

STATE OF VERMONT
 CONTRACT AMENDMENT

It is hereby agreed by and between the State of Vermont, Department of Vermont Health Access (the “State”) and Julie Trottier, LLC, an independent contractor, with a principal place of business in Williston, Vermont, (the “Contractor”) that the contract between them originally dated as of June 1, 2020, Contract #39899, as amended to date, (the “Contract”) is hereby amended effective May 31, 2021 as follows:

- I. **Maximum Amount.** The maximum amount payable under the Contract, wherever such reference appears in the Contract, shall be changed from \$100,000.00 to \$200,000.00, representing an increase of \$100,000.00.
- II. **Contract Term.** The Contract end date, wherever such reference appears in the Contract, shall be changed from May 31, 2021 to May 31, 2022. The Contract may be extended, by mutual agreement of the parties, for up to two (2) additional one-year terms.
- III. **Notice to Parties Under This Agreement.** To the extent notices are made under this Contract, the parties agree that such notices shall only be effective if sent to the following persons as representatives of the parties:

	STATE REPRESENTATIVE	CONTRACTOR
Name	DVHA Legal Counsel	Julie Trottier
Address	Dept. of Vermont Health Access 280 State Dr., NOB 1 South Waterbury, VT 05671-1010	Julie Trottier 20 Sadler Lane Williston, VT 05495
Email	AHS.DVHALegal@vermont.gov	Julie.Trottier@health-system-transformation.com

- IV. **Attachment A, Scope of Work.** Attachment A, Scope of Work to Be Performed is hereby deleted in its entirety and replacing it with the Attachment A, Scope of Work to Be Performed as set forth in Appendix I to this Amendment 1.
- V. **Attachment B, Payment Provisions.** Attachment B, Section 3.e. is hereby amended by the addition of the following budget table:

June 1, 2021 to May 31, 2022	
QI Facilitation	\$95,000.00
Training and Travel	\$5,000
Total	\$100,000.00

- VI. **Attachment E, Business Associate Agreement.** Attachment E is hereby deleted in its entirety and replaced by the Attachment E effective 05/22/2020 as set forth in Appendix II to this Amendment 1.

Taxes Due to the State. Contractor further certifies under the pains and penalties of perjury that, as of the date this contract amendment is signed, Contractor is in good standing with respect to, or in full compliance with a plan to pay, any and all taxes due the State of Vermont.

Child Support (Applicable to natural persons only; not applicable to corporations, partnerships or LLCs). Contractor is under no obligation to pay child support or is in good standing with respect to or in full compliance with a plan to pay any and all child support payable under a support order as of the date of this amendment.

Certification Regarding Suspension or Debarment. Contractor certifies under the pains and penalties of perjury that, as of the date this contract amendment is signed, neither Contractor nor Contractor's principals (officers, directors, owners, or partners) are presently debarred, suspended, proposed for debarment, declared ineligible or excluded from participation in federal programs, or programs supported in whole or in part by federal funds.

Contractor further certifies under pains and penalties of perjury that, as of the date that this contract amendment is signed, Contractor is not presently debarred, suspended, nor named on the State's debarment list at: <http://bgs.vermont.gov/purchasing-contracting/debarment>.

This document consists of 13 pages. Except as modified by this Amendment No. 1, all provisions of the Contract remain in full force and effect.

The signatures of the undersigned indicate that each has read and agrees to be bound by this Amendment to the Contract.

STATE OF VERMONT

CONTRACTOR

DEPARTMENT OF VERMONT HEALTH ACCESS

E-SIGNED by Sandi Hoffman
on 2021-05-27 18:58:37 GMT May 27, 2021

SANDI HOFFMAN, DVHA DATE
NOB 1 South, 280 State Drive
Waterbury, VT 05671-1010
Phone: 802-241-0241
Email: Sandi.Hoffman@vermont.gov

E-SIGNED by Julie Trottier
on 2021-05-27 18:36:09 GMT May 27, 2021

JULIE TROTTIER DATE
20 Sadler Lane
Williston, VT 05495
Phone: 802-881-3120
Email: Julie.Trottier@health-system-transformation.com

APPENDIX I

ATTACHMENT A – STATEMENT OF WORK

The Contractor shall serve as a Quality Improvement Facilitator (QI) supporting integrated community team level work. The work is under the Blueprint for Health (Blueprint) with the goal of developing a learning health system and seamless services for Vermonters. The Quality Improvement Facilitator work is designed to enhance the comprehensive delivery system reform program of the Blueprint including payment reforms, use of the health information technology infrastructure, data to support population health, and supporting the All-Payer Model. Contractor shall also support the effective use of information technology by primary care practices and other Blueprint stakeholders and assist with reporting and communications of the Blueprint program to primary care practices and other stakeholders.

Contractor shall perform Quality Improvement facilitation services to assist integrated care teams, communities, and programs to build capacity to improve population health through use of data, evidence-based care guidelines, and collective impact strategies. Contractor shall work with integrated care communities, community collaboratives and multi-disciplinary teams on implementing and managing continuous quality improvement. The Contractor's primary focus is the Blueprint Women's Health Initiative ("WHI") which helps to ensure that women's specialty health providers, Patient Centered Medical Homes ("PCMH"), and community partners have the resources needed to help Vermonters be well, avoid unintended pregnancies, and build thriving families. This program will be providing enhanced health and psychosocial screening along with comprehensive family planning counseling and timely access to Long-Acting Reversible Contraception ("LARC"). New staff, training, and payments support effective follow-up to provider screenings through brief, in-office intervention, and referral to services for mental health, substance use disorder, trauma, depression, inter-partner violence, food, and housing.

The projects undertaken by the Contractor under this Contract will be authorized by Blueprint Assistant Director and/or Blueprint Executive Director. Each invoice will reflect the projects and tasks authorized, the expected progress or milestones for task completion, and the maximum number of hours allocated for completion of each project or task under the work plan. The State may modify the work plan, at its sole option, to reflect any unanticipated changes in the State's needs or to reflect changes in the scope or complexity of a task. Under no circumstances will the twelve (12) monthly Work Plans exceed the total resources of the Contract. The Contractor shall provide the following services, consistent with QI facilitation of the Blueprint program:

1. The following is a primary focus area for the Contractor QI facilitation work is to support the WHI program:

The facilitator shall work directly with BP Assistant Director and each program manager to identify practices and support progress. This includes a yearly attestation verifying involvement in the Women's Health program. They will assist in an assuring the integration Road Map is moving forward, which includes:

- a. Improving timely access to comprehensive family planning and contraception including:
- b. Assisting practices integrate pregnancy intention question in EHR;

- c. Ensuring stock of LARC follows the guidelines for number of Medicaid patients 15-44 in the practice;
 - d. Improving the prevention and proactive intervention of mental health alcohol/substance use disorders through screening, brief interventions, and navigation to appropriate services;
 - e. Improving approaches to addressing social needs: food insecurity, housing stability, and interpersonal violence;
 - f. Assisting in developing workflows within specialty and PCMH practices to continue and increase implementation of WHI across health service areas;
 - g. Strengthening community-clinical relationships to improve referral and co-management of patients' medical and psychosocial needs through facilitation and implementation of processes and tools for cross-organization care coordination as evidenced by three signed agreements in the health service area;
 - h. Ensuring continuous quality improvement by supporting the provider network on implementing policy and workflow within the PCMH or specialty practice;
 - i. Co-Facilitating up to 2 monthly WHI calls with the field.
2. When opportunities for improvement are identified for a practice, the QI Facilitator shall use clinical knowledge to research best practices, assess clinical guidelines, and suggest updates and revisions to standards of care. The facilitator shall also assist with translating research into practice by designing concepts, tools, and processes that can be implemented by improvement teams. The Contractor shall then disseminate information and communications on innovative strategies to improve care with integrated care teams and the Blueprint for Health team.
3. The facilitator will work directly with practices to understand how to identify opportunities for improvement and trends in outcomes, using data from Blueprint Practice Profiles, if available and other data sources in order to encourage and support Continuous Quality Improvement. The facilitator will keep practices apprised of all relevant learning collaboratives, learning sessions, and special initiatives, encouraging their participation as appropriate.
 - a. The facilitator will attend learning collaboratives with participating practices, if applicable.
 - b. Developing and maintaining data dashboards to track and evaluate progress on WHI integrated Road map.
 - c. Providing technical assistance to encourage community understanding, interpretation, and use of data by presenting available data, facilitating dialogue and planning sessions with multidisciplinary teams and community collaboratives, and identifying data sources most relevant to the community projects.
 - d. Facilitating use of data from a range of sources, including, but not limited to, the all-payer claims data base (VHCURES), clinical data reports, practice-level Electronic Health Records (EHRs), Agency of Human Services Community Profiles, Public Health data, and Blueprint HSA profiles.
 - e. The Contractor shall provide direct consultation services to the State to continuously evaluate and implement improvements in care and collaboration across organizations and teams.

- f. The facilitation services could include gathering, analyzing and summarizing user needs for data and quality improvement support. The methods employed will include, but are not limited to, network analysis, surveys, focus groups, and key informant interviews.
- g. Informing the development of new program initiatives by collecting, analyzing, and reporting on the perspectives of stakeholders directly involved in or impacted by the program. Produce written reports on the results of these research services.
- h. Improving the utility of Blueprint data and analytics reports by soliciting stakeholder feedback and providing research services about alternative formats and approaches to data visualization. Produce written reports on the results of these research services.

OTHER FACILIATTION SERVICES BY THIS CONTRACT

- a. The production of written reports, briefs, program descriptions, case studies, literature reviews, and legislative updates upon request.
- b. Assistance with the development of the Blueprint Annual Report due yearly to legislature.
- c. Support to the quality improvement network of staffing which could include oversight, guidance and attendance and facilitation at the QI monthly staff meetings.

4. Contract Deliverables

The Contractor shall submit monthly work plans and all work product required under Deliverables for approval by the State. The Contractor shall work with the State to ensure that tasks are completed to the State’s satisfaction. The contractor will send a monthly invoice to state that reflects hours of billed time identified in the work plan to accomplish the work plan tasks. Under no circumstances shall approval be unreasonably withheld by the State.

The Contractor shall participate in regular project meetings with Assistant Director and/or Blueprint Executive Director to assure timely and coordinated completion of Contract tasks.

Contractor will attend staff meetings and field team meetings in person as planned each month and approved by the State. These meetings include but are not limited to:

- a. Weekly Blueprint Staff Huddles
- b. Quarterly All Field Team Meetings
- c. Program and Data Team weekly implementation meetings
- d. WHI monthly management and or state peer calls

5. Performance

If there are performance concerns indicated, the Contractor shall complete an action plan with Blueprint Executive and/or Assistant Director to remedy any areas for improvement.

6. Contact Persons for This Contract. The contacts for this contract are as follows:

	<u>State Fiscal Manager</u>	<u>State Program Manager</u>	<u>For the Contractor</u>
Name:	Ange Filippone	Julie Parker	Julie Trottier
Phone:	802-798-9143	802-241-0459	802-881-3120
E-mail:	Angelo.Filippone@vermont.gov	Julie.Parker@vermont.gov	Julie.Trottier@health-system - transformation.com

7. Subcontractor Requirements

Per Attachment C, Section 19, if Contractor chooses to subcontract work under this agreement, Contractor must first fill out and submit the Subcontractor Compliance Form (Appendix I – Required Forms) in order to seek approval from the State prior to signing an agreement with a third party. Upon receipt of the Subcontractor Compliance Form, the State shall review and respond within five (5) business days. A fillable PDF version of this Subcontractor Compliance Form is available upon request from the DVHA Business Office. Under no circumstance shall Contractor enter into a sub-agreement without prior authorization from the State. Contractor shall submit the Subcontractor Compliance Form to:

Angelo.Filippone@vermont.gov and Julie.Parker@vermont.gov

Should the status of any third party or subrecipient change, Contractor is responsible for updating the State within fourteen (14) calendar days of said change.

APPENDIX II

ATTACHMENT E
BUSINESS ASSOCIATE AGREEMENT

SOV CONTRACTOR/GRANTEE/BUSINESS ASSOCIATE: JULIE TROTTIER LLC
SOV CONTRACT NO. 39899 CONTRACT EFFECTIVE DATE: 06/01/2020

This Business Associate Agreement (“Agreement”) is entered into by and between the State of Vermont Agency of Human Services, operating by and through Department of Vermont Health Access (“Covered Entity”) and Party identified in this Agreement as Contractor or Grantee above (“Business Associate”). This Agreement supplements and is made a part of the contract or grant (“Contract or Grant”) to which it is attached.

Covered Entity and Business Associate enter into this Agreement to comply with the standards promulgated under the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”), including the Standards for the Privacy of Individually Identifiable Health Information, at 45 CFR Parts 160 and 164 (“Privacy Rule”), and the Security Standards, at 45 CFR Parts 160 and 164 (“Security Rule”), as amended by Subtitle D of the Health Information Technology for Economic and Clinical Health Act (HITECH), and any associated federal rules and regulations.

The parties agree as follows:

1. **Definitions.** All capitalized terms used but not otherwise defined in this Agreement have the meanings set forth in 45 CFR Parts 160 and 164 as amended by HITECH and associated federal rules and regulations. Terms defined in this Agreement are italicized. Unless otherwise specified, when used in this Agreement, defined terms used in the singular shall be understood if appropriate in their context to include the plural when applicable.

“*Agent*” means an *Individual* acting within the scope of the agency of the *Business Associate*, in accordance with the Federal common law of agency, as referenced in 45 CFR § 160.402(c) and includes Workforce members and *Subcontractors*.

“*Breach*” means the acquisition, Access, Use or Disclosure of *Protected Health Information (PHI)* which compromises the Security or privacy of the *PHI*, except as excluded in the definition of *Breach* in 45 CFR § 164.402.

“*Business Associate*” shall have the meaning given for “Business Associate” in 45 CFR § 160.103 and means Contractor or Grantee and includes its Workforce, *Agents* and *Subcontractors*.

“*Electronic PHI*” shall mean *PHI* created, received, maintained or transmitted electronically in accordance with 45 CFR § 160.103.

“*Individual*” includes a Person who qualifies as a personal representative in accordance with 45 CFR § 164.502(g).

“*Protected Health Information*” (“*PHI*”) shall have the meaning given in 45 CFR § 160.103, limited to the *PHI* created or received by *Business Associate* from or on behalf of Covered Entity.

“*Required by Law*” means a mandate contained in law that compels an entity to make a use or disclosure of *PHI* and that is enforceable in a court of law and shall have the meaning given in 45 CFR § 164.103.

“*Report*” means submissions required by this Agreement as provided in section 2.3.

“*Security Incident*” means the attempted or successful unauthorized Access, Use, Disclosure, modification, or destruction of Information or interference with system operations in an Information System relating to *PHI* in accordance with 45 CFR § 164.304.

“*Services*” includes all work performed by the *Business Associate* for or on behalf of Covered Entity that requires the Use and/or Disclosure of *PHI* to perform a *Business Associate* function described in 45 CFR § 160.103.

“*Subcontractor*” means a Person to whom *Business Associate* delegates a function, activity, or service, other than in the capacity of a member of the workforce of such *Business Associate*.

“*Successful Security Incident*” shall mean a *Security Incident* that results in the unauthorized Access, Use, Disclosure, modification, or destruction of information or interference with system operations in an Information System.

“*Unsuccessful Security Incident*” shall mean a *Security Incident* such as routine occurrences that do not result in unauthorized Access, Use, Disclosure, modification, or destruction of information or interference with system operations in an Information System, such as: (i) unsuccessful attempts to penetrate computer networks or services maintained by *Business Associate*; and (ii) immaterial incidents such as pings and other broadcast attacks on *Business Associate's* firewall, port scans, unsuccessful log-on attempts, denials of service and any combination of the above with respect to *Business Associate's* Information System.

“*Targeted Unsuccessful Security Incident*” means an *Unsuccessful Security Incident* that appears to be an attempt to obtain unauthorized Access, Use, Disclosure, modification or destruction of the Covered Entity’s *Electronic PHI*.

2. Contact Information for Privacy and Security Officers and Reports.

2.1 *Business Associate* shall provide, within ten (10) days of the execution of this Agreement, written notice to the Contract or Grant manager the names and contact information of both the HIPAA Privacy Officer and HIPAA Security Officer of the *Business Associate*. This information must be updated by *Business Associate* any time these contacts change.

2.2 Covered Entity’s HIPAA Privacy Officer and HIPAA Security Officer contact information is posted at: <https://humanservices.vermont.gov/rules-policies/health-insurance-portability-and-accountability-act-hipaa>

2.3 *Business Associate* shall submit all *Reports* required by this Agreement to the following email address: AHS.PrivacyAndSecurity@vermont.gov

3. Permitted and Required Uses/Disclosures of PHI.

3.1 Subject to the terms in this Agreement, *Business Associate* may Use or Disclose *PHI* to perform *Services*, as specified in the Contract or Grant. Such Uses and Disclosures are limited to

the minimum necessary to provide the *Services*. *Business Associate* shall not Use or Disclose *PHI* in any manner that would constitute a violation of the Privacy Rule if Used or Disclosed by Covered Entity in that manner. *Business Associate* may not Use or Disclose *PHI* other than as permitted or required by this Agreement or as *Required by Law* and only in compliance with applicable laws and regulations.

3.2 *Business Associate* may make *PHI* available to its Workforce, *Agent* and *Subcontractor* who need Access to perform *Services* as permitted by this Agreement, provided that *Business Associate* makes them aware of the Use and Disclosure restrictions in this Agreement and binds them to comply with such restrictions.

3.3 *Business Associate* shall be directly liable under HIPAA for impermissible Uses and Disclosures of *PHI*.

4. **Business Activities.** *Business Associate* may Use *PHI* if necessary for *Business Associate's* proper management and administration or to carry out its legal responsibilities. *Business Associate* may Disclose *PHI* for *Business Associate's* proper management and administration or to carry out its legal responsibilities if a Disclosure is *Required by Law* or if *Business Associate* obtains reasonable written assurances via a written agreement from the Person to whom the information is to be Disclosed that such *PHI* shall remain confidential and be Used or further Disclosed only as *Required by Law* or for the purpose for which it was Disclosed to the Person, and the Agreement requires the Person to notify *Business Associate*, within five (5) business days, in writing of any *Breach* of Unsecured *PHI* of which it is aware. Such Uses and Disclosures of *PHI* must be of the minimum amount necessary to accomplish such purposes.

5. **Electronic PHI Security Rule Obligations.**

5.1 With respect to *Electronic PHI*, *Business Associate* shall:

- a) Implement and use Administrative, Physical, and Technical Safeguards in compliance with 45 CFR sections 164.308, 164.310, and 164.312;
- b) Identify in writing upon request from Covered Entity all the safeguards that it uses to protect such *Electronic PHI*;
- c) Prior to any Use or Disclosure of *Electronic PHI* by an *Agent* or *Subcontractor*, ensure that any *Agent* or *Subcontractor* to whom it provides *Electronic PHI* agrees in writing to implement and use Administrative, Physical, and Technical Safeguards that reasonably and appropriately protect the Confidentiality, Integrity and Availability of *Electronic PHI*. The written agreement must identify Covered Entity as a direct and intended third party beneficiary with the right to enforce any breach of the agreement concerning the Use or Disclosure of *Electronic PHI*, and be provided to Covered Entity upon request;
- d) Report in writing to Covered Entity any *Successful Security Incident* or *Targeted Unsuccessful Security Incident* as soon as it becomes aware of such incident and in no event later than five (5) business days after such awareness. Such *Report* shall be timely made notwithstanding the fact that little information may be known at the time of the *Report* and need only include such information then available;

e) Following such *Report*, provide Covered Entity with the information necessary for Covered Entity to investigate any such incident; and

f) Continue to provide to Covered Entity information concerning the incident as it becomes available to it.

5.2 Reporting *Unsuccessful Security Incidents*. *Business Associate* shall provide Covered Entity upon written request a *Report* that: (a) identifies the categories of *Unsuccessful Security Incidents*; (b) indicates whether *Business Associate* believes its current defensive security measures are adequate to address all *Unsuccessful Security Incidents*, given the scope and nature of such attempts; and (c) if the security measures are not adequate, the measures *Business Associate* will implement to address the security inadequacies.

5.3 *Business Associate* shall comply with any reasonable policies and procedures Covered Entity implements to obtain compliance under the Security Rule.

6. **Reporting and Documenting Breaches.**

6.1 *Business Associate* shall *Report* to Covered Entity any *Breach* of Unsecured *PHI* as soon as it, or any Person to whom *PHI* is disclosed under this Agreement, becomes aware of any such *Breach*, and in no event later than five (5) business days after such awareness, except when a law enforcement official determines that a notification would impede a criminal investigation or cause damage to national security. Such *Report* shall be timely made notwithstanding the fact that little information may be known at the time of the *Report* and need only include such information then available.

6.2 Following the *Report* described in 6.1, *Business Associate* shall conduct a risk assessment and provide it to Covered Entity with a summary of the event. *Business Associate* shall provide Covered Entity with the names of any *Individual* whose Unsecured *PHI* has been, or is reasonably believed to have been, the subject of the *Breach* and any other available information that is required to be given to the affected *Individual*, as set forth in 45 CFR § 164.404(c). Upon request by Covered Entity, *Business Associate* shall provide information necessary for Covered Entity to investigate the impermissible Use or Disclosure. *Business Associate* shall continue to provide to Covered Entity information concerning the *Breach* as it becomes available.

6.3 When *Business Associate* determines that an impermissible acquisition, Access, Use or Disclosure of *PHI* for which it is responsible is not a *Breach*, and therefore does not necessitate notice to the impacted *Individual*, it shall document its assessment of risk, conducted as set forth in 45 CFR § 402(2). *Business Associate* shall make its risk assessment available to Covered Entity upon request. It shall include 1) the name of the person making the assessment, 2) a brief summary of the facts, and 3) a brief statement of the reasons supporting the determination of low probability that the *PHI* had been compromised.

7. **Mitigation and Corrective Action.** *Business Associate* shall mitigate, to the extent practicable, any harmful effect that is known to it of an impermissible Use or Disclosure of *PHI*, even if the impermissible Use or Disclosure does not constitute a *Breach*. *Business Associate* shall draft and carry out a plan of corrective action to address any incident of impermissible Use or Disclosure of *PHI*. *Business Associate* shall make its mitigation and corrective action plans available to Covered Entity upon request.

8. Providing Notice of Breaches.

8.1 If Covered Entity determines that a *Breach* of *PHI* for which *Business Associate* was responsible, and if requested by Covered Entity, *Business Associate* shall provide notice to the *Individual* whose *PHI* has been the subject of the *Breach*. When so requested, *Business Associate* shall consult with Covered Entity about the timeliness, content and method of notice, and shall receive Covered Entity's approval concerning these elements. *Business Associate* shall be responsible for the cost of notice and related remedies.

8.2 The notice to affected *Individuals* shall be provided as soon as reasonably possible and in no case later than sixty (60) calendar days after *Business Associate* reported the *Breach* to Covered Entity.

8.3 The notice to affected *Individuals* shall be written in plain language and shall include, to the extent possible: 1) a brief description of what happened; 2) a description of the types of Unsecured *PHI* that were involved in the *Breach*; 3) any steps *Individuals* can take to protect themselves from potential harm resulting from the *Breach*; 4) a brief description of what the *Business Associate* is doing to investigate the *Breach* to mitigate harm to *Individuals* and to protect against further *Breaches*; and 5) contact procedures for *Individuals* to ask questions or obtain additional information, as set forth in 45 CFR § 164.404(c).

8.4 *Business Associate* shall notify *Individuals* of *Breaches* as specified in 45 CFR § 164.404(d) (methods of *Individual* notice). In addition, when a *Breach* involves more than 500 residents of Vermont, *Business Associate* shall, if requested by Covered Entity, notify prominent media outlets serving Vermont, following the requirements set forth in 45 CFR § 164.406.

9. Agreements with Subcontractors. *Business Associate* shall enter into a Business Associate Agreement with any *Subcontractor* to whom it provides *PHI* to require compliance with HIPAA and to ensure *Business Associate* and *Subcontractor* comply with the terms and conditions of this Agreement. *Business Associate* must enter into such written agreement before any Use by or Disclosure of *PHI* to such *Subcontractor*. The written agreement must identify Covered Entity as a direct and intended third party beneficiary with the right to enforce any breach of the agreement concerning the Use or Disclosure of *PHI*. *Business Associate* shall provide a copy of the written agreement it enters into with a *Subcontractor* to Covered Entity upon request. *Business Associate* may not make any Disclosure of *PHI* to any *Subcontractor* without prior written consent of Covered Entity.

10. Access to PHI. *Business Associate* shall provide access to *PHI* in a Designated Record Set to Covered Entity or as directed by Covered Entity to an *Individual* to meet the requirements under 45 CFR § 164.524. *Business Associate* shall provide such access in the time and manner reasonably designated by Covered Entity. Within five (5) business days, *Business Associate* shall forward to Covered Entity for handling any request for Access to *PHI* that *Business Associate* directly receives from an *Individual*.

11. Amendment of PHI. *Business Associate* shall make any amendments to *PHI* in a Designated Record Set that Covered Entity directs or agrees to pursuant to 45 CFR § 164.526, whether at the request of Covered Entity or an *Individual*. *Business Associate* shall make such amendments in the time and manner reasonably designated by Covered Entity. Within five (5) business days, *Business Associate* shall forward to Covered Entity for handling any request for amendment to *PHI* that *Business Associate* directly receives from an *Individual*.

12. **Accounting of Disclosures.** *Business Associate* shall document Disclosures of *PHI* and all information related to such Disclosures as would be required for Covered Entity to respond to a request by an *Individual* for an accounting of disclosures of *PHI* in accordance with 45 CFR § 164.528. *Business Associate* shall provide such information to Covered Entity or as directed by Covered Entity to an *Individual*, to permit Covered Entity to respond to an accounting request. *Business Associate* shall provide such information in the time and manner reasonably designated by Covered Entity. Within five (5) business days, *Business Associate* shall forward to Covered Entity for handling any accounting request that *Business Associate* directly receives from an *Individual*.

13. **Books and Records.** Subject to the attorney-client and other applicable legal privileges, *Business Associate* shall make its internal practices, books, and records (including policies and procedures and *PHI*) relating to the Use and Disclosure of *PHI* available to the Secretary of Health and Human Services (HHS) in the time and manner designated by the Secretary. *Business Associate* shall make the same information available to Covered Entity, upon Covered Entity's request, in the time and manner reasonably designated by Covered Entity so that Covered Entity may determine whether *Business Associate* is in compliance with this Agreement.

14. **Termination.**

14.1 This Agreement commences on the Effective Date and shall remain in effect until terminated by Covered Entity or until all the *PHI* is destroyed or returned to Covered Entity subject to Section 18.8.

14.2 If *Business Associate* fails to comply with any material term of this Agreement, Covered Entity may provide an opportunity for *Business Associate* to cure. If *Business Associate* does not cure within the time specified by Covered Entity or if Covered Entity believes that cure is not reasonably possible, Covered Entity may immediately terminate the Contract or Grant without incurring liability or penalty for such termination. If neither termination nor cure are feasible, Covered Entity shall report the breach to the Secretary of HHS. Covered Entity has the right to seek to cure such failure by *Business Associate*. Regardless of whether Covered Entity cures, it retains any right or remedy available at law, in equity, or under the Contract or Grant and *Business Associate* retains its responsibility for such failure.

15. **Return/Destruction of PHI.**

15.1 *Business Associate* in connection with the expiration or termination of the Contract or Grant shall return or destroy, at the discretion of the Covered Entity, *PHI* that *Business Associate* still maintains in any form or medium (including electronic) within thirty (30) days after such expiration or termination. *Business Associate* shall not retain any copies of *PHI*. *Business Associate* shall certify in writing and report to Covered Entity (1) when all *PHI* has been returned or destroyed and (2) that *Business Associate* does not continue to maintain any *PHI*. *Business Associate* is to provide this certification during this thirty (30) day period.

15.2 *Business Associate* shall report to Covered Entity any conditions that *Business Associate* believes make the return or destruction of *PHI* infeasible. *Business Associate* shall extend the protections of this Agreement to such *PHI* and limit further Uses and Disclosures to those purposes that make the return or destruction infeasible for so long as *Business Associate* maintains such *PHI*.

16. **Penalties.** *Business Associate* understands that: (a) there may be civil or criminal penalties for misuse or misappropriation of *PHI* and (b) violations of this Agreement may result in notification by Covered Entity to law enforcement officials and regulatory, accreditation, and licensure organizations.

17. **Training.** *Business Associate* understands its obligation to comply with the law and shall provide appropriate training and education to ensure compliance with this Agreement. If requested by Covered Entity, *Business Associate* shall participate in Covered Entity's training regarding the Use, Confidentiality, and Security of *PHI*; however, participation in such training shall not supplant nor relieve *Business Associate* of its obligations under this Agreement to independently assure compliance with the law and this Agreement.

18. **Miscellaneous.**

18.1 In the event of any conflict or inconsistency between the terms of this Agreement and the terms of the Contract or Grant, the terms of this Agreement shall govern with respect to its subject matter. Otherwise, the terms of the Contract or Grant continue in effect.

18.2 Each party shall cooperate with the other party to amend this Agreement from time to time as is necessary for such party to comply with the Privacy Rule, the Security Rule, or any other standards promulgated under HIPAA. This Agreement may not be amended, except by a writing signed by all parties hereto.

18.3 Any ambiguity in this Agreement shall be resolved to permit the parties to comply with the Privacy Rule, Security Rule, or any other standards promulgated under HIPAA.

18.4 In addition to applicable Vermont law, the parties shall rely on applicable federal law (e.g., HIPAA, the Privacy Rule, Security Rule, and HITECH) in construing the meaning and effect of this Agreement.

18.5 *Business Associate* shall not have or claim any ownership of *PHI*.

18.6 *Business Associate* shall abide by the terms and conditions of this Agreement with respect to all *PHI* even if some of that information relates to specific services for which *Business Associate* may not be a "*Business Associate*" of Covered Entity under the Privacy Rule.

18.7 *Business Associate* is prohibited from directly or indirectly receiving any remuneration in exchange for an *Individual's PHI*. *Business Associate* will refrain from marketing activities that would violate HIPAA, including specifically Section 13406 of the HITECH Act. *Reports* or data containing *PHI* may not be sold without Covered Entity's or the affected *Individual's* written consent.

18.8 The provisions of this Agreement that by their terms encompass continuing rights or responsibilities shall survive the expiration or termination of this Agreement. For example: (a) the provisions of this Agreement shall continue to apply if Covered Entity determines that it would be infeasible for *Business Associate* to return or destroy *PHI* as provided in Section 14.2 and (b) the obligation of *Business Associate* to provide an accounting of disclosures as set forth in Section 12 survives the expiration or termination of this Agreement with respect to accounting requests, if any, made after such expiration or termination.