

HIPAA Terminology and Acronyms

HIPAA is an acronym for the Health Insurance Portability and Accountability Act of 1996. This law provides continuity or portability of employee health care insurance coverage connected with the workplace and makes it easier for employees to move from job to job. HIPAA also improved the availability of health care coverage in the insurance marketplace that is not connected with employment. Because it is written from a legal standpoint, there are many terms and acronyms associated with it. This glossary is designed to help you better understand what the Act is saying.

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

(Click a letter while holding down the Control key to skip to that section of the Glossary)

A

Accounting of Disclosures	A log maintained for each patient indicating disclosures that were made of his/ her PHI.
Alternative Communication Means	Information or communications delivered to patients in a manner other than the usual delivery method (e.g., the patient may ask for delivery at an alternate address, phone number or post office box; or that a discussion of PHI be limited to specific people).
Amend / Amendment	An amendment to PHI is <u>always</u> in the form of information added to the existing PHI. This may substantially change the initial PHI, make parts of the initial PHI more precise, or show some of the original PHI to be incorrect; but the original PHI is never altered .
Amending PHI	Individuals have the right to amend protected health information (PHI) in the designated record. This does not include notes outside of the record (information not used for clinical or billing decisions).
Audit	Ongoing HIPAA-required audit to assess the current state of compliance of a covered entity and its business associates — this includes steps undertaken to ensure compliance.
Authorization	A patient's statement of agreement for the use or disclosure of Protected Health Information to a third party

B

Business Associate (BA)	A person or an organization that performs a function or an activity on behalf of the Facility that involves the use or disclosure of Protected Health Information. A BA might also be a person or entity that provides legal, actuarial, accounting, consulting, data aggregation, management, administrative, accreditation or financial services involving the use or disclosure of PHI.
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C

CMS – Centers for Medicare and Medicaid Services	Part of the U.S. Department of Health and Human Services. CMS oversees many federal health care programs, including those that involve health information technology (IT) (e.g., incentive programs for electronic health records (EHR)). CMS handles electronic infractions.
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C

COBRA (The Consolidated Omnibus Budget Reconciliation Act)	A law signed by President Ronald Reagan in 1985 mandating an insurance program that ensures continued health insurance coverage after leaving employment. Includes amendments to the Employee Retirement Income Security Act of 1974 (ERISA). The law deals with subjects like tobacco price supports, railroads, private pension plans, emergency room treatments, disability insurance, and the postal service. It is best known for Title X, which amends the Internal Revenue Code and the Public Health Service Act to deny tax deductions for contributions to group health plans (for employers with 20+ full-time employees) unless it meets continuing coverage requirements. The penalty for failing to meet those criteria is now an excise tax.
Confidentiality	The protection of individually identifiable information as required by state and federal legal requirements and individual office policies.
Covered Entity	Refers to three types of entities that must comply with the HIPAA Privacy Rule: <ul style="list-style-type: none"> • Health Plan • Health Care Clearing House • Health care Provider For the purposes of the HIPAA Privacy Rule, health care providers include hospitals, physicians, and other caregivers

D

De-Identification	Converting individually identifiable information into information that no longer reveals the identity of the patient. Information may be de-identified by statistical de-identification or the “safe harbor” method of de-identification.																		
De-identified	<p>Under the HIPAA Privacy Rule, data are de-identified if:</p> <p>An expert determines the risk of certain information being used to identify an individual is "very small"; and documents justify the determination.</p> <p>The data do not include any of the following eighteen identifiers (of the individual or his/her relatives, household members, or employers) that could be used alone or in combination with other information to identify the subject:</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td style="background-color: #e1eef6;">Names</td> <td style="background-color: #e1eef6;">Health Plan Beneficiary Numbers</td> </tr> <tr> <td style="background-color: #e1eef6;">Telephone Numbers</td> <td style="background-color: #e1eef6;">Biometric Identifiers</td> </tr> <tr> <td style="background-color: #e1eef6;">FAX Numbers</td> <td style="background-color: #e1eef6;">Full-Face Photos and Comparable Images</td> </tr> <tr> <td style="background-color: #e1eef6;">Email Addresses</td> <td style="background-color: #e1eef6;">Internet Protocol Addresses</td> </tr> <tr> <td style="background-color: #e1eef6;">Social Security Numbers</td> <td style="background-color: #e1eef6;">URLs</td> </tr> <tr> <td style="background-color: #e1eef6;">Medical Record Numbers</td> <td style="background-color: #e1eef6;">Vehicle Identifiers Including License Plates</td> </tr> <tr> <td style="background-color: #e1eef6;">Account Numbers</td> <td style="background-color: #e1eef6;">Date Elements Except Year (unless 89+)</td> </tr> <tr> <td style="background-color: #e1eef6;">Certificate/License Numbers</td> <td style="background-color: #e1eef6;">Geographic Divisions Smaller Than a State (Inc. Zip Codes)</td> </tr> <tr> <td style="background-color: #e1eef6;">Device Identifiers/Serial Numbers</td> <td style="background-color: #e1eef6;">Unique Identifying Numbers, Characteristics, or Codes</td> </tr> </table>	Names	Health Plan Beneficiary Numbers	Telephone Numbers	Biometric Identifiers	FAX Numbers	Full-Face Photos and Comparable Images	Email Addresses	Internet Protocol Addresses	Social Security Numbers	URLs	Medical Record Numbers	Vehicle Identifiers Including License Plates	Account Numbers	Date Elements Except Year (unless 89+)	Certificate/License Numbers	Geographic Divisions Smaller Than a State (Inc. Zip Codes)	Device Identifiers/Serial Numbers	Unique Identifying Numbers, Characteristics, or Codes
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D

Designated Record Set	A health care provider's medical and billing records for individuals and any records used by the provider to make decisions about individuals. Individuals have the right under the HIPAA Privacy Rule to access and amend protected health information in a Designated Record Set.
Directly Identifiable	Any information that includes personal identifiers.
Disclosure	The release, transfer, provision of access to, or any other manner of disclosure, of information outside the entity holding the information. The transfer of protected health information from a covered entity to a business associate is considered a disclosure.

E - F

EDI (Electronic Data Interchange)	The exchange of documents or communication between businesses via electronic means (e.g. computer).
EHR (Electronic Health Record)	A digitized official health record that is shared among multiple facilities and agencies. Digitized health information systems are expected to improve efficiency and quality of care and reduce costs.
Electronic Medical Record	A computer-based record containing health care information. This record may contain some, but not necessarily all, of the information that is in an individual's paper-based medical record. One goal of HIPAA is to protect identifiable health information as the system moves from paper to an electronic medical record system.
Enrollment Date	<ul style="list-style-type: none"> • The date an individual is enrolled or obtains coverage in a group health plan • The first day of the waiting period for such enrollment
Enrollment Period	Employer-provided health care arrangements generally allow entry: <ul style="list-style-type: none"> • At the start of employment • After a specified waiting period • After any other eligibility criteria are met

G - H

Health Care	Care, services, and supplies related to the health of an individual. Health care includes preventive, diagnostic, therapeutic, rehabilitative, maintenance or palliative care, and counseling, among other services. Health care also includes the sale and dispensing of prescription drugs or devices.
Health Care Clearinghouse	An entity that standardizes health information (e.g., a billing service that processes or facilitates processing data from one format into a standardized billing format).

G - H

Health Care Operations	<p>Institutional activities needed to maintain and monitor the operations of the institution. These include but are not limited to:</p> <ul style="list-style-type: none"> • Conducting quality assessments and improvement activities • Developing clinical guidelines • Case management • Reviewing the competence or qualifications of health care professionals • Education and training for trainees and practitioners • Fraud and abuse programs • Business planning and management • Customer Service <p>Under the HIPAA Privacy Rule, these are allowable uses and support disclosures of identifiable information "without specific authorization."</p>
Health Care Portability	Makes it possible for an employee to leave one employer's health plan and have access to a new employer's plan without limitations due to pre-existing conditions, extended waiting periods, or health status.
Health Care Provider	An entity that provides health care, services or supplies related to the health of an individual
Health Information	<p>ANY information, verbal, written, or otherwise recorded in any form or medium that:</p> <ul style="list-style-type: none"> • Is created or received by a health care provider, health plan, public health authority, employer, life insurer, school or university or health care clearinghouse • 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
Health Oversight Agency	A person or entity at any level of the federal, state, local or tribal government that oversees the health care system or requires health information to determine eligibility, compliance, or enforce civil rights laws.
HHS (U.S. Department of Health & Human Services)	Federal Government agency responsible for administering programs for health, welfare, and health IT for all Americans. Supports advances in medicine, public health, and social services.
HIPAA	The Health Insurance Portability and Accountability Act of 1996. HIPAA is a federal law that was designed to allow portability of health insurance between jobs. It required the creation of a federal law to protect personally identifiable health information; that did not transpire by a specific date so HIPAA directed the Department of Health and Human Services (DHHS) to issue federal regulations with the same purpose. DHHS issued HIPAA privacy regulations (the HIPAA Privacy Rule) as well as other HIPAA regulations.
HIPAA Omnibus Rule	Enacted by the U.S. Department of Health and Human Services' Office of Civil Rights (OCR) to modify the Health Insurance Portability and Accountability Act (HIPAA) Privacy, Security and Enforcement Rules to implement statutory amendments under the Health Information Technology for Economic and Clinical Health (HITECH) Act

G - H

HITECH (The Health Information Technology for Economic & Clinical Health Act):	Adopted in 2009, this act: <ul style="list-style-type: none">• Provided incentives for providers and institutions to adopt the use of electronic medical records• Developed fines to aid in the enforcement of HIPAA• Required that business associates of covered entities be as compliant with HIPAA regulations as covered entities
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I – J - K

Individually Identifiable Health Information (IIHI)	Demographic and other health information received from the patient that could be used to identify him/her. This would include name, address, date of birth, phone number, and other health related information.
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L

Limited Data Set (LDS)	A data set that includes elements such as dates of admission, discharge, birth and death as well as geographic information such as the five digit zip code and the individual's state, county, city or precinct but still excludes the other 16 elements that "de-identify" information. Can only be used if a covered entity enters into a "data use agreement" with the data recipient similar to the agreements entered into between covered entities and their business associates.
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M

Minimum Necessary	<p>When protected health information is used or disclosed, only the information needed for the immediate use or disclosure should be made available by the health care provider or other covered entity. This standard does not apply to uses and disclosures for treatment (so as not to interfere) or to uses and disclosures that are authorized, among other limited exceptions.</p> <p>Justification regarding what constitutes the minimum necessary is required in some situations (e.g., disclosures with a waiver of authorization and non-routine disclosures).</p>
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N

Notice of Privacy Practices	A document required by HIPAA that provides the patient with information on how the patient's PHI is used and what the patient's rights are under the Privacy Rule.
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O

OCR (The Office for Civil Rights)	<p>Part of the U.S. Department of Health & Human Services. Works closely with doctors and patients to ensure patients know their rights and privacies concerning personal health information and medical treatment options. Helps organizations teach health and social service workers about the civil rights, health information privacy, and patient confidentiality laws that they must follow.</p> <p>Investigates confidentiality complaints to decide if a discriminatory act or a violation of law has occurred and takes action to correct those problems.</p>
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P

Personal Representative	A person authorized under state or other law to act on behalf of an individual when making health-related decisions. (e.g., A court-appointed guardian with medical authority, a health care agent under a health care proxy, or a parent acting on behalf of a non-emancipated minor (unless state law gives minors the right to make health decisions).) If the individual is deceased, the personal representative may be an executor, administrator, or other authorized person for matters concerning PHI.
Privacy Breach	A violation of one's responsibility to follow privacy policy and procedure that results in the patients' PHI being accessed by unauthorized persons.
Privacy Notice	An institution-wide notice describing the practices of the covered entity regarding protected health information. Health care providers and other covered entities must give this notice to patients and should ask for a signed acknowledgment of receipt. Internal and external uses of protected health information are explained in the public notice.
Privacy Officer	The person responsible for development and implementation of the HIPAA policies and procedures in a practice. The Privacy Officer implements HIPAA policies and procedures. HIPAA requires that each covered entity appoint a Privacy Official
Privacy Rule	For purposes of the HIPAA Privacy Rule, privacy is an individual's interest in limiting who can access his/her personal health care information.
Protected Health Information (PHI)	<p>Information that is a subset of health information, including demographic information, and:</p> <ol style="list-style-type: none"> 1. Is created or received by a health-care provider, health plan, employer, or health-care clearinghouse 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 <ol style="list-style-type: none"> a. That identifies the individual b. There is reason to believe the information can be used to identify the individual
Public Health Authority	A federal, state, local or tribal person or organization required to conduct public health activities.

Safeguarding	To ensure safekeeping of Protected Health Information for the patient.
Security Officer	A position mandated by the HIPAA. The responsibilities of this person are to oversee implementation of the requirements mandated by the Final Security regulation and any security requirements included in the other sections of the HIPAA regulation.
Security Rule	National standards put in place to protect patients' personal electronic health information through the use of appropriate safeguards that must be employed by covered entities.

T

Tracking of Disclosures	The HIPAA Privacy Rule gives individuals the right to request an accounting of disclosures of protected health information for the previous six years. This generally must include: the date of the disclosure, the name of the entity or person (and address, if known) that received the protected health information, a brief description of the information disclosed, and a brief statement of the purpose for the disclosure.
Transaction	The exchange of information for administrative or financial purposes such as health insurance claims or payment.
Treatment	The provision, coordination or management of health care and related services, including the coordination or management of health care by the Facility with a third party; consultation with other health care providers relating to a patient; or the referral of a patient for health care between the Facility and another health care provider.

U – V

Use	Sharing individually identifiable health information within a covered entity.
Violation	A violation of HIPAA. Entities found to be in violation are subject to both civil and monetary penalties.

W – X – Y - Z

Waiting Period	The time that must pass before an individual is eligible for benefits under the terms of the plan.
Waiver of Authorization	Under limited circumstances, a waiver of the requirement for authorization for the use or disclosure of private health information may be obtained.

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