

HIPAA BUSINESS ASSOCIATE AGREEMENT

- This HIPAA Business Associate Agreement (this "**BA Agreement**") is made and entered into effective as of 04-08-2025 (the "**Effective Date**") by **Fort Bend County on behalf of the Fort Bend County Sheriff's Office** ("Business Associate"), a carceral authority located at 1840 Richmond Pkwy, Richmond, TX 77469 and **Fort Bend Family Health Center, Inc., dba AccessHealth** located at 400 Austin St, Richmond, Texas 77469 ("**Covered Entity**").

A. Definitions. For purposes of this BA Agreement:

1. "**Business Associate**" shall generally have the same meaning as the term "business associate" at 45 CFR 160.103. and in reference to the party to this agreement, shall mean **Fort Bend County Sheriff's Office.**
2. "**Covered Entity**" shall generally have the same meaning as the term "covered entity" at 45 CFR 160.103, and in reference to the party to this agreement, shall mean **Fort Bend Family Health Center, Inc., dba AccessHealth.**
3. "**Agreement**" shall mean the "agreement" made and entered into effective as of 04-08-2025, by Business Associate and Covered Entity
4. "**Individual**" shall have the same meaning as the term "individual" in 45 CFR § 164.501 and shall include a person who qualifies as a personal representative in accordance with 45 CFR § 164.502(9).
5. "**HIPAA Rules**" shall mean the Privacy, Security, Breach Notification, and Enforcement Rules at 45 CFR Part 160 and Part 164.
6. "**Protected Health Information**" or "PHI" shall have the same meaning as the term "protected health information" in 45 CFR § 164.501, limited to the information created or received by Business Associate from or on behalf of Covered Entity.
7. "**Required By Law**" shall have the same meaning as the term "required by law" in 45 CFR § 164.501.
9. "**Secretary**" shall mean the Secretary of the Department of Health and Human Services or his or her designee.
10. All other capitalized terms used in this Agreement shall have the meanings set forth in the applicable definitions under the HIPAA Rules.

B. Obligations and Activities of Business Associate

1. Business Associate agrees to not use or disclose PHI other than as permitted or required by this BA Agreement or as Required by Law.
2. Business Associate agrees to use appropriate safeguards and comply with Subpart C of 45 CFR Part 164 with respect to electronic protected health information to prevent the use or disclosure of PHI other than as provided for by this BA Agreement.
3. Business Associate agrees to mitigate, to the extent practicable, any harmful effect that is known to Business Associate of a use or disclosure of PHI by Business Associate in violation of the requirements of this BA Agreement.
4. Business Associate agrees to report immediately, but no later than five (5) days, to Covered Entity any use or disclosure of PHI not provided for by this BA Agreement of which

it becomes aware including breaches of unsecured protected health information as required at 45 CFR 164.410, and any security incident of which it becomes aware. To the extent Business Associate is responsible for the Breach of Unsecured PHI, Business Associate shall be responsible for payment of actual costs associated with the Breach, including without limitation, costs of notifying affected Individuals, credit monitoring (where applicable), and other efforts to mitigate the harm to Individuals. Breach notification to the affected individuals will be written in plain language and will include, to the extent possible or available, the following:

- a. The identification of the individual whose Unsecured PHI has been, or is reasonably believed by Business Associate to have been, accessed, acquired or disclosed during the Breach;
 - b. A brief description of what happened, including the date of the Breach and the date of the discovery of the Breach;
 - c. A description of the types of Unsecured Protected Health Information that were involved in the Breach (such as whether the full name, social security number, date of birth, home address, account number, diagnosis, disability code, or other types of information were involved
 - d. Any steps Individuals who were subjects of the Breach should take to protect themselves from potential harm that may result from the Breach.
 - e. A brief description of what Business Associate is doing to investigate the Breach, to mitigate the harm to individuals, and to protect against further Breaches; and
 - f. Contact procedures for individuals to ask questions or learn additional information, including a toll-free telephone number, an email address, Web site, or postal address.
5. Business Associate agrees to ensure that any agents or subcontractors that create, receive, maintain, or transmit PHI on behalf of the Business Associate agree to the same restrictions, conditions, and requirements that apply to the Business Associate hereunder with respect to such information.
 6. Business Associate agrees to provide access, at the request of Covered Entity, in a reasonable time and manner, to PHI in a Designated Record Set, to Covered Entity or, as directed by Covered Entity, to an Individual, in order to meet the requirements under 45 CFR § 164.524.
 7. Business Associate agrees to make any amendment(s) to PHI in a Designated Record Set that the Covered Entity directs or agrees to pursuant to 45 CFR § 164.526 at the request of Covered Entity or an Individual, and in a reasonable time and manner.
 8. Business Associate agrees to make internal practices, books, and records including policies and procedures and PHI relating to the use and disclosure of PHI received from or created or received by Business Associate on behalf of, Covered Entity available to the Secretary, in a reasonable time and manner, for the purpose of permitting the Secretary to determine Covered Entity's compliance with the HIPAA Rules.
 9. Business Associate agrees to document such disclosures of PHI and 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.

10. Business Associate agrees to provide to Covered Entity or an Individual, in a reasonable time, information collected in accordance with Section B.(9) of this BA Agreement, to permit Covered Entity to respond to a request by an Individual for an accounting of disclosures of PHI in accordance with 45 CFR § 164.528.
11. Business Associate agrees, to the extent the business associate is to carry out one or more of Covered Entity's obligation(s) under Subpart E of 45 CFR Part 164, comply with the requirements of Subpart E that apply to the covered entity in the performance of such obligation(s);

C. Permitted Uses and Disclosures of PHI by Business Associate

1. Business Associate may only use or disclose PHI as permitted by the HIPAA Rules. Business Associate may use or disclose PHI to perform, manage and administer the activities or services required under the Agreement, including but not limited to services pertaining to Food Prescriptions, Kids Cafe, and FIRST Link, provided that such use or disclosure would not violate the HIPAA Rules.
2. Business Associate agrees to make uses and disclosures and requests for protected health information consistent with Covered Entity's minimum necessary policies and procedures.
3. Business associate may not use or disclose protected health information in a manner that would violate Subpart E of 45 CFR Part 164 if done by covered entity, except for the specific uses and disclosures set forth below.
4. Business Associate may use PHI for the proper management and administration of the Business Associate or to carry out the legal responsibilities of the Business Associate.
5. Business Associate may disclose PHI for the proper management and administration of the Business Associate, provided that disclosures are Required By Law, or Business Associate obtains reasonable assurances from the person to whom the information is disclosed that it will remain confidential and used or further disclosed only as Required By Law or for the purpose for which it was disclosed to the person, and the person notifies the Business Associate of any instances of which it is aware in which the confidentiality of the information has been breached.
6. Business Associate may use PHI to report violations of law to appropriate Federal and State authorities, consistent with §164.5020)(1).

D. Obligations of Covered Entity

1. Covered Entity shall notify Business Associate of any limitations in its notice(s) of privacy practices in accordance with 45 CFR § 164.520 to the extent that such limitations may affect Business Associate's use or disclosure of PHI.
2. Covered Entity shall notify Business Associate of any changes in, or revocation of, permission by Individual to use or disclose PHI, to the extent such changes may affect Business Associate's use and disclosure of PHI.
3. Covered Entity shall notify Business Associate of any restriction to the use or disclosure of PHI that Covered Entity has agreed to in accordance with 45 CFR § 164.522 to the extent that such restriction may affect Business Associate's use or disclosure of PHI.

E. Restriction on Covered Entity

Covered Entity shall not request Business Associate to use or disclose PHI in any manner that would not be permissible under the HIPAA Rules if done by Covered Entity, except Business Associate may use or disclose PHI for data aggregation or management and administrative activities of Business Associate.

F. Term and Termination

1. Term. The Term of this BA Agreement and the obligations herein shall be deemed effective as of the effective date of the Agreement or the date of execution of this BA Agreement, whichever date is later, and shall terminate when all of the PHI provided by Covered Entity to Business Associate, or created or received by Business Associate on behalf of Covered Entity, is destroyed or returned to Covered Entity, or, if it is not feasible to return or destroy PHI, protections are extended to such information, in accordance with the termination provisions in this Section.
2. Termination for Cause. Upon Covered Entity's knowledge of a material breach by Business Associate, Covered Entity shall either:
 - a. Provide via written notice an opportunity for Business Associate to cure the material breach or end the violation and terminate this *BA Agreement and Covered Entity's participation in the Agreement* if Business Associate does not *cure* the material breach or end the violation within the reasonable time specified by Covered Entity; or
 - b. Immediately terminate this BA Agreement and Covered Entity's participation in the Agreement if Business Associate has breached a material term of this BA Agreement and a cure is not possible; or
 - c. If neither termination nor cure is feasible, Covered Entity shall report the violation to the Secretary.
3. Effect of Termination.
 - a. Except as provided in Section F.(B). upon termination of this BA Agreement for any reason, Business Associate shall return or destroy all PHI received from Covered Entity or created or received by Business Associate on behalf of Covered Entity. This provision shall apply to PHI that is in the possession of subcontractors or agents of Business Associate.
 - b. In the event that Business Associate determines that returning or destroying the PHI is not feasible, Business Associate shall provide to Covered Entity notification of the conditions that make return or destruction not feasible, including the need to retain

PHI for audit, justification of work product or compliance with pharmacy or other applicable law. Business Associate shall extend the protections of this BA Agreement to such PHI and limit further uses and disclosures of such PHI to those purposes that make the return or destruction not feasible, for so long as Business Associate maintains such PHI.

G. Miscellaneous

1. Regulatory References. A reference in this BA Agreement to a section in the HIPAA Rules means the section as in effect, or as amended, and for which compliance is required.
2. Amendment. The Parties agree to take such action as is necessary to amend this BA Agreement from time to time and as is necessary for Covered Entity to comply with the requirements of the HIPAA Rules and the Health Insurance Portability and Accountability Act of 1996. Pub. Law 104-191. This BA Agreement may be amended only in writing when signed by a duly authorized representative of each Party.
3. Survival. The respective rights and obligations of Business Associate under Section F. (3) of this BA Agreement shall survive the termination of this BA Agreement.
4. Interpretation. Any ambiguity in this BA Agreement or in the Agreement shall be resolved in favor of a meaning that permits Covered Entity to comply with the HIPAA Rules.
5. Conflicts. To the extent that this BA Agreement may conflict with the Agreement, this BA Agreement shall govern.

{EXECUTION PAGE FOLLOWS}

**FORT BEND FAMILY HEALTH CENTER,
INC. DBA ACCESSHEALTH**

NAME: Palak Jalan

TITLE: Interim Chief Executive Officer

SIGNATURE: _____

DATE: _____

[Signature]
8/04/25

FORT BEND COUNTY

NAME: KP George

TITLE: County Judge

SIGNATURE: _____

DATE: _____

ATTEST: _____

Laura Richard, County Clerk

APPROVED:

FORT BEND COUNTY SHERIFF'S OFFICE

NAME: Eric Fagan

TITLE: Sheriff

SIGNATURE: _____

DATE: _____

[Signature]
8/4/2025