



REQUEST FOR THIRD PARTY ACCESS TO PHI

_____ [insert Agency name] (“Provider”), which is located at _____ [insert Agency address], has contracted with _____ [insert name of third party] (“Third Party”) located at _____ [insert address of Third Party] to provide the following services (“Services”) which require access to protected health information (“PHI”): [describe Third Party Services]

Provider contracts with the following ADAMH Board(s) (“Board”), and Third Party requires access to information stored in the SHARES system for these Board(s) to provide the Services:

Provider hereby represents that Third Party is acting as a business associate of Provider, and Provider and Third Party have entered into a business associate agreement which complies with the business associate agreement requirements of the HIPAA Privacy Regulations, 45 C.F.R. 164.504(e). Provider requests that Third Party be provided with access to the SHARES system to permit Third Party to access PHI of individuals (“Members”) enrolled in the health plan operated by the Board as necessary to provide the Services, and authorizes representatives of the 3C Recovery and Health Care Network (“COG”) to discuss information about Members with Third Party, as necessary for Third Party to provide the Services.

Provider agrees to promptly notify the Board if the contract between Provider and Third Party to provide the Services terminates, or is modified to eliminate Services.

Third Party hereby acknowledges that information accessed through the SHARES system and other information provided by the COG contains PHI, and agrees that neither the Third Party nor any of its employees, agents or representatives will use or disclose such information other than as necessary to provide the Services, and as permitted by the HIPAA Privacy Regulations, 45 C.F.R. Parts 160 and 164. Third Party also agrees to comply with all terms and conditions of access to the SHARES system imposed by COG. Completed SHARES Account Request Forms for each employee of Third Party requiring access are attached.

PROVIDER

THIRD PARTY

By: _____

By: _____

Title: _____

Title: _____

Date: _____

Date: _____