

<NOTE:HIPAA AGREEMENT SENT TO PROVIDER>

CPS BILLING
PO BOX 3896 MANSFIELD, OH 44907
(419) 756-4004 (419) 756-4060 FAX

CPSBILLING agrees to the following in accordance with the HIPAA Privacy Rule:

To not use or further disclose Protected Health Information (PHI) other than is permitted to perform functions, activities, or services for the Provider or as required by law.

To use appropriate safeguards to prevent use or disclosure of the PHI other than is permitted or required.

To report to Provider any known use or disclosure of the PHI not permitted or required.

To alleviate, to the extent possible, any harmful effect that is known to CPSBILLING, of a use or disclosure of PHI in violation of the requirements.

To ensure that any agent, employee or affiliate agrees to the same restrictions and conditions.

To make no amendments to the PHI unless requested directly by the Provider.

Provider signature

Date

<first> <last>

<addr>

<city>, <state> <zip>