

GLOSSARY of HIPAA Terms

Accounting of Disclosures	A written record of the disclosures of an individual's health information for purposes other than treatment, payment or health care operations and when the individual's written authorization has not been obtained.
AHS	Agency of Human Services
AHS Standards and Guidelines	HIPAA requires AHS to have policies and procedures for safeguarding the privacy of the health information entrusted to it. AHS calls these policies and procedures the "AHS HIPAA Privacy Standards and Guidelines." This course refers to the AHS HIPAA Privacy Standards and Guidelines as "the AHS Standards and Guidelines."
Business Associate (BA)	Generally a person or entity who <ul style="list-style-type: none">• On behalf of AHS, performs or assists in the performance of functions or activities involving the use or disclosure of individually identifiable health information (e.g. claims processing or administration, data analysis, processing or administration, utilization review, quality assurance, billing, benefit management, practice management and re-pricing).• To or for AHS, provides legal, actuarial, accounting, consulting, data aggregation, management, administrative, accreditation, or financial services, where the service involves the disclosure of Health Information from AHS (or a third party at the direction of AHS) to the business associate.
Business Associate Agreement (BAA)	A written agreement that AHS obtains from a contractor/grantee in which the contractor/grantee agrees that it will appropriately safeguard health information that it receives from AHS (or a third party at the direction of AHS) or creates for AHS and use it only for authorized purposes. <ul style="list-style-type: none">• A Business Associate Agreement is not needed for disclosures to a health care provider for treatment purposes.
Covered Entity (CE)	<ul style="list-style-type: none">• A health care clearinghouse or organization that facilitates the processing of health information such as transcription or billing services.• A health care provider such as a physician, dentist, pharmacist, or hospital when it provides health care and electronically transfers patient information.

- A health plan, organization or individual that pays for or authorizes payment for health care, such as Medicare and Medicaid programs, insurance companies and health management organizations.

Disclosure The release, transfer, provision of access to, or divulging of health information held by AHS or its contractors/grantees to outside of AHS or its contractors/grantees.

Electronic Health Information Health information in its electronic form. Electronic health information is health information which is created on, exists in, or is transmitted from any of the AHS computer systems, whether these systems are large servers, desktop computers, laptops, or handhelds.

Health Information (PHI) Any information, whether oral or recorded and whether transmitted or maintained in any form or medium, that:

1. is created or received by AHS or its contractors/grantees;
2. relates to the past, present, or future physical or mental health or condition of an individual; the provision of health care to an individual; or the past, present, or future payment for the provision of health care to an individual; and
3. identifies the individual, or with respect to which there is a reasonable basis to believe the information can be used to identify the individual.

- Health Information includes demographic information collected from an individual.
- This course uses the term “health information” to refer to what HIPAA calls “Protected Health Information” or “PHI.”

HIPAA The federal law called the Health Insurance Portability and Accountability Act of 1996.

Individual The person who is the subject of the health information.

Minimum Necessary The minimum amount of health information necessary to accomplish the intended purpose of a use, disclosure or request for health information.

Notice of Privacy Practices (NPP) A document that tells an individual whom AHS serves:

- how AHS or a specific program of AHS may use or disclose their health information,
- what rights they have regarding their health information, and
- how they can complain if they believe AHS or a specific program has violated these rights.

Privacy Rule The Privacy Rule is federal regulation that implements HIPAA. The Privacy

Rule is about the use and disclosure of health information. It creates minimum nation-wide standards for making sure an individual's health information is kept private.

- Security Rule** The Security Rule is federal regulation that implements HIPAA. The Security Rule is about the protection and control of access to an individual's health information that is in electronic form.
- 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.
- Use** The sharing, employment, application, utilization, examination, analysis of health information within any entity that maintains such information.
- Verification** The process of making sure that a person who is requesting health information is really the person they say they are and making sure the person has the authority to access the information they request.

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