**CERTIFICATION OF DATA DISPOSITION**

Date of Disposition: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ All copies of any data sets related to Business Associate Agreement between \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and King County Behavioral Health and Recovery Division (BHRD) dated \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ have been wiped from data storage systems.

\_\_\_ All materials and non-wiped computer media containing any data sets related Business Associate Agreement between \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_and BHRD dated \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ have been destroyed.

\_\_\_ All copies of any data sets related to Business Associate Agreement between \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and BHRD dated \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ that have not been disposed of in a manner described above, have been returned to the BHRD Privacy Officer.

The Business Associate hereby certifies, by signature below that the data disposition requirements as provided in the data sharing agreement between \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and BHRD dated \_\_\_\_\_, 201\_), Attachment A, Section 3, Data Disposition have been fulfilled as indicated above.

Signature of Business Associate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

Return original to:

BHRD Privacy Officer

401 Fifth Avenue, Suite 400

Seattle, WA 98104

Retain a copy for your records.