

Cultural Competence Birthing

BUSINESS ASSOCIATE AND DATA AUTHORIZATION AGREEMENT

Between Rootead and the Covered Entity/OB-GYN Identified Below, For Participation by the Birthing Person

1. Purpose

This Agreement establishes the terms under which Rootead ("Nonprofit") may receive and use certain health information from the identified medical provider below ("Covered Entity") regarding the undersigned birthing person ("Participant") for the purpose of assessing provider quality and evaluating biomarker data related to allostatic load.

2. Definitions

- **Protected Health Information (PHI):** Individually identifiable health information as defined under 45 C.F.R. §160.103.
- **Biomarker Data:** Physiological or laboratory data relevant to assessing stress or allostatic load.
- **De-Identified Data:** Health data stripped of identifying information consistent with 45 C.F.R. §164.514(b).
- **Pseudonym:** A unique participant identifier chosen by the Participant to support privacy while enabling data linkage.

3. Authorization by Participant

By signing below, I, the Participant, authorize my OB-GYN or healthcare provider to release specific biomarker data (e.g., blood pressure, cortisol, inflammatory markers, or other stress-related measures) to Rootead. This data will be used exclusively for evaluating the quality of care and efficacy of the Cultural Competency Birthing program and will not affect my care, treatment, or relationship with my healthcare provider.

I understand that:

- My participation is voluntary.
- I may revoke this authorization at any time in writing to the Nonprofit or my provider, unless data analysis has already occurred using my de-identified information.
- The Nonprofit will store biometric and related PHI securely and use my pseudonym instead of personal identifiers to protect my privacy.

4. Obligations of the Parties

Covered Entity agrees to:

- Provide only the biomarker and relevant clinical data authorized herein.
- Ensure secure transmission of PHI to the Nonprofit.
- Use and disclose PHI solely for program evaluation and provider quality assessment.
- Maintain appropriate administrative, technical, and physical safeguards in compliance with HIPAA Privacy and Security Rules.
- De-identify or destroy PHI when it is no longer needed for the stated purpose.
- Not disclose PHI to any third party except as required by law or authorized in writing by the Participant

Nonprofit agrees to:

5. Term and Termination

This agreement remains in effect until the earlier of (a) completion of the evaluation project, or (b) written revocation by the Participant. Termination shall not affect obligations related to data already collected or de-identified.

6. Rights and Acknowledgments

The Participant understands that once de-identified, data cannot be withdrawn or re-associated with individual identity. The Participant also acknowledges receipt of a copy of this Agreement.

7. Signatures

Participant Authorization

I authorize my OB-GYN provider or midwife to release biomarker data as described above.

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|--------------------------------|--|--------------------------|------|
| Participant's Name: | Participant's Pseudonym (for privacy): | Participant's Signature: | Date |
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| OB-GYN/Midwife Representative: | Date | Rootead Representative: | Date |
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