claiming exemption from Minnesota withholding, or reduced withholding? | Yes  No |