

Overview of Business Associate Agreements (BAA)

Information sharing resources

The Minnesota Department of Human Services has contracted with Wilder Research to conduct an evaluation of the statewide System of Care initiative. We will be working with grantees over the next two years to collect and analyze information about System of Care services.

A major component of this evaluation is hearing directly from youth or caregivers who participated in System of Care programs throughout Minnesota via telephone interviews. In order to invite eligible parents or youth to complete interviews about their experiences, sites will be asked to share limited information about people who participated in their programs. For example, some of this information includes things like names, phone numbers, and addresses. As a reminder, all interviews will be voluntary and confidential.

This document provides some resources about sharing information with Wilder Research for evaluation purposes. Wilder Research will work with each site to develop information sharing protocols for this evaluation.

HIPAA and sharing client information

The HIPAA Privacy Rule establishes the conditions under which protected health information (such as physical, mental, or chemical health) may be used or disclosed by covered entities for research and evaluation purposes. There are several options that can be used to ensure HIPAA compliance when sharing data about clients. Two that may be useful for the evaluation of the System of Care grants include:

- Initiating a Business Associates Agreement with Wilder Research or
- Obtaining client release of information

Some sites may choose to use both options. It is also likely that your organization has policies regarding sharing client information.

Wilder Research can work with you to help you ensure that data is exchanged in compliance with HIPAA.¹ Wilder conducts evaluations using client data with numerous programs and follows strict privacy protocols.

¹ This document is to be used as a resource to assist grantees. It is not legal advice, and each organization should refer to its own procedures or Legal Counsel with HIPAA compliance questions.

Business Associate Agreement

A Business Associate Agreement is a contract set up between two business associates (in this case, your organization and Wilder Research) to enable organizations to share information necessary to conduct business as partners. The Business Associate Agreement treats Wilder Research's evaluation as an extension of your own work and thus allows for the sharing of client data. All grantees are required to establish a Business Associate Agreement with Wilder Research as part of their contract with DHS. In addition, agencies providing clinical services may also want to establish Business Associate Agreement with Wilder Research.

The US Department of Health and Human Services has a helpful website regarding HIPAA compliance and Business Associate Agreements. If your organization does not have a Business Associate Agreement template, it may be helpful to review the HHS website for sample language:

<http://www.hhs.gov/ocr/privacy/hipaa/understanding/coveridentities/contractprov.html>

Client releases

Your organization may already have a procedure for collecting individual client releases for research and evaluation purposes. If you are already doing this, great! If your release forms include the name(s) of the research organization(s) that information will be shared with, please add "Wilder Research" to your list.

If you do NOT currently collect client releases for research or evaluation purposes, please consult with your own HIPAA procedures or Legal Counsel for what you need to include. Again, your other option is to initiate a Business Associate Agreement with Wilder Research (or you can use *both* a release and a Business Associate Agreement).

Please note: you do not have to send completed release forms to Wilder Research, but you should keep a list of clients who have signed releases as well as copy of the signed release.

Wilder Research has created a sample release form (see below) that sites may use, or may use to modify their current release of information forms. **Please refer to your organization's own procedures or legal resources with any questions about appropriate wording.**

Next steps

Sites can start the process for setting up a Business Associate Agreement by sending their BAA to SOC-evaluation@wilder.org. Sites may use their own template, or can refer to the attached template.

Any immediate questions about information sharing can be directed to: SOC-evaluation@wilder.org

Sample release of information form

[Name of program] is partnering with the Minnesota Department of Human Services (DHS) and Wilder Research to work on a project about children's mental health programs. This project includes talking to parents and youth about their experiences with these programs. The purpose of this project is to learn how these programs can better help youth and families.

We would like your permission to send your contact information to Wilder Research. Wilder Research will use your contact information to call you, inviting you to take part in this project.

Signing this form does NOT mean you are taking part in the project. It only means that you will get a phone call from Wilder Research asking you to take part in this project. You can decide when Wilder Research calls you.

If you decide to participate, you will do up to three brief phone interviews with Wilder Research staff. The interview will be about your experience with [name of program]. You will get a gift card after the interview as a thank you.

You are eligible for this research project because you are in [name of program]. Your worker needs your permission to share information with Wilder Research staff. Please read the information below. By signing this form, you give permission to release your information to Wilder Research.

Release of Information:

- I understand that I am eligible for a phone interview about children’s mental health programs.
- I give staff permission to share my information for this phone interview. Only information that is needed for this phone interview will be released. This includes:
 - Contact information, like my name, phone number, and address
 - Information about my child’s participation in [name of program]
- I give Wilder Research permission to contact me about the interview.
- I understand that Wilder Research staff will not use my contact information for any other purpose.
- I understand that this referral does not mean I have agreed to take part in this project.

Parent name (please print): _____

Parent signature: _____ Date: _____

Please provide us with the best way to contact you (CHECK ALL THAT APPLY)

- Phone: (_____) _____ - _____ text: Yes No
- (_____) _____ - _____ text: Yes No
- Email: _____

<p>Best times to call (CHECK ALL THAT APPLY):</p> <p><input type="checkbox"/> Mornings</p> <p><input type="checkbox"/> Afternoons</p> <p><input type="checkbox"/> Evenings</p> <p><input type="checkbox"/> Weekdays</p> <p><input type="checkbox"/> Weekends</p>
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Wilder Research

Information. Insight. Impact.

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For more information

For more information, contact
SOC-evaluation@wilder.org.

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