

## UCLA BAA Submission Questionnaire

Supplier – Please provide answers to the questions below to assist our Compliance department in the review of your organization’s redlines.

Supplier Name

1. Description of Services to be provided
2. How many patients PHI “Protected Health Information” will be involved? (estimated)
3. What will be the frequency of PHI access? (daily, weekly, monthly, other)
4. What action(s) will occur with the PHI? (select all that apply)
  - Creating PHI
  - Disclosing PHI
  - Transmitting PHI
  - Accessing PHI
5. What PHI Element(s) will be shared? (select all that apply)
  - Name
  - MRN
  - SSN
  - Fax/Phone Numbers
  - Email
  - Address
  - Diagnosis(es)
  - Dates of Service(s)
  - Birth or Death Dates
  - Health Insurance Information
  - Financial Information
  - Health Plan Beneficiary #
  - Account #

- Certificate License #
- Device Identifiers
- URLs
- IP addresses
- Biometric identifiers
- Photographic Images
- Any other unique identifier
- Vehicle VIN & driver's License

6. For what purpose will your company be accessing PHI?
7. How will the PHI be used?
8. What safeguards does your company have in place to prevent a breach?
9. Will the PHI be used for marketing, advertising, research, sale or licensing?  
 Yes  No

If Yes, please explain

Supplier contact regarding questions pertaining to the BAA

Name

Role

Phone

Email