

This document will help you determine whether any privacy language is needed in your contractual agreement.

1. Review each of your contracts/MOAs/MOUs/procurements using this Decision Tree and re-review with material contract changes.
2. Check the appropriate box below for each question, then follow instructions.
3. Keep copy of the Decision Tree in contract file.

**Also see Agency Compliance Office Policy and Procedure L-23 for additional instruction and definitions.

QUESTION A: Will the other party have any access to *Protected Information* regarding County clients?

If YES to Question A, go to Question B.

If NO, stop. **No privacy language** is required.

QUESTION B: Will the *Protected Information* pertain to a State Agreement listed in Article 14, section 14.1?

If NO, go to Question C.

If YES to Question B, stop here. **Article 14 is required.**

QUESTION C: Will the other party have access to *Protected Health Information* regarding County clients?

If YES to Question C, go to Question D.

If NO to Question C, stop here. Article 14 is not required, but you may need a **privacy statement** (sample below).

QUESTION D: Will the other party use *Protected Health Information* solely to provide health or medical treatment to County clients or is the other party a health plan that will use the *Protected Health Information* solely for payment?

If YES to either Question D1 or D2, you may need a **privacy statement**, as below. Article 14 is not required.

If No to Question D, **Article 14 is required.**

PRIVACY STATEMENTS

Sample: “[Other Party] will comply with all applicable laws pertaining to privacy and security of Protected Information, such as, but not limited to, [Insert relevant laws].”

Instructions: CORs should insert privacy statements under “Article 14” section of contract template or under confidentiality section of MOA/MOU.

Note: If the MOA pertains to a clinical practicum, medical internship, etc, also include this statement: “County [or Other Party] shall provide Privacy and Security training to all students and shall ensure all students sign a confidentiality statement prior to students having access to any Protected Health Information.”

Contract Number:

Contractor:

Printed Name of Staff Completing Decision Tree:

Program/Division:

Signature: