COUNTRY MEADOWS
RETIREMENT COMMUNITIES

Business Associate Assessment Questionnaire

Vendor / Business Associate Acknowledgement

Acknowledgement

I affirm that the information provided herein is complete and true to the best of my knowledge and belief.

Company Information

Company Name

Company Address

Company Representative

Name | Phone Number | Email

Authorized Signature

By entering your name below, you certify the acknowledgement above on behalf of your company.

Name | Title | Company | Date

Instructions

Please complete this page and the assessment questionnaire on page 2 in full.

This questionnaire helps us understand any changes to your organization's access to, or handling of, our information and information systems since your last assessment.

Description	Yes	No	In Progress	Comments
Information Access Changes				
Does your organization connect to any Information System or Network belonging to us? (e.g., Point Click Care, UKG, NetSuite, NetSmart, M365)	○	○	◉	
How many of your employees or contractors currently have access to information or information systems belonging to us? *Enter the number of employees/contractors in the Comments field.*		N/A		
Have there been any technical changes to the method(s) by which your employees or contractors access information or information systems belonging to us? If yes, please provide details in comments. *We will auto-terminate all user accounts every 6 months.*	○	○	○	
Have any of your employees or contractors that previously had access to information or information systems belonging to us been transferred or terminated and no longer require this access?	○	○	○	
Do you have an effective process in place to provide us with timely notification of changes in employment conditions for your employees and partners that have access to information, systems, or facilities belonging to us?	○	○	○	
Operational Changes				
Have there been any operational changes to your organization that will/have impact(ed) the services you provide to our organization, its information, and its information systems?	○	○	○	
Are there technical or operational changes planned for your organization that may/will impact the services you provide to our organization, its information, and its information systems? If yes, when do you anticipate those changes?	○	○	○	
Security Risk Assessments and Assurance				
Has your organization completed an internal or external Security Risk Assessment to identify any potential technical or operational risks?	○	○	○	
If your organization has completed a Security Risk Assessment, when was the most recent assessment performed? *Enter the date of the most recent assessment in the Comments field.*		N/A		
Were any potential technical or operational risks identified that may impact our organization, its information, or its information systems of which we should be aware?	○	○	○	