



Charles and Geneva Scott
Scottish Rite
Communication Disorders Clinic
ASU Box 32041
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<Date>

<Address>

RE: Business Associate Agreement

Dear <Contact>:

Enclosed are two copies of the agreement between your facility and the Appalachian State University Communication Disorders Clinic. Under the Health Insurance Portability and Accountability Act of 1996, this agreement must be in place in order for Appalachian State University and the Communication Disorders Clinic to work together. It was designed to ensure the confidentiality and security of Protected Health Information of our clients. Please obtain signatures on both copies and return the copies to me at the address listed above. After University officials have signed the documents, an original will be returned for your records.

If you have any questions, please call the Clinic Director, Communication Disorders Clinic, at 828-262-2185. Thank you for your assistance, and we look forward to our association.

Sincerely,

Clinic Director