



BUSINESS ASSOCIATE AGREEMENT (BAA)

HIPAA-Compliant Medical Courier Services

This Business Associate Agreement (“Agreement”) is entered into on _____, by and between:

Covered Entity (Client)

Organization Name: _____

Address: _____

Phone: _____

Email: _____

Business Associate NeoProLab Couriers

878 Washington St #19, Attleboro, MA

02703 Phone: 774-297-0597

Email: info@neoprolab.com

1. Purpose

This Agreement complies with HIPAA, including Privacy, Security, and HITECH rules. NeoProLab Couriers provides medical courier and specimen transport services involving PHI.

2. Definitions

PHI means Protected Health Information. Covered Entity refers to HIPAA-regulated facilities. Business Associate refers to NeoProLab Couriers LLC.

3. Permitted Uses and Disclosures of PHI

PHI may be used solely for specimen and document transport, chain-of-custody, delivery confirmation, authorized communication, and compliance documentation.

4. Safeguards

Administrative, physical, and technical safeguards are implemented. Secure transport, tamper-evident handling, restricted access, and compliance with HIPAA, OSHA, and BBP standards are maintained.

5. Reporting of Breaches

Any suspected or confirmed breach of PHI will be reported without unreasonable delay and mitigation efforts will be supported.

6. Subcontractors

Any subcontractors accessing PHI are HIPAA trained, bound by confidentiality, and subject to equivalent safeguards.

7. Access to PHI

Access, amendment assistance, and audit cooperation will be provided as required by law.

8. Accounting of Disclosures

PHI disclosures will be documented and made available upon request.

9. Term and Termination

This Agreement remains effective until terminated with 30 days notice or immediately upon material breach. PHI will be returned or destroyed if feasible.

10. No Sale of PHI

PHI will never be sold, rented, or traded.

11. Liability Limitation

Responsibility for PHI applies only during transport custody. NeoProLab Couriers is not responsible for improper packaging or third-party errors.

12. Governing Law

Governed by the laws of the Commonwealth of Massachusetts.

13. Entire Agreement

This Agreement supersedes all prior HIPAA-related agreements.

Covered Entity	NeoProLab Couriers LLC
Authorized Representative Name:	Authorized Representative: Jamesky Richard
Title:	Title: Owner / Independent Medical Courier
Signature:	Signature:
Date:	Date: