**TEACHER RETIREMENT SYSTEM OF TEXAS**

**BAA CERTIFICATION REGARDING TRS PHI**

**Contract Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Contract Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Contract Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name/ title) of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (organization),

pursuant to Paragraph VI B (below) of the Business Associate Agreement entered into as part of the contract for services identified above, and the terms of the Privacy Rule under the Health Insurance Portability and Accountability Act, we are certifying as follows:

Business Associate shall destroy or return and require that any agency and any agent,

contractor, or Subcontractor of Business Associate shall destroy or return to Covered Entity within ninety (90) days of the termination of the Agreement, all of the Protected Health Information provided by Covered Entity to Business Associate (and to all of its agents, contractors, and Subcontractors that create or receive Protected Health Information in connection with Services to the Programs), or created or received by Business Associate (and all of its agents, contractors, and Subcontractors that create or receive Protected Health Information in connection with Services to the Programs) on behalf of Covered Entity. Upon such destruction or return, Business Associate shall provide a written certification to the Covered Entity that includes all of the following: (i*) a statement confirming that all of the Protected Health Information described immediately above* *has been destroyed or returned to the Covered Entity; (ii) a detailed description of the Protected Health Information that was destroyed or returned to the Covered Entity; and (iii) a statement that describes the mechanism by which all of the Protected Health Information described immediately above was destroyed or returned to the Covered Entity*. (emphasis added)

certify that:

* The following Protected Health Information (PHI) related to the above identified contract has been destroyed in the following manner on the following date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* The following Protected Health Information (PHI) related to the above identified contract has been returned to TRS in the following manner and on the following date. : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Return or destruction of the following Protected Health Information (PHI) related to the above identified contract is infeasible for the following reasons: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Such information which for which return, or destruction is infeasible will be protected under the terms of the Business Associate Agreement for as long as our organization retains it. The organization estimates that such information will be either returned or destroyed by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Our organization further certifies that we do not possess any Protected Health Information from TRS, whether in hard copy or electronic form, beyond the information that is the subject of this attestation.

Executed on this \_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_.

By:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(signature)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(name)

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(title)