Access - The ability to inspect, review or receive a copy of protected health information (PHI) held in a designated record set.

Authorization - A permission to use and disclose specific PHI identified for limited purposes requested. Authorizations must have a limited duration and may only be relied upon for that period of time.

Authorized Requestor - An individual who is the subject of the PHI or their legal representative, who is authorized to make health care decisions on behalf of the individual. For example, a court appointed legal guardian, a parent or guardian of a minor child, a health care power of attorney or a general power of attorney.

Benefits plan – An individual or group plan that provides or pays the cost of medical care.

Breach - The acquisition, access, use or disclosure of protected health information in a manner not permitted under the Privacy Rule which compromises the security or privacy of the PHI.

Business Associate - A person or organization that performs a health care operation function or activity on behalf of UC that is not part of UC’s workforce that involves the use or disclosure of PHI. A business associate may be a covered entity in its own right. The business associate must provide satisfactory assurances that it will appropriately safeguard PHI that it is uses or discloses on behalf of its work for UC.

Business Associate Agreement - A written document that lists the business associates obligations and responsibilities and agreement to protect the PHI that it uses or discloses on behalf of the hybrid entity.

Confidential Communication - A private communication made to an individual at an alternative location or by alternative means.

Covered Component - A university department or area that performs functions that make it a health plan or health care provider subject to the Privacy Rule.

Covered Entity - A health plan or health care provider that transmits any health information in an electronic form in conjunction with a transaction covered by HIPAA. For example, PHI that is held in paper or electronic format that is billed for electronically.

De-identified Protected Health Information - Health information that does not identify an individual, and where there is no reasonable basis to believe that the information can
be used to identify the individual. Removal of identifiers with a method described by the Secretary, Department Health and Human Services will render PHI de-identified.

The Safe Harbor de-identification method requires the removal of 18 types of identifiers of the individual or of relatives, employers or household members of the individual:

1. Names
2. All geographic subdivisions smaller than a state, including street address, city, county, precinct, ZIP code, and their equivalent geocodes, except for the initial three digits of the ZIP code if, according to the current publicly available data from the Bureau of the Census:
   A. The geographic unit formed by combining all ZIP codes with the same three initial digits contains more than 20,000 people; and
   B. The initial three digits of a ZIP code for all such geographic units containing 20,000 or fewer people is changed to 000
3. All elements of dates (except year) for dates that are directly related to an individual, including birth date, admission date, discharge date, death date, and all ages over 89 and all elements of dates (including year) indicative of such age, except that such ages and elements may be aggregated into a single category of age 90 or older
4. Telephone numbers
5. Fax numbers
6. Email addresses
7. Social Security numbers
8. Medical record numbers
9. Health plan beneficiary numbers
10. Account numbers
11. Certificate/license numbers
12. Vehicle identifiers and serial numbers, including license plate numbers
13. Device identifiers and serial numbers
14. Web Universal Resource Locators (URLs)
15. Internet Protocol (IP) addresses
16. Biometric identifiers, including finger and voice prints
17. Full-face photographs and any comparable images
18. Any other unique identifying number, characteristic, or code; and

The covered entity does not have actual knowledge that the information could be used alone or in combination with other information to identify an individual who is a subject of the information.

**Designated record set** - A group of records maintained by or for the covered entity that is the medical records and billing records about individuals maintained by or for a health care provider; the payment, claims adjudication, and case or medical management record systems maintained by or for health plan; or used in whole or in part, by or for the covered entity to make decisions about individuals.
**Disclosure** - The release or divulgence of protected health information whether verbal, electronic or on paper to a person, institution or entity that is not a part of UC.

**Electronic Protected Heath Information (ePHI)** is individually identifiable health information transmitted by electronic media or maintained in electronic media.

**Encryption** - The use of an algorithmic process to transform data into a form in which there is a low probability of assigning meaning without use of a confidential process or key and that process or key and such confidential process or key that would allow decryption has not been breached. The US Department of Health and Human Services (HHS) has identified certain encryption processes that meet this standard, including encryption processes for data at rest that are consistent with National Institute of Standards and Technology (NIST) standards.

**Health care component** – A component or combination of components of a hybrid entity designated by the hybrid entity.

**Health Care Operations** - Any of the following activities of the hybrid entity to the extent the activities are related to functions covered by HIPAA: quality assessment and improvement, development of clinical guidelines, case management and care coordination, contacting patients with information about treatment alternatives, reviewing the qualifications of health care professionals, conducting training programs in which students, trainees or practitioners in areas of health care learn under the supervision to practice or improve their skills as health care providers, certification, licensing or credentialing activities, conducting medial review, legal services, and audit functions, business planning, business management, compliance, customer services, data analysis and risk management.

**Health care provider** - A 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.

**Health Insurance Portability and Accountability Act of 1996 (HIPAA)** - Standards for Privacy of Individually Identifiable Health Information; Final Rule 45 CFR Parts 160 and 164. This federal rule includes standards to protect the privacy of individually identifiable health information and became effective April 14, 2003.

**The Health Information Technology for Economic and Clinical Health Act (HITECH)** - A federal act that promotes health care technology. It amends the HIPAA privacy rule and requires breach notification in the event of a breach of unsecured PHI. HITECH increases enforcement of HIPAA and increases the fines and penalties for violations.

**Hybrid entities** - Covered entities with different components that perform health care and non-health care activities and whose covered health care functions are not their primary functions, such as universities.
**Incidental use or disclosure** - A secondary use or disclosure that cannot be reasonably prevented, is limited in nature and occurs as a byproduct of an otherwise permitted use or disclosure.

**Individual** - The person identified as the subject of the PHI created by UC.

**Individually identifiable health information** - A subset of protected health information that includes demographic information collected from an individual and is created or received by a hybrid entity. This information relates to the past, present or future physical or mental health or condition of an individual.

**Institutional Review Board (IRB)** - A specially constituted review body established by an entity to protect the welfare of human subjects recruited to participate in clinical research. Under HIPAA the IRB can review and approve waivers of authorization to use and disclose PHI for research purposes.

**Licensed Health Care Professional** - A provider of medical or health care services with a license provided by state entity with licensing authority.

**Limited Data Set (LDS)** - PHI that excludes the following direct identifiers of the individual or of relatives, employers, or household members of the individual:

1. Names;
2. postal address information, other than town or city, state and ZIP code;
3. telephone numbers;
4. fax numbers;
5. Email addresses;
6. Social Security numbers;
7. medical record numbers;
8. health plan beneficiary numbers;
9. account numbers;
10. certificate/ license numbers;
11. vehicle identifiers and serial numbers, including license plate numbers;
12. device indicators and serial numbers;
13. Web Universal Resource Locators (URLs);
14. Internet Protocol (IP) address numbers;
15. biometric identifiers; including finger and voice prints; and
16. full face photographic images and any comparable images.

A LDS may include city, state, ZIP code and age. Birth date may be included if researcher and entity agree that it is necessary for the purpose of the research.

**Minimum Necessary** - Minimum necessary is the least amount of PHI that is used to accomplish the intended purpose of the use, disclosure, or request. Minimum necessary does not apply to disclosures to or requests by a health care provider for treatment;
uses or disclosure made to the individual, as permitted by authorization, for uses and
disclosures as required by law and for uses and disclosures used for compliance with
HIPAA.

**Mobile device** – A handheld transmitting device with the capability to access, transmit,
receive, and store PHI. Examples of mobile devices include smartphones, tablets, and
laptops.

**Notice of Privacy Practices** - A written document that is given to individuals that
addresses how the individuals' health care information will be used and disclosed and
an individual's rights over their PHI.

**Office for Civil Rights (OCR)** - The division of the Department of Health and Human
Services responsible for enforcement of the HIPAA privacy and security rule.

**Payment** - The activities undertaken by the health care provider or health plan to obtain
or provide reimbursement for the provision of health care.

**Privacy complaint** – A complaint filed when there is a belief that a component of the
hybrid entity or its business associate violated an individual’s privacy rights or
committed another violation of the Privacy, Security or Breach Notification Rules.

**Privacy Officer** - An official designated by UC to develop and implement privacy
related policies and procedures.

**Protected Health Information (PHI)** - Individually identifiable health information that is
transmitted electronically, maintained in any electronic medium, or transmitted or
maintained in any other form or medium. This information has been created or received
by a health care provider, health plan, public health authority, employer, life insurer,
school or university or health care clearinghouse that relates to the past, present and
future physical and mental health, provision of health care to the patient and payment
for the patient’s health care.

**Psychotherapy notes** - Notes that are recorded, either orally, in writing or electronically
by a mental health professional who is documenting or analyzing a conversations during
a counseling session whether it is with one individual or a group. The notes do not
include medication prescription and monitoring; the forma and frequency of treatment,
clinical test results; or summaries of diagnosis, functional status, there treatment plan,
symptoms, prognosis and progress. The notes are separated from the rest of an
individual’s medical record.

**Required by Law** - A mandate contained in law that compels a covered entity to make
a use or disclosure of PHI and that is enforceable in a court of law. Required by law
includes but is not limited, to court orders and court-ordered warrants, subpoenas or
summons issued by a court or a governmental or administrative body and a civil or an
authorized investigative demand.
**Research** - A systematic investigation, including research development, testing and evaluation designed to develop or contribute to generalizable knowledge.

**Treatment** - 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 relative to a patient; or the referral of a patient for health care from one health care provider to another.

**Unsecured Protected Health Information** - PHI that is not rendered unusable, unreadable or indecipherable to unauthorized persons through the use of a technology or methodology specified by the Secretary in the guidance issued under section 13402(h)(2) of Public Law 111-5.

**Use** - The release of information within the covered entity for utilization to carry out treatment, payment or health care operations.

**User** - A person or entity with authorized access to specific PHI.

**Workforce** - Employees, volunteers, trainees and other persons under the direct control of a covered entity, regardless of whether or not they are paid by the covered entity.