

A HIPAA GLOSSARY

NOTE: This glossary is an overview. The items herein are discussed in further detail in the following Steps.

Authorization Form: A form that a healthcare provider must obtain from the individual client or client guardian in order to use or disclose the individual's protected health information (PHI) for purposes other than for treatment, payment, and healthcare operations (TPO) or for specific purposes listed in the Privacy Rule, such as public health or health oversight.

Business Associate: A person or entity that is not a member of your organization's workforce who uses or discloses PHI to carry out certain functions or activities on behalf of the provider organization or other covered entity.

Consent Form: A form that a healthcare provider having a direct treatment relationship with an individual may obtain from the individual in order to use or disclose the individual's protected health information (PHI) for treatment, payment and healthcare operations (TPO). **USE OF THIS FORM IS OPTIONAL AND NOT REQUIRED UNDER HIPAA.**

Covered Entity: Under HIPAA, this means health plans, healthcare clearinghouses and any healthcare providers (DD providers, RCFs, physicians, hospitals, nursing homes, etc.) who transmit any health information in electronic form in connection with a HIPAA transaction.

Data Use Agreement: An agreement that sets forth the permitted uses and disclosures of limited data sets, including who may use or receive the data and limitations on the receiving party's ability to re-identify or contact the individuals who are subjects of the limited data sets.

Department of Health and Human Services (DHHS): A department of the executive branch of the federal government that has overall responsibility for implementing HIPAA.

Designated Record Set: A group of records maintained by or for a covered entity. That is,

- ❑ the healthcare records and billing records about individuals maintained by or for a covered healthcare provider;
- ❑ the enrollment, payment, claims adjudication, and case or medical management record systems maintained by or for a health plan;
- ❑ used, in whole or in part, by or for the covered entity to make decisions about individuals.

Direct Treatment Relationship: A treatment relationship between an individual and a healthcare provider in which the provider delivers healthcare directly to an individual rather than through another healthcare provider. (See "Indirect Treatment Relationship" definition.)

Disclosure: The release, transfer, provision of, access to, or divulging in any other manner of information outside the entity holding the information.

HIPAA GLOSSARY CONTINUED

Disclosure History: Under HIPAA this is a list of any entities that have received personally identifiable healthcare information for uses unrelated to treatment, payment and healthcare operations (TPO).

Federal Privacy Act of 1974: This Act protects personal information about individuals held by the federal government. Covered entities that are federal agencies or federal contractors that maintain records that are covered by the Privacy Act not only must comply with the Privacy Rule's requirements but also must comply with the Privacy Act.

Health Information: Any information created or received by a provider that relates to the past, present, or future physical or mental health condition of a client, or the past, present or future payment for the provision of healthcare to a client, or the provision of healthcare to a client.

Health Insurance Portability and Accountability Act of 1996 (HIPAA): A federal law that allows persons to qualify immediately for comparable health insurance coverage when they change their employment relationships. Title II, Subtitle F of HIPAA gives the Department of Health and Human Services (HHS) the authority to mandate the use of standards for the electronic exchange of healthcare data; to specify what medical and administrative code sets should be used within those standards; to require the use of national identification systems for healthcare clients, providers, payers (or plans), and employers (or sponsors); and to specify the types of measures required to protect the security and privacy of personally identifiable healthcare information. Also known as the Kennedy-Kassenbaum Bill.

Health Plan: An individual or group plan that provides, or pays the cost of, medical care.

Healthcare: Healthcare includes, but is not limited to, the following:

Preventive, diagnostic, therapeutic, rehabilitative maintenance, or palliative care, and counseling service, assessment, or procedure with respect to the physical or mental condition, or functional status, of an individual or that affects the structure or function of the body; and sale or dispensing of a drug, device, equipment, or other item in accordance with a prescription.

Healthcare Clearinghouse: Under HIPAA, this is an entity that processes or facilitates the processing of information received from another entity in a nonstandard format or containing nonstandard data content into standard data elements or a standard transaction, or that receives a standard transaction from another entity and processes or facilitates the processing of that information into nonstandard format or nonstandard data content for a receiving entity.

Healthcare Operations: Activities related to your organization's business, clinical management and administrative duties. Some examples of these activities are use of PHI to obtain a referral, quality assurance, quality improvement, case management, training programs, licensing, credentialing, certification, accreditation, compliance programs, business management and general administrative activities of the organization. Healthcare operations is further defined to include all activities associated with the selling, merging, transferring or consolidation of provider organizations and other covered entities.

HIPAA GLOSSARY CONTINUED

Healthcare Provider: A person or organization that provides, bills and is paid for healthcare services.

Incidental Use or Disclosure: Is defined by the Privacy Rule “as a secondary use or disclosure that cannot reasonably be prevented, is limited in nature, and that occurs as a by-product of an otherwise permitted use or disclosure.”

Indirect Treatment Relationship: A relationship between an individual and a healthcare provider in which:

- (1) The healthcare indirect provider delivers healthcare to the individual based on the orders of another healthcare provider; and
- (2) The healthcare indirect provider typically provides healthcare services or products, and then reports the diagnosis or results to a direct healthcare provider who uses this information to provide care to the individual.

Individually Identifiable Health Information (IIHI): Any health information (including demographic information) that is collected from the client and

- (1) is created or received by a healthcare provider or other covered entity or employer and
- (2) that relates to the past, present or future physical or mental health or condition of an individual; OR the provision of healthcare to an individual, or the past, present or future payment for the provision of healthcare at your organization; AND that could potentially identify an individual.

Limited Data Set: PHI that excludes specific, readily identifiable information about the individual clients as well as their relatives, employers and members of their households. The Limited Data Set may include admission, discharge and service dates; date of death; age (including ages 90 and over) and any geographic subdivision (including town or city, state and five digit zip code, but excluding postal addresses).

Marketing: “To make a communication about a product or service, that encourages the recipients of the communication to purchase or use the product or service.”

Minimum Necessary: In regard to HIPAA, the principle that, to the extent practical, individually identifiable health information (IIHI) should only be disclosed to the extent needed to support the intended purpose of the disclosure of the information for treatment.

Notice of Privacy Practices: A document that health care providers and other covered entities must develop in order to inform clients about their rights surrounding the protection of their PHI.

Office of Civil Rights (OCR): The HHS sub-department responsible for the enforcement of the HIPAA privacy rules.

Operations: See **Healthcare Operations**.

HIPAA GLOSSARY CONTINUED

Payer: In healthcare, an entity that assumes the risk of paying for healthcare treatments. This can be an uninsured client, a self-insured employer, a health plan or an HMO (also, “Payor”).

Payment: The activities by the organization to obtain reimbursement for healthcare services. This includes, among others, billing, claims management, collection activities, verification of insurance coverage and precertification of services.

Personal Representative: A person who, under applicable law, has the authority to act on behalf of an individual in making decisions related to healthcare.

Protected Health Information (PHI): With few exceptions, includes individually identifiable health information (IIHI) held or disclosed by an organization regardless of how it is communicated (e.g., electronically, verbally, or written).

Psychotherapy notes: Notes recorded (in any medium) by a healthcare provider who is a mental health professional documenting or analyzing the contents of conversation during a private counseling session or a group, joint, or family counseling session and that are separated from the rest of the individual’s healthcare record. Psychotherapy notes exclude medication prescription and monitoring, counseling session start and stop times, the modalities and frequencies of treatment furnished, results of clinical tests, and any summary of the following items: diagnosis, functional status, the treatment plan, symptoms, prognosis, and progress to date.

Third Party Administrator (TPA): An entity that processes healthcare claims and performs related business functions for a health plan.

Treatment: The provision, coordination or management of healthcare and related services by one or more healthcare providers; or the referral of a client for healthcare from one provider to another.

Workforce: Under HIPAA, this means employees, volunteers, trainers, and other persons under the direct control of a covered entity, whether or not they are paid by the covered entity.

Use: With respect to individually identifiable health information (IIHI), the sharing, employment, application, utilization, examination, or analysis of such information within an entity that maintains such information.