



1200 Centre Street, Boston, MA 02131

### New Vendor Checklist to Determine HSL Business Associates

Vendor Name:	Is Service on behalf of Patient or HSL?	Is PHI involved?	Nature or purpose of service
	Patient <input type="checkbox"/> HSL <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	

Vendor Number: \_\_\_\_\_

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City: \_\_\_\_\_

State, Zip: \_\_\_\_\_, \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

Contact Fax: \_\_\_\_\_

Terms: \_\_\_\_\_

1099 Vendor? Yes  No

Federal ID / SS# \_\_\_\_\_

Initiators Signature: \_\_\_\_\_

Fiscal Signature: \_\_\_\_\_