



TO: Otto Bock Healthcare Orthotic and Prosthetic Customers
FROM: Otto Bock Healthcare Legal
RE: HIPAA BUSINESS ASSOCIATE AGREEMENT

We recognize that the business relationships with our Orthotic and Prosthetic customers require the need for Business Associate Agreements under the Health Insurance Portability and Accountability Act of 1996, otherwise known as HIPAA. To that end, we are providing you with copies of the applicable documents in which Otto Bock HealthCare is the named Business Associate.

Business Associate Agreement Instructions:

1. Complete the first paragraph on page 1 as indicated by the red text as follows:

“This Business Associate Agreement (“Agreement”) is by and between INSERT THE NAME OF O&P FACILITY (“Covered Entity”), an organization with its principal place of business at INSERT THE O&P FACILITY ADDRESS, and Otto Bock Healthcare, LP (“Business Associate”), with its principal place of business in Plymouth, MN and is effective as of INSERT DATE (“Effective Date”).”;

2. Complete the second paragraph on page 1 as indicated by the red text as follows:

“WHEREAS, INSERT THE NAME OF O&P FACILITY is a Covered Entity as defined in the regulation promulgated by the Department of Health and Human Services pursuant to the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”);

3. Complete the signature box on page 6; and

4. Return two (2) signed copies of the Agreement to:

Otto Bock HealthCare
Two Carlson Parkway, Suite 100
Minneapolis, MN 55447
Attn: LEGAL

Otto Bock HealthCare will return a signed copy of the Agreement for your files.

Business Associate Agreement Addendum Instructions:

5. Complete the first paragraph on page 1 as indicated by the red text as follows:

“This Business Associate Agreement Addendum (“Addendum”) is an amendment to the Business Associate Agreement entered into by and between INSERT THE NAME OF O&P FACILITY (“Covered Entity”), an organization with its principal place of business at INSERT THE O&P FACILITY ADDRESS and Otto Bock HealthCare, LP (“Business Associate”), with its principal place of business in Plymouth, MN and is effective as of INSERT DATE (“Effective Date”).”;

6. Complete the second paragraph on page 1 as indicated by the red text as follows:

“WHEREAS, INSERT THE NAME OF O&P FACILITY is a Covered Entity as defined in the regulation promulgated by the Department of Health and Human Services pursuant to the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”);”;



QUALITY FOR LIFE

7. Complete the signature box on page 2;
8. Return two (2) signed copies of the Agreement to:
Otto Bock HealthCare
Two Carlson Parkway, Suite 100
Minneapolis, MN 55447
Attn: LEGAL

Otto Bock HealthCare will return a signed copy of the Agreement for your files.

Questions:

Please direct any questions related to the Agreement completion or content to:

Leslie Pitt Schneider
763.253.5629
Leslie.schneider@ottobock.com