

**PROMEDICA BUSINESS ASSOCIATE AGREEMENT/ CONFIDENTIALITY AGREEMENT DETERMINATION QUESTIONNAIRE**

Name of Vendor: Jillian A Russell

**NOTE:** This form is intended to be used in conjunction with SP 6.23. Please see that policy for applicable definitions and additional information. To check whether or not a BAA already exists for a vendor please use the following email to submit a status request: [APVendorInquiries@ProMedica.org](mailto:APVendorInquiries@ProMedica.org)

**Instructions:** Please answer the questions as instructed below and attach this form to the applicable contract or forward to Purchasing Accounts Payable (if a contract is not applicable). For questions concerning completion of this form, please first contact your Department Director/Manager, and then the Legal Department, if necessary.

**THIS FORM IS TO BE COMPLETED BY THE PROMEDICA DEPARTMENT, NOT SENT TO THE VENDOR.**

1. Is the Vendor a Workforce Member? Workforce member is defined as employees, including employed physicians, volunteers, trainees and others whose work performance is under direct control of ProMedica. Workforce determination is not based on the individual receiving payment from ProMedica.  
☐ Yes (Then they **do not** require a business associate or confidentiality agreement. **Do not proceed.**)  
☒ No (Proceed to question 2)
2. Does the Vendor perform a service, activity, or function on ProMedica's behalf?  
☐ Yes (Proceed to question 3)  
☒ No (Then they **do not** require a Business Associate Agreement but may need a confidentiality agreement.) (**Proceed to question 5**)
3. Is the Vendor a health care provider with whom PHI is shared so they may continue to provide patient care or treatment services?  
☐ Yes (Then they **do not** require a Business Associate Agreement. **Do not proceed further.**)  
☒ No (Proceed to question 4)
4. Does ProMedica provide PHI to the Vendor, or does the Vendor maintain or create PHI on ProMedica's behalf, to enable the Vendor to carry out their duties?  
☐ Yes (Then they **do** require a Business Associate Agreement. **STOP. Obtain Vendor signature on BAA.**)  
☒ No (Proceed to question 5)
5. Is there opportunity for this vendor/organization/individual to be exposed to PHI and/or have access to PHI even though they do not need PHI or use PHI to carry out their duties?  
☐ Yes (A Confidentiality Agreement is required. Contact the Legal Department and they can assist the relevant ProMedica Manager in ensuring that appropriate confidentiality language is included in an agreement with the Vendor, as necessary)  
☒ No (Then they **do not** require a Business Associate Agreement)

ProMedica Entity Name Joseph R. Hauser

Dept Name Workforce Development

Dept Number 6014

Individual Completing Questionnaire Joseph R. Hauser

Date 9/8/25 Phone 4192913477

Signature X 