

Recommended Changes to HIPAA Business Associate Agreements Template Order Form

Please print this order form and fax completed form with credit card information along with your tax exempt form to 212-742-2080 or mail completed form, tax exempt form and a check to:

Karyn Krampitz
The Coalition of Behavioral Health Agencies
90 Broad Street, 8th Floor
New York, NY 10004

If sending a check please make it payable to: **The Coalition Behavioral Health Agencies, Inc.**

	Member	Non-Member
<i>"Standard" HIPAA Business Associate Agreement (includes Addendum changes)</i>		
<input type="checkbox"/> with Security Rule and ARRA/HITECH Act Requirements (6 pgs)	\$100	\$130
<i>Addendum to "Standard" HIPAA Business Associate Agreement</i>		
<input type="checkbox"/> with Security Rule and ARRA/HITECH Act Requirements (3 pgs)	\$ 55	\$ 75
Total Enclosed \$		

Name: _____

Company: _____

E-mail address templates will be sent to: _____

Phone: _____

Credit Card Orders

Credit Card Holder Name: _____

Company: _____

Card holder address: _____

Visa MC Amex: _____

Expiration Date: _____ Security Code: _____

The Security Code on the Amex card is the small 4 digit number on the front right of your card above the card number. The Security Code on Visa/MC is the last 3 digits of the number located on the back of the card.

If you have any questions, please contact Karyn Krampitz at kkrampitz@coalitionny.org or 212-742-1600 ext 103.