[Insert Letterhead]

**Updated Business Associate Agreement for Omnibus Regulation Compliance**

Dear [Insert Business Associate name],

As I am sure you are aware, the Final HIPAA Omnibus Rule as published by the Department of Health and Human Services, requires all covered entities to update their Business Associate Agreements (BAAs). In order to meet this requirement, we are providing you with our new BAA template.

If this agreement is acceptable to you, please fill out your organization’s name on the first page and fill out and sign the signature block and notice section on pages 5 and 6. Once completed, please return a signed copy to [Insert name of recipient and address of Covered Entity].

In the event you wish to propose revisions to this BAA, please contact [Insert name and contact info of recipient] so that we can work together on a BAA form which is satisfactory to both parties.

Sincerely,

[Insert name of recipient]

HIPAA Privacy Officer

[Insert Covered Entity Name]