

HIPAA Glossary of Definitions

This glossary is provided as a convenience to business areas of the Minnesota Department of Human Services (DHS). The definitions in this glossary may be shortened or summarized from those found in the Health Insurance Portability and Accountability Act's (HIPAA) regulations. Only the definitions in HIPAA's regulations are authoritative. HIPAA's privacy and security regulations can be found at 45 C.F.R. §§ 160, 162 and 164.

Authorization (HIPAA Authorization): A specific form of permission, established by the Privacy Rule, to use and/or disclose an individual's protected health information. The authorization must satisfy the requirement set forth in the Privacy Rules and will permit use and/or disclosure either by the covered entity seeking authorization or by a third party. (45 C.F.R. § 164.508.)

Breach: The acquisition, access, use, or disclosure of protected health information in a manner not permitted under 45 C.F.R. §§ 164.500 to 164.534, which compromises the security or privacy of the protected health information. (45 C.F.R. § 164.402.)

Business Associate: Generally an entity or person who performs a function involving the use or disclosure of protected health information (PHI) on behalf of a covered entity (such as claims processing, case management, utilization review, quality assurance, billing) or provides services for a covered entity that require the disclosure of PHI (such as legal, actuarial, accounting, accreditation), but other than in the capacity of a member of the workforce of such covered entity. (45 C.F.R. § 160.103.)

Covered Entity: An entity that is subject to HIPAA and is one of the following:

1. A health plan
2. A health care clearinghouse
3. A health care provider who transmits any health information in electronic form in connection with a transaction covered by this subchapter. (45 C.F.R. §160.103.)

Disclosure: The release, transfer, provision of access to, or divulging in any manner of information outside the DHS, to anyone other than the data subject. (45 C.F.R. § 160.103.)

Health Plan: An individual or group plan as defined in HIPAA that provides, or pays the cost of medical care under HIPAA called "covered entities," including individually or in combination one of the following: a group health plan, a health insurance insurer and an HMO. (45 C.F.R. § 160.103.)

Health Care Operations: Any of the following activities of a covered entity that relate to its covered functions (i.e., acting as a health care provider and an employer group health plan): conducting quality assessment and improvement activities; reviewing the competence or qualifications of health care professionals; underwriting (except as prohibited when involving genetic information), premium rating, and other activities relating to the

creation, renewal or replacement of a contract of health insurance or health benefits; conducting or arranging for medical review, legal services, and auditing functions, including fraud and abuse detection and compliance programs; business planning and development; and business management and general administrative activities of the entity. (45 C.F.R. § 164.501.)

Health Care Provider: A health provider of medical or health services and any other person or organization who furnishes, bills, or is paid for health care in the normal course of business. Every health care provider, regardless of size, who electronically transmits health information in connection with certain transactions, is a covered entity. (45 C.F.R. § 160.501.)

HIPAA: The Health Insurance Portability and Accountability Act of 1996. The Health Insurance Portability and Accountability Act of 1996 (HIPAA), Public Law 104-191, was enacted Aug. 21, 1996. Sections 261 through 264 of HIPAA require the Secretary of Health and Human Services to publicize standards for the electronic exchange, privacy and security of health information. Collectively these are known as the Administrative Simplification provisions.

Minimum Necessary: Refers to a Privacy Rule principle that a covered entity must make reasonable efforts to use, disclose, and request only the minimum amount of protected health information needed to accomplish the intended purpose of the use, disclosure, or request. (45 C.F.R. § 164.502(b).)

Mitigation: A covered entity must alleviate or abate to the extent practicable, any harmful effect it learns was caused by use or disclosure of protected health information by its workforce or its business associates in violation of its privacy policies and procedures or the Privacy Rule. (45 C.F.R. § 164.530 (f).)

Notice of Privacy Practices: A form provided by the covered entity, on the first day of service delivery, to the individual receiving services that provides adequate notice of the uses and disclosures of protected health information that may be made by the covered entity, and of the individual's rights and the covered entity's legal duties with respect to protected health information. (45 C.F.R. § 164.520.)

Payment: Activities by a health plan (except as prohibited when involving genetic information (45 C.F.R. §164.502(a)(5)(i)) to obtain premiums, to determine, or fulfill its responsibilities for coverage and provision of benefits under the health plan; or activities undertaken by a health care provider or health plan to obtain or provide reimbursement for the provision of health care delivered to an individual. (45 C.F.R. §164.501.)

Permitted Uses and Disclosures: A covered entity is permitted, but not required, to use and disclose protected health information, without an individual's authorization, for the following purposes or situations: (1) to the Individual (unless required for access or accounting of disclosures); (2) treatment, payment, and health care operations; (3) opportunity to agree or object; (4) incident to an otherwise permitted use and disclosure; (5) public interest and benefit activities; and (6) limited data set for the purposes of research, public health or health care operations. (45 C.F.R. § 164.502(A) (1).)

PHI: Protected Health Information (see below).

Privacy Rule: The regulations at 45 C.F.R. §§160 and 164 that detail the requirements for complying with the standards for privacy under the administrative simplification provisions of HIPAA.

Protected Health Information (PHI): Any individually identifiable health information that is transmitted in any form or media that is created or received by a health care provider or health plan. PHI includes information that identifies an individual or might reasonably be used to identify an individual and relates to: the individual's past, present or future physical or mental health or condition of an individual; or the provision of health care to the individual; or, the past, present or future payment of health care to an individual. PHI excludes individually identifiable health information in:

- Education records covered by the Family Educational Right and Privacy Act (FERPA) as amended, 20 U.S.C. 1232g(a)(4)(B)(iv) (relating to adult students);
- Other records under FERPA at 20 U.S.C. § 1232;
- Employment records held by a covered entity in its role as an employer; or
- Regarding a person who has been deceased for more than 50 years. (45 C.F.R. § 160.103.)

Psychotherapy Notes: Notes recorded (in any medium) by a health care 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 medical 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. (45 C.F.R. § 164.501.)

Required Disclosures: A covered entity must disclose protected health information in only two situations: (a) to individuals (or their personal representatives) specifically when they request access to, or an accounting of disclosures of, their protected health information; and (b) to HHS when it is undertaking a compliance investigation or review or enforcement action. (45 C.F.R. 164.502 (a)(2).)

Secretary: Refers to the secretary of the U.S. Health and Human Services Department.

Security Incident: The attempted or successful unauthorized access, use, disclosure, modification, or destruction of information or interference with system operations in an information system. (45 C.F.R. § 164.304.)

Security Rule: HIPAA Security Rule establishes national standards to protect individuals' electronic protected health information that is created, received, used or maintained by a covered entity. The Security Rule requires appropriate administrative, physical and technical safeguards to ensure the confidentiality, integrity, and security of electronic protected health information; located at 45 CFR §§ 160 and 160.101 to 160.105, and 164.302 to 164.318.

Subcontractor: A person to whom a business associate delegates a function, activity, or service, other than in the capacity of a member of the workforce of such business associate.

TPO: A shorthand for Treatment, Payment, Health Care Operations. (HIPAA Compliance Handbook, Appendix D 2011, p. D-23.)

Treatment: the provision, coordination, or management of health care and related services by one or more health care providers, including the coordination or management of health care by a health care provider with a

third party; consultation between health care providers relating to a patient; or the referral of a patient for health care from one health care provider to another. (45 C.F.R. 164.501.)

Use: The sharing, employment, application, utilization, examination, or analysis of individually identifiable health information within an entity that maintains such information. (45 C.F.R. § 160.103.)

Workforce: Employees, volunteers, trainees, and other persons whose conduct, in the performance of work for a covered entity or business associate, is under the direct control of such entity or business associate, whether or not they are paid by the covered entity or business associate. (45 C.F.R. § 160.103.)