

HIPAA Business Associate Agreement Exception Form

This Agreement is entered into this _____ day of _____ 20____ by and between

(here-in-after referred to as “Physician”)
and Orthotic Solutions Group, Inc. doing business as Orthotic Solutions (here-in-after referred to as “OS”)

WHEREAS, OS is in the business of providing custom fabricated foot orthotics.

The Parties have agreed that OS will perform the following functions and provide the following services for Physician: Manufacture custom foot orthotics as prescribed by Physician and provide consulting for treatment options with custom foot orthotics.

It is agreed that all disclosures made to OS are used solely for treatment purposes only, and as per HIPAA guidelines, a HIPAA Business Associate Agreement is not required.

All disclosures made to OS will still be held in strict confidence and all measures can and will be made to keep information secure.

O S Group, Inc

Physician

Dennis Fletcher

Signed By: _____

Operations Director

Title: _____