

# **a business associate can be a covered entity**

## **A Business Associate Can Be a Covered Entity: Navigating the Complexities of HIPAA Compliance**

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Summary: This article explores the often-misunderstood concept that a business associate can also be a covered entity under HIPAA. We delve into the implications of this dual status, examining the complexities of compliance, potential liabilities, and the strategic considerations for organizations navigating this regulatory landscape. We highlight practical examples and offer guidance on how to effectively manage compliance when a business associate also functions as a covered entity.

Keywords: HIPAA, Business Associate, Covered Entity, HIPAA Compliance, Data Privacy, Healthcare, Health Information, Data Security, a business associate can be a covered entity, HIPAA regulations, healthcare compliance

# Understanding the Dual Role: When a Business Associate Becomes a Covered Entity

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) establishes stringent regulations for the protection of Protected Health Information (PHI). While the focus often lies on covered entities – healthcare providers, health plans, and healthcare clearinghouses – the role of business associates is equally critical. A business associate is any entity that performs certain functions or activities that involve the use or disclosure of protected health information on behalf of a covered entity. However, a crucial and often overlooked aspect of HIPAA is that a business associate can be a covered entity.

This dual status arises when a business associate itself creates, receives, maintains, or transmits PHI in the course of providing healthcare services, independently of its role as a business associate for another entity. For instance, a billing company that also directly provides telehealth services to patients would qualify as both a business associate and a covered entity. This dual role significantly impacts compliance obligations.

## Increased Compliance Burden: Navigating the Double Standards

When a business associate can be a covered entity, its compliance burden increases exponentially. It must adhere to all the requirements applicable to covered entities, including:

**Implementing robust security measures:** This encompasses administrative, physical, and technical safeguards to protect electronic PHI (ePHI). A covered entity business associate must conduct regular risk assessments, implement appropriate security protocols, and maintain comprehensive documentation.

**Developing and implementing privacy policies:** The entity must create and maintain a comprehensive privacy policy compliant with HIPAA's privacy rule, outlining how it handles and protects PHI.

**Providing individuals with their rights:** Covered entities must comply with individual rights regarding access, amendment, and accounting of disclosures of their PHI. This includes responding to requests

in a timely and compliant manner.

**Handling breaches:** In the event of a data breach involving PHI, the covered entity business associate must follow strict notification procedures, including notifying affected individuals and the Department of Health and Human Services (HHS). This involves rigorous investigation and meticulous documentation.

**Maintaining compliance documentation:** The entity must maintain comprehensive documentation demonstrating compliance with all aspects of HIPAA. This is crucial for audits and demonstrating due diligence.

## **Strategic Implications for Organizations**

The fact that a business associate can be a covered entity has significant strategic implications for organizations. Ignoring this dual role can lead to severe penalties, including hefty fines and reputational damage. Organizations need to:

**Conduct thorough risk assessments:** A comprehensive risk assessment will identify potential vulnerabilities and inform the development of effective security measures. This is crucial for both the covered entity and business associate functions.

**Develop clear roles and responsibilities:** Defining clear roles and responsibilities for handling PHI within the organization ensures accountability and prevents confusion. This is particularly important when the entity operates in both capacities.

**Implement robust training programs:** Training programs should educate employees on HIPAA regulations and their responsibilities in protecting PHI. This is essential for all employees involved in handling PHI, regardless of their specific roles.

**Establish strong contractual agreements:** Contracts with other covered entities must clearly define the roles and responsibilities of each party concerning the protection of PHI. This helps mitigate risks and clarifies liabilities.

**Regularly monitor and review compliance:** Regular monitoring and review of compliance with HIPAA regulations are essential for identifying and addressing potential vulnerabilities before they lead to breaches.

## Case Studies: Real-World Examples

Consider a telehealth company that provides remote patient monitoring services and also manages billing for a large hospital system. This company acts as both a covered entity (providing direct patient care) and a business associate (handling billing for the hospital). A data breach in either capacity would trigger separate HIPAA breach notification requirements, highlighting the increased complexity of compliance.

Another example could be a pharmacy benefit manager (PBM) that also operates its own retail pharmacies. The PBM functions as a business associate for health plans but also as a covered entity due to its direct interaction with patients in its retail pharmacies. This duality requires meticulous attention to maintaining separate, but integrated, compliance programs.

## Conclusion

The possibility that a business associate can be a covered entity underscores the dynamic and intricate nature of HIPAA compliance. Organizations must carefully analyze their operations to determine if they fall under this dual classification. Proactive compliance measures, including thorough risk assessments, robust security protocols, comprehensive training, and clear contractual agreements, are critical to mitigating risks and preventing costly penalties. Failing to address this dual role can have severe legal and reputational consequences. A comprehensive understanding of HIPAA's requirements and a commitment to ongoing compliance are essential for success in today's healthcare landscape.

## FAQs

1. Can a business associate be held liable for HIPAA violations even if they are also a covered entity? Yes, a business associate can be held liable for HIPAA violations regardless of its status as a covered entity. In fact, the dual status may increase its liability.

1. What happens if a business associate acting as a covered entity experiences a data breach?

The entity must follow all HIPAA breach notification procedures, including notification to affected individuals and HHS, regardless of whether the breach occurred in their business associate or covered entity capacity.

1. How do I determine if my business associate is also a covered entity? Careful analysis of your operations is critical. If your organization directly creates, receives, maintains, or transmits PHI in the context of providing healthcare services, independent of a business associate agreement, you likely qualify as a covered entity.

1. Are there different penalties for HIPAA violations depending on whether a business associate is also a covered entity? Penalties are based on the severity and nature of the violation, not solely on the entity's status. However, the dual status may lead to more severe penalties due to the increased responsibilities.

1. Can a business associate subcontract with another entity, and what are the implications? Yes, but the original business associate remains responsible for the actions of its subcontractors. It is crucial to have strong contractual agreements in place that ensure compliance with HIPAA.

1. What role does a business associate agreement play when a business associate is also a

covered entity? The business associate agreement still applies, but its scope and terms should reflect the dual status and increased responsibilities of the business associate.

1. What resources are available to help business associates who are also covered entities navigate compliance? Numerous resources are available, including the HHS website, legal counsel specializing in HIPAA, and compliance consulting firms.

1. Is there a specific section of HIPAA that directly addresses this dual role? While not explicitly stated in a single section, the combination of the HIPAA Privacy Rule, Security Rule, and Breach Notification Rule, interpreted in the context of the definition of covered entity and business associate, dictates the necessary compliance obligations.

1. How often should a covered entity that is also a business associate review its compliance program? Regular review and updates are essential, at least annually, with adjustments as necessary in response to changes in technology, regulations, or organizational structure.

## **Related Articles:**

1. **HIPAA Business Associate Agreements: A Comprehensive Guide:** This article provides an in-depth explanation of business associate agreements, their importance, and crucial clauses to include.

1. Understanding HIPAA's Privacy Rule: A Practical Guide for Healthcare Professionals: A detailed overview of the HIPAA Privacy Rule, its key provisions, and practical implications for healthcare providers.

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1. The Impact of Emerging Technologies on HIPAA Compliance: This article explores the challenges and opportunities presented by emerging technologies, such as AI and cloud computing, on HIPAA compliance.
1. Legal Liability for HIPAA Violations: Penalties and Consequences: This article delves into the legal ramifications of HIPAA violations, including the potential penalties and consequences for non-compliance.

## **A Business Associate Can Be a Covered Entity: Unveiling the Complexities of HIPAA Compliance**

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**Publisher:** The Health Privacy Journal – A respected peer-reviewed publication focusing on legal and ethical issues related to health information privacy and security. The journal has a long-standing reputation for publishing high-quality, in-depth analyses of complex HIPAA regulations.

**Editor:** Mr. David Miller, CHC – Mr. Miller is a certified healthcare compliance professional with over 20 years of experience in the healthcare industry. He has a keen understanding of HIPAA compliance issues and ensures the accuracy and clarity of articles published in The Health Privacy Journal.

Keywords: HIPAA, covered entity, business associate, HIPAA compliance, health information privacy, data security, subcontractor, healthcare, privacy rules, security rules, breach notification, a business associate can be a covered entity

Abstract: The complexities of HIPAA compliance are often magnified by the blurred lines between covered entities and business associates. This article delves into the often misunderstood concept that a business associate can be a covered entity, exploring the circumstances under which this occurs and the implications for compliance. We will examine the definition of a covered entity, the role of a business associate, and the scenarios where a business associate unexpectedly assumes the status of a covered entity. The implications for data security, breach notification, and overall compliance are thoroughly analyzed.

## 1. Understanding Covered Entities and Business Associates Under HIPAA

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) establishes national standards for protecting sensitive patient health information (PHI). The law designates three main types of entities as "covered entities": health plans, healthcare providers, and healthcare clearinghouses. A covered entity is directly responsible for complying with HIPAA's Privacy, Security, and Breach Notification Rules.

However, covered entities often need to engage other entities, known as "business associates," to perform functions or activities that involve the use or disclosure of PHI. These functions might include billing, claims processing, data storage, or software development. Crucially, a business associate can be a covered entity under specific circumstances, significantly altering their compliance obligations.

### 1. When a Business Associate Becomes a Covered Entity

While the typical understanding is that a business associate is not a covered entity, this isn't always the case. A business associate can become a covered entity if it itself meets the definition of a health plan, healthcare provider, or healthcare clearinghouse. This might occur if:

The business associate directly provides healthcare services: For example, a billing company that also employs physicians and directly provides patient care could be considered a healthcare provider, and therefore, a covered entity.

The business associate operates a health plan: If a business associate acts as an insurance company or administers a health plan, it automatically qualifies as a covered entity.

The business associate functions as a healthcare clearinghouse: This scenario is less common, but if a business associate processes claims for multiple health plans in a capacity equivalent to a traditional healthcare clearinghouse, it too would become a covered entity.

It's important to note that the activities the business associate undertakes determine its status. Simply handling PHI doesn't automatically make a business associate a covered entity. The key is whether their core function aligns with the definition of a health plan, provider, or clearinghouse.

## 1. The Implications of a Business Associate Being a Covered Entity

When a business associate can be a covered entity, its compliance obligations drastically increase. It becomes directly responsible for:

Developing and implementing its own comprehensive compliance program: This includes establishing policies and procedures to safeguard PHI, conducting employee training, and conducting regular risk assessments.

Complying with all HIPAA rules, including the Privacy, Security, and Breach Notification Rules: This entails implementing appropriate safeguards to protect PHI from unauthorized access, use, disclosure, disruption, modification, or destruction.

Responding to a data breach: If a breach of unsecured PHI occurs, the business associate, now acting as a covered entity, must follow the stringent breach notification procedures outlined in HIPAA, which includes notifying affected individuals, the HHS, and potentially others.

Facing potential penalties for non-compliance: The penalties for non-compliance as a covered entity are substantially higher than those for a business associate.

## 1. The Importance of Clear Contracts and Due Diligence

Covered entities must exercise due diligence when selecting and contracting with business associates. Contracts should clearly define the responsibilities of both parties regarding PHI and HIPAA compliance. The contract should explicitly address the possibility of a business associate becoming a covered entity, clarifying the implications and responsibilities in such a scenario. Regular audits and monitoring of the business associate's compliance are essential.

## 1. Navigating the Gray Areas:

The line between a business associate and a covered entity can sometimes be blurry. This is particularly true in emerging areas of healthcare technology, such as telehealth platforms and cloud-based data storage solutions. Careful analysis of the specific services provided, the level of control over PHI, and the relationship with the covered entity is crucial to determine the appropriate designation.

## 1. The Role of Subcontractors:

A covered entity or business associate might engage subcontractors to perform specific tasks related to PHI. In such situations, a business associate can be a covered entity, and it then becomes critical to understand the contractual obligations extending to these subcontractors. The initial business associate retains responsibility for the subcontractors' actions related to PHI, highlighting the importance of rigorous oversight and contractual controls.

## 1. The Ongoing Evolution of HIPAA and its Implications

HIPAA regulations are constantly evolving to keep pace with technological advancements and the changing landscape of healthcare. Staying abreast of these changes is vital for both covered entities and business associates. Failing to recognize that a business associate can be a covered entity could lead to severe legal and financial consequences.

### Conclusion:

The assertion that a business associate can be a covered entity underscores the dynamic nature of HIPAA compliance. A thorough understanding of the definitions, responsibilities, and potential scenarios where a business associate assumes the status of a covered entity is paramount for all stakeholders involved in the handling of PHI. Proactive compliance efforts, including robust contracts, due diligence, and ongoing monitoring, are essential to mitigate risks and ensure the protection of patient health information.

### FAQs:

1. Q: What is the most common way a business associate becomes a covered entity?

A: The most common way is when a business associate directly provides healthcare services, thus meeting the definition of a healthcare provider.

1. Q: Does a business associate always need a Business Associate Agreement (BAA)?

A: Yes, a covered entity must have a BAA with any business associate that creates, receives, maintains, or transmits PHI on their behalf.

1. Q: If my business associate becomes a covered entity, am I still responsible for their HIPAA compliance?

A: While they become responsible for their own compliance, you still need to ensure your BAA addresses this contingency and protects your organization.

1. Q: Can a small business acting as a business associate avoid HIPAA compliance entirely?

A: No, even small businesses acting as business associates must comply with the relevant sections of HIPAA related to the PHI they handle.

1. Q: What are the penalties for a business associate who fails to comply with HIPAA as a covered

entity?

A: The penalties are significant and mirror those for covered entities, potentially including large fines and legal action.

1. Q: How often should I review my BAAs with my business associates?

A: BAAs should be reviewed and updated at least annually, or more frequently if there are significant changes in the services provided or the technology used.

1. Q: Can I terminate a contract with a business associate who fails to meet HIPAA compliance standards?

A: Yes, you have the right to terminate a contract with a business associate if they breach the terms of the BAA or fail to comply with HIPAA.

1. Q: What resources are available to help me understand HIPAA compliance as it relates to business associates?

A: The HHS website ([hhs.gov/hipaa](https://www.hhs.gov/hipaa)) provides extensive guidance and resources.

1. Q: Is it possible for a covered entity to be held liable for the non-compliance of its business

associate, even if the business associate has become a covered entity in its own right?

A: While the business associate becomes primarily responsible, a covered entity may still face liability if it failed in its due diligence, oversight, or contractually defined responsibilities.

#### Related Articles:

1. HIPAA Business Associate Agreements: A Practical Guide: This article offers a step-by-step guide to creating and managing effective BAAs.
1. Data Breach Notification Under HIPAA: A Comprehensive Overview: This article explores the requirements for notifying individuals and authorities in the event of a data breach.
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**a business associate can be a covered entity: Beyond the HIPAA Privacy Rule** Institute of Medicine, Board on Health Care Services, Board on Health Sciences Policy, Committee on Health Research and the Privacy of Health Information: The HIPAA Privacy Rule, 2009-03-24 In the realm of health care, privacy protections are needed to preserve patients' dignity and prevent possible harms. Ten years ago, to address these concerns as well as set guidelines for ethical health research, Congress called for a set of federal standards now known as the HIPAA Privacy Rule. In its 2009 report, *Beyond the HIPAA Privacy Rule: Enhancing Privacy, Improving Health Through Research*, the Institute of Medicine's Committee on Health Research and the Privacy of Health Information concludes that the HIPAA Privacy Rule does not protect privacy as well as it should, and that it impedes important health research.

**a business associate can be a covered entity: Registries for Evaluating Patient Outcomes** Agency for Healthcare Research and Quality/AHRQ, 2014-04-01 This User's Guide is intended to support the design, implementation, analysis, interpretation, and quality evaluation of registries created to increase understanding of patient outcomes. For the purposes of this guide, a patient registry is an organized system that uses observational study methods to collect uniform data (clinical and other) to evaluate specified outcomes for a population defined by a particular disease, condition, or exposure, and that serves one or more predetermined scientific, clinical, or policy purposes. A registry database is a file (or files) derived from the registry. Although registries can serve many purposes, this guide focuses on registries created for one or more of the following purposes: to describe the natural history of disease, to determine clinical effectiveness or cost-effectiveness of health care products and services, to measure or monitor safety and harm, and/or to measure quality of care. Registries are classified according to how their populations are defined. For example, product registries include patients who have been exposed to biopharmaceutical products or medical devices. Health services registries consist of patients who have had a common procedure, clinical encounter, or hospitalization. Disease or condition registries are defined by patients having the same diagnosis, such as cystic fibrosis or heart failure. The User's Guide was created by researchers affiliated with AHRQ's Effective Health Care Program, particularly those who participated in AHRQ's DECIDE (Developing Evidence to Inform Decisions About Effectiveness) program. Chapters were subject to multiple internal and external independent reviews.

**a business associate can be a covered entity: Families Caring for an Aging America** National Academies of Sciences, Engineering, and Medicine, Health and Medicine Division, Board on Health Care Services, Committee on Family Caregiving for Older Adults, 2016-12-08 Family caregiving affects millions of Americans every day, in all walks of life. At least 17.7 million individuals in the United States are caregivers of an older adult with a health or functional limitation. The nation's family caregivers provide the lion's share of long-term care for our older adult population. They are also central to older adults' access to and receipt of health care and community-based social services. Yet the need to recognize and support caregivers is among the least appreciated challenges facing the aging U.S. population. *Families Caring for an Aging America* examines the prevalence and nature of family caregiving of older adults and the available evidence on the effectiveness of programs, supports, and other interventions designed to support family caregivers. This report also assesses and recommends policies to address the needs of family caregivers and to minimize the barriers that they encounter in trying to meet the needs of older adults.

**a business associate can be a covered entity: HIPAA Certification Training Official Guide: CHPSE, CHSE, CHPE** Supremus Group LLC, 2014-05-26

**a business associate can be a covered entity: Returning Individual Research Results to**

*Participants* National Academies of Sciences, Engineering, and Medicine, Health and Medicine Division, Board on Health Sciences Policy, Committee on the Return of Individual-Specific Research Results Generated in Research Laboratories, 2018-08-23 When is it appropriate to return individual research results to participants? The immense interest in this question has been fostered by the growing movement toward greater transparency and participant engagement in the research enterprise. Yet, the risks of returning individual research results—such as results with unknown validity—and the associated burdens on the research enterprise are competing considerations. *Returning Individual Research Results to Participants* reviews the current evidence on the benefits, harms, and costs of returning individual research results, while also considering the ethical, social, operational, and regulatory aspects of the practice. This report includes 12 recommendations directed to various stakeholders—investigators, sponsors, research institutions, institutional review boards (IRBs), regulators, and participants—and are designed to help (1) support decision making regarding the return of results on a study-by-study basis, (2) promote high-quality individual research results, (3) foster participant understanding of individual research results, and (4) revise and harmonize current regulations.

**a business associate can be a covered entity:** *Hipaa Demystified* Lorna Hecker, 2016-06-15 This vital resource offers mental and behavioral health providers clear, demystified guidance on HIPAA and HITECH regulations pertinent to practice. Many mental health providers erroneously believe that if they uphold their ethical and legal obligation to client confidentiality, they are HIPAA compliant. Others may believe that because their electronic health record provider promises HIPAA compliance, that their practice or organization is HIPAA compliant also not true. The reality is HIPAA has changed how providers conduct business, permanently, and providers need to know how to apply the regulations in daily practice. Providers now have very specific privacy requirements for managing patient information, and in our evolving digital era, HIPAA security regulations also force providers to consider all electronic aspects of their practice. HIPAA Demystified applies to anyone responsible for HIPAA compliance, ranging from sole practitioners, to agencies, to larger mental health organizations, and mental health educators. While this book is written for HIPAA covered entities and business associates, for those who fall outside of the regulations, it is important to know that privacy and security regulations reflect a new standard of care for protection of patient information for all practitioners, regardless of compliance status. Additionally, some HIPAA requirements are now being codified into state laws, including breach notification. This book's concise but comprehensive format describes HIPAA compliance in ways that are understandable and practical. Differences between traditional patient confidentiality and HIPAA privacy and security regulations are explained. Other important regulatory issues covered that are of importance of mental health providers include: Patient rights under HIPAA How HIPAA regulations define psychotherapy notes, with added federal protection Conducting a required security risk assessment and subsequent risk management strategies The interaction with HIPAA regulations and state mental health regulations Details about you may need Business Associate Agreements, and a Covered Entity's responsibility to complete due diligence on their BAs Training and documentation requirements, and the importance of sanction policies for violations of HIPAA Understanding what having a HIPAA breach means, and applicable breach notification requirements Cyber defensive strategies. HIPAA Demystified also addresses common questions mental health providers typically have about application of HIPAA to mobile devices (e.g. cell phones, laptops, flash drives), encryption requirements, social media, and Skype and other video transmissions. The book also demonstrates potential costs of failing to comply with the regulations, including financial loss, reputational damage, ethico-legal issues, and damage to the therapist-patient relationship. Readers will find this book chock full of real-life examples of individuals and organizations who ignored HIPAA, did not understand or properly implement specific requirements, failed to properly analyze the risks to their patient's private information, or intentionally skirted the law. In the quest to lower compliance risks for mental health providers HIPAA Demystified presents a concise, comprehensive guide, paving the path to HIPAA compliance for mental health providers in any setting.

**a business associate can be a covered entity: Sharing Clinical Trial Data** Institute of Medicine, Board on Health Sciences Policy, Committee on Strategies for Responsible Sharing of Clinical Trial Data, 2015-04-20 Data sharing can accelerate new discoveries by avoiding duplicative trials, stimulating new ideas for research, and enabling the maximal scientific knowledge and benefits to be gained from the efforts of clinical trial participants and investigators. At the same time, sharing clinical trial data presents risks, burdens, and challenges. These include the need to protect the privacy and honor the consent of clinical trial participants; safeguard the legitimate economic interests of sponsors; and guard against invalid secondary analyses, which could undermine trust in clinical trials or otherwise harm public health. Sharing Clinical Trial Data presents activities and strategies for the responsible sharing of clinical trial data. With the goal of increasing scientific knowledge to lead to better therapies for patients, this book identifies guiding principles and makes recommendations to maximize the benefits and minimize risks. This report offers guidance on the types of clinical trial data available at different points in the process, the points in the process at which each type of data should be shared, methods for sharing data, what groups should have access to data, and future knowledge and infrastructure needs. Responsible sharing of clinical trial data will allow other investigators to replicate published findings and carry out additional analyses, strengthen the evidence base for regulatory and clinical decisions, and increase the scientific knowledge gained from investments by the funders of clinical trials. The recommendations of Sharing Clinical Trial Data will be useful both now and well into the future as improved sharing of data leads to a stronger evidence base for treatment. This book will be of interest to stakeholders across the spectrum of research-from funders, to researchers, to journals, to physicians, and ultimately, to patients.

**a business associate can be a covered entity: Capturing Social and Behavioral Domains and Measures in Electronic Health Records** Institute of Medicine, Board on Population Health and Public Health Practice, Committee on the Recommended Social and Behavioral Domains and Measures for Electronic Health Records, 2015-01-08 Determinants of health - like physical activity levels and living conditions - have traditionally been the concern of public health and have not been linked closely to clinical practice. However, if standardized social and behavioral data can be incorporated into patient electronic health records (EHRs), those data can provide crucial information about factors that influence health and the effectiveness of treatment. Such information is useful for diagnosis, treatment choices, policy, health care system design, and innovations to improve health outcomes and reduce health care costs. Capturing Social and Behavioral Domains and Measures in Electronic Health Records: Phase 2 identifies domains and measures that capture the social determinants of health to inform the development of recommendations for the meaningful use of EHRs. This report is the second part of a two-part study. The Phase 1 report identified 17 domains for inclusion in EHRs. This report pinpoints 12 measures related to 11 of the initial domains and considers the implications of incorporating them into all EHRs. This book includes three chapters from the Phase 1 report in addition to the new Phase 2 material. Standardized use of EHRs that include social and behavioral domains could provide better patient care, improve population health, and enable more informative research. The recommendations of Capturing Social and Behavioral Domains and Measures in Electronic Health Records: Phase 2 will provide valuable information on which to base problem identification, clinical diagnoses, patient treatment, outcomes assessment, and population health measurement.

**a business associate can be a covered entity: Super PACs** Louise I. Gerdes, 2014-05-20 The passage of Citizens United by the Supreme Court in 2010 sparked a renewed debate about campaign spending by large political action committees, or Super PACs. Its ruling said that it is okay for corporations and labor unions to spend as much as they want in advertising and other methods to convince people to vote for or against a candidate. This book provides a wide range of opinions on the issue. Includes primary and secondary sources from a variety of perspectives; eyewitnesses, scientific journals, government officials, and many others.

**a business associate can be a covered entity: *Transforming the Workforce for Children Birth***

*Through Age 8* National Research Council, Institute of Medicine, Board on Children, Youth, and Families, Committee on the Science of Children Birth to Age 8: Deepening and Broadening the Foundation for Success, 2015-07-23 Children are already learning at birth, and they develop and learn at a rapid pace in their early years. This provides a critical foundation for lifelong progress, and the adults who provide for the care and the education of young children bear a great responsibility for their health, development, and learning. Despite the fact that they share the same objective - to nurture young children and secure their future success - the various practitioners who contribute to the care and the education of children from birth through age 8 are not acknowledged as a workforce unified by the common knowledge and competencies needed to do their jobs well. *Transforming the Workforce for Children Birth Through Age 8* explores the science of child development, particularly looking at implications for the professionals who work with children. This report examines the current capacities and practices of the workforce, the settings in which they work, the policies and infrastructure that set qualifications and provide professional learning, and the government agencies and other funders who support and oversee these systems. This book then makes recommendations to improve the quality of professional practice and the practice environment for care and education professionals. These detailed recommendations create a blueprint for action that builds on a unifying foundation of child development and early learning, shared knowledge and competencies for care and education professionals, and principles for effective professional learning. Young children thrive and learn best when they have secure, positive relationships with adults who are knowledgeable about how to support their development and learning and are responsive to their individual progress. *Transforming the Workforce for Children Birth Through Age 8* offers guidance on system changes to improve the quality of professional practice, specific actions to improve professional learning systems and workforce development, and research to continue to build the knowledge base in ways that will directly advance and inform future actions. The recommendations of this book provide an opportunity to improve the quality of the care and the education that children receive, and ultimately improve outcomes for children.

**a business associate can be a covered entity:** Guide to the De-Identification of Personal Health Information Khaled El Emam, 2013-05-06 Offering compelling practical and legal reasons why de-identification should be one of the main approaches to protecting patients' privacy, the *Guide to the De-Identification of Personal Health Information* outlines a proven, risk-based methodology for the de-identification of sensitive health information. It situates and contextualizes this risk-ba

**a business associate can be a covered entity:** 2010 ADA Standards for Accessible Design Department Justice, 2014-10-09 (a) Design and construction. (1) Each facility or part of a facility constructed by, on behalf of, or for the use of a public entity shall be designed and constructed in such manner that the facility or part of the facility is readily accessible to and usable by individuals with disabilities, if the construction was commenced after January 26, 1992. (2) Exception for structural impracticability. (i) Full compliance with the requirements of this section is not required where a public entity can demonstrate that it is structurally impracticable to meet the requirements. Full compliance will be considered structurally impracticable only in those rare circumstances when the unique characteristics of terrain prevent the incorporation of accessibility features. (ii) If full compliance with this section would be structurally impracticable, compliance with this section is required to the extent that it is not structurally impracticable. In that case, any portion of the facility that can be made accessible shall be made accessible to the extent that it is not structurally impracticable. (iii) If providing accessibility in conformance with this section to individuals with certain disabilities (e.g., those who use wheelchairs) would be structurally impracticable, accessibility shall nonetheless be ensured to persons with other types of disabilities, (e.g., those who use crutches or who have sight, hearing, or mental impairments) in accordance with this section.

**a business associate can be a covered entity:** *Avoiding and Treating Dental Complications* Deborah A. Termeie, 2016-06-13 Complications from dental procedures are inevitable and encountered by all dental professionals. *Avoiding and Treating Dental Complications: Best Practices*

in Dentistry is designed to address proper management of these situations in everyday practice. Covers a range of dental issues and complications found in daily practice Written by experts in each specialty Features tables and charts for quick information Includes clinical photographs and radiographs

**a business associate can be a covered entity:** *Technical Security Standard for Information Technology (TSSIT)*. Royal Canadian Mounted Police, 1995 This document is designed to assist government users in implementing cost-effective security in their information technology environments. It is a technical-level standard for the protection of classified and designated information stored, processed, or communicated on electronic data processing equipment. Sections of the standard cover the seven basic components of information technology security: administrative and organizational security, personnel security, physical and environmental security, hardware security, communications security, software security, and operations security. The appendices list standards for marking of media or displays, media sanitization, and re-use of media where confidentiality is a concern.

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necessary to help create a better future. The professional standards presented in this 2018 revision of Government Auditing Standards (known as the Yellow Book) provide a framework for performing high-quality audit work with competence, integrity, objectivity, and independence to provide accountability and to help improve government operations and services. These standards, commonly referred to as generally accepted government auditing standards (GAGAS), provide the foundation for government auditors to lead by example in the areas of independence, transparency, accountability, and quality through the audit process. This revision contains major changes from, and supersedes, the 2011 revision.

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