

Business Associate Agreement

Electronic Signature Required

Please review and electronically sign the attached Business Associate Agreement ("Agreement").

This Agreement is entered into between **Health Record Relay LLC** ("Business Associate") and the organization identified as the signer ("Covered Entity").

By signing electronically, you confirm that you are authorized to enter into this Agreement on behalf of the Covered Entity, that you have reviewed and agree to the terms of the Agreement, and that your electronic signature is legally binding and enforceable.

If you have questions regarding this Agreement, please contact **support@healthrecordrelay.com** prior to signing.

This document is executed electronically via DocuSign. A fully executed copy will be provided upon completion.

Business Associate Agreement

Effective Date: January 6, 2026

Version: 1.0

This Business Associate Agreement ("Agreement") is entered into by and between **Health Record Relay LLC** ("Business Associate") and the covered entity or business associate executing this Agreement ("Covered Entity").

This Agreement is intended to satisfy the requirements of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), as amended, and its implementing regulations.

1. Definitions

Capitalized terms not otherwise defined have the meanings set forth in HIPAA.

2. Permitted Uses and Disclosures

Business Associate may use and disclose Protected Health Information (PHI) solely to perform services for Covered Entity as permitted by this Agreement and the underlying services agreement.

3. Safeguards

Business Associate shall implement administrative, physical, and technical safeguards designed to protect the confidentiality, integrity, and availability of PHI.

4. Reporting

Business Associate shall report to Covered Entity any use or disclosure of PHI not permitted by this Agreement, including breaches, in accordance with HIPAA requirements.

5. Subcontractors

Business Associate shall ensure that any subcontractors that create, receive, maintain, or transmit PHI agree in writing to the same restrictions and conditions.

6. Access and Amendment

Business Associate shall make PHI available for access and amendment as required by HIPAA.

7. Accounting of Disclosures

Business Associate shall document disclosures of PHI and make information available to Covered Entity.

8. Term and Termination

This Agreement shall remain in effect until terminated. Upon termination, Business Associate shall return or destroy PHI as required by HIPAA.

9. No Third-Party Beneficiaries

Nothing in this Agreement is intended to confer rights on any third party.

10. Governing Law

This Agreement shall be governed by the laws of the State of South Carolina.

Signatures

Covered Entity	Business Associate
Name: _____	Health Record Relay LLC
Title: _____	By: _____
Signature: _____	Signature: _____
Date: _____	Date: _____