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<input checked="" type="checkbox"/> Health Quest Systems, Inc. <input checked="" type="checkbox"/> Sharon Hospital <input checked="" type="checkbox"/> HQ Home Care <input checked="" type="checkbox"/> Thompson House <input checked="" type="checkbox"/> Other HQ Entities Not Listed Above	<input checked="" type="checkbox"/> Northern Dutchess Hospital <input checked="" type="checkbox"/> Vassar Brothers Medical Center <input checked="" type="checkbox"/> HQ Medical Practice <input checked="" type="checkbox"/> Putnam Hospital Center <input checked="" type="checkbox"/> Heart Center <input checked="" type="checkbox"/> Sharon Hospital Medical Practice

## DEFINITIONS:

**Access:** the ability or the means necessary to read, write, modify, or communicate data/information or otherwise use any system resource, in connection with HIPAA security standards for the protection of electronic Protected Health Information.

**Administrative Safeguards:** administrative actions, policies and procedures, to manage the selection, development, implementation and maintenance of security measures to protect electronic Protected Health Information and to manage the conduct of the covered entity's workforce in relation to the protection of that information.

**Affiliated Covered Entities:** legally separate covered entities that are under common ownership or control and that have collectively designated themselves as a single affiliated covered entity for the purposes of the Privacy and Security Rule and documented the designation.

**Amendment:** to add information to an existing record, which provides additional information, clarifies or corrects existing information, or provides an alternative view with respect to information that the facility has compiled about the patient in the patient's designated record set.

**Authorization:** a patient's written permission to allow HQ to Use or Disclose specified Protected Health Information.

**Breach:** the acquisition, access, use, or disclosure of protected health information (PHI) in a manner not permitted under the Privacy Rule which compromises the security or privacy of the PHI and is presumed to be a breach unless HQ demonstrates that there is a low probability that the PHI has been compromised based on a risk assessment of at least the following factors:

1. The nature and extent of the PHI involved, including the types of identifiers and the likelihood of re-identification.
2. The unauthorized person who used the protected health information or to the disclosure was made;
3. Whether the PHI was actually acquired or viewed; and

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4. The extent to which the risk to the PHI has been mitigated.<sup>1</sup>

Breach excludes:

- Any unintentional acquisition, access or use of PHI by a workforce member or person acting under the authority of HQ or our Business Associate (BA), if such acquisition, access, or use was made in good faith and within the scope of authority and does not result in further use or disclosure in a manner not permitted under the Privacy Rule.
- Any inadvertent disclosure by a person who is authorized to access PHI at HQ or a BA to another person authorized to access PHI at the same CE or BA, or organized health care arrangement in which HQ participates, and the information received as a result of such disclosure is not further used or disclosed in a manner not permitted under the Privacy Rule.
- A disclosure of PHI where HQ or a BA has a good faith belief that an unauthorized person to whom the disclosure was made would not reasonably have been able to retain such information.

**Business Associate:** a company or individual who performs a function or service on behalf of HQ that creates, receives, maintains, or transmits Protected Health Information in connection with that function or service.

**Business Associate Agreement:** a contract between HQ and a Business Associate that meets the requirement specified by HIPAA.

**Confidential HIV-Related Information:** any information indicating that a patient has had an HIV-related test, has an HIV-related illness or AIDS, or has an HIV-related infection as well as any information that could reasonably identify the patient as a person who has had such a test, has an HIV-related illness or AIDS or has an HIV-related infection.

**Covered Entity:** a health plan, a health care clearinghouse, or a health care provider who transmits any health information in electronic form in connection with furnishing, billing, or receiving payment for health care.

**Data Aggregation:** with respect to Protected Health Information created or received by a business associate, the combining of such Protected Health Information with other Protected Health Information received by the business associate to create data analyses that relate to the health care operations of the respective covered entities.

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<sup>1</sup> 45 CFR §164.402

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**Data Use Agreement (DUA):** agreement that establishes who is permitted to use and receive a Limited Data Set, and the permitted Uses and Disclosures of such information by the recipient, and provides that the recipient will:

- not Use or Disclose the information other than as permitted by the DUA or as otherwise required by law;
- use appropriate safeguards to prevent uses or disclosures of the information that are inconsistent with the DUA;
- report to Health Quest Uses or Disclosures that are in violation of the DUA, of which it becomes aware;
- ensure that any agents to whom it provides the LDS agree to the same restrictions and conditions that apply to the LDS recipient, with respect to such information, and
- not re-identify the information or contact the individual.

**De-Identified Information:** health information that is not subject to the same regulations as Protected Health Information because there is no reasonable basis to believe the information could be used to identify an individual. Certain identifiers must be removed for information to be considered de-identified.

**Department of Health & Human Services:** the federal agency which, together with its Office of Civil Rights (OCR) is responsible for developing, promulgating and enforcing HIPAA rules, standards and implementation guidelines.

**Designated Record Set:** a group of records maintained by or for HQ that are medical records, billing records, a health plan’s enrollment, payment, claims adjudication, and case or medical management records, or any group of records that is used, in whole or in part, by or for HQ to make health care decisions about patients. The term record means any item, collection, or grouping of information that includes Protected Health Information and is maintained, collected, used, or disseminated by or for HQ.

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

**Electronic Health Record:** an electronic record of health-related information on an individual that is created, gathered, managed, and consulted by authorized health care clinicians and staff.

**Employer:** the person for whom an individual performs or performed any service, of whatever nature, as the employee of such person, except that if the person for whom the individual performs or performed the services does not have control of the payment of the wages for such services, the term “employer” means the person having control of the payment of such wages.

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**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 that would allow decryption has to been reached. HHS has identified certain encryption that meet this standard.

**ePHI:** electronic PHI; a subset of information covered by the Privacy Rule, which is all individually identifiable health information a covered entity creates, receives, maintains or transmits in electronic form.

**Fundraising:** any activity undertaken to raise money or other things of value on behalf of HQ. It also includes, but is not limited to, requests for donations and requests for sponsorship of events or activities (e.g., charity dinner).

**Health Care Operations:** a variety of activities undertaken by HQ in the regular course of business. Examples include conducting quality assessment and improvement activities, population-based activities related to improving health or reducing health costs, case and care coordination; review of professional’s qualifications; underwriting related to contracting; business planning and also regulatory reviews.

**Health Information:** any information, including genetic information, whether oral or recorded in any form or medium, that: (1) Is created or received by a health care provider, health plan, public health authority, employer, life insurer, school or university, or health care clearinghouse; and (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.

**Health Information Management or HIM:** the department that is responsible, among other things, for maintaining HQ’s patient records and access to such information.

**Health Plan:** a health plan, or insurer, means an individual or group plan that provides, or pays the cost of, medical care. This can include: a group health plan, an HMO, Medicare Part A or B, Medicaid, or a private health insurer.

**HIPAA:** the Health Insurance Portability and Accountability Act of 1996 as may be amended from time to time. As referenced within these policies, HIPAA includes the Privacy, Security, and Breach Notification Rules and the HITECH Act.

**Hybrid Entity:** a single legal entity that is a covered entity, whose business activities include both covered and non-covered functions: and that designates health care components.

**Identifier:** any of the following elements that can be used to identify individuals or their relatives,

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household members, or employers:

- Names
- 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 a zip code if, according to the current publicly available data from the Bureau of the Census: (1) the geographic unit formed by combining all zip codes with the same three initial digits contains more than 20,000 people; and (2) the initial three digits of a zip code for all such geographic units containing 20,000 or fewer people is changed to 000;
- All elements of dates (except year) for dates directly related to an individual, including birth date, admission date, discharge date, date of death; 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;
- Telephone numbers
- Fax numbers
- Electronic mail addresses
- Social security numbers
- Medical record numbers
- Health plan beneficiary number
- Account number
- Certificate/license numbers
- Vehicle identifiers and serial numbers, including license plate numbers
- Device identifiers and serial numbers
- Web Universal Resource Locators (URLs)
- Internet Protocol (IP) address numbers
- Biometric identifiers, including finger and voice prints
- Full face photographic images and any comparable images
- Any other unique identifying number, characteristic, or code except as permitted for dates, as described above.

**Incident or Privacy/Security Incident:** the unauthorized access, use, disclosure, theft, loss, modification, or destruction of protected health information or personally identifiable information. Incidents do not always arise to the level of a breach.

**Individually identifiable:** medical information includes or contains any element of personal identifying information sufficient to allow identification of the individual, such as the patient's name, address, electronic mail address, telephone number, or social security number, or other information that, alone or in combination with other publicly available information, reveals the individual's identity.

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**Information Technology or IT:** the information technology department for HQ.

**Limited Data Set:** a set of data in which most of the personal identifiers have been removed. Certain identifiers must be removed for a data set to be considered a Limited Data Set.

**Marketing:** any oral or written communications with a patient about a product or service that encourages the patient to purchase or use that product or service. Marketing may also include the provision of patient information to another organization so that it may market its own products and services if HQ receives direct or indirect Remuneration for providing the organization with this patient information. Marketing does not include communications that are made to describe a health-related product or service provided by HQ for Treatment purposes, case management, or care coordination purposes.

**Notice of Privacy Practices:** each covered entity, with certain exceptions, must provide a notice of its privacy practices. The Privacy Rule requires that the notice contain certain elements. The notice must describe the ways in which the covered entity may use and disclose protected health information. The notice must state the covered entity's duties to protect privacy, provide a notice of privacy practices, and abide by the terms of the current notice. The notice must describe individuals' rights, including the right to complain to HHS and to the covered entity if they believe their privacy rights have been violated. The notice must include a point of contact for further information and for making complaints to the covered entity. Covered entities must act in accordance with their notices. The Rule also contains specific distribution requirements for direct treatment providers, all other health care providers, and health plans.

**Office of Corporate Compliance, Internal Audit and Privacy or OCIAP:** the department that is responsible for overseeing HQ compliance with HIPAA Privacy Policies and Procedures. OCIAP is also responsible for breach investigations and notifications required by HIPAA.

**Patient Directory:** the list of patients who are admitted to a HQ hospital or affiliate. This list is generated by HQ's electronic health record system.

**Patient Conditions:** Per the American Hospital Association recommendation:

- **Undetermined** – the patient has not yet been assessed, diagnosed or treated.
- **Good**- the patient's vital signs are stable and within normal limits. He or she is conscious and comfortable, with excellent indicators for recovery.
- **Fair** – the patient's vital signs are stable and normal, and the patient is conscious but he/she might be uncomfortable. Indicators for recovery are favorable.
- **Serious**- the patient is very ill and might have unstable vital signs outside the normal limits. Indicators are questionable.

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- **Critical** – the patient has unstable vital that are not normal, an could be unconscious. Indicators for recovery are unfavorable.
- **Treated and Released** – the patient was treated but no admitted to the hospital.
- **Treated and transferred** – the patient received treatment at one facility and was then transferred to another facility.
- **Payment:** the various activities use to obtain reimbursement for the health care services they provide to patients such as billing, enrollment, eligibility, utilization review and medical necessity.

**Personal Representative:** a person who may legally act with authority on behalf of another person in making decisions about health care. Personal Representative also means: an adult granted the legal authority to act on behalf of an incompetent or minor patient in making health care decisions or obtaining information, or on behalf of a decedent’s estate in obtaining information. When appropriate, the Personal Representative may consent to treatment, receive and acknowledge receipt of the receipt of the personal health information, and/or exercise the patient’s rights related to the individual’s protected health information.

**Privacy Officer or Chief Privacy Officer:** the HQ designated HIPAA Privacy Officer, who is responsible for overseeing compliance with HIPAA policies and procedures. The Privacy Officer is a member of the OCIAP.

**Protected Health Information or PHI:** any individually identifiable health information (including demographic information) created, maintained, received, or transmitted by HQ that relates to health status, provision of health care or payment for health care and identifies the individual or there is a reasonable basis to believe it can be used to identify the individual. PHI does not include employment records that a covered entity maintains in its capacity as an employer.

**Psychotherapy Notes:** notes by a mental health professional that (1) document or analyze the contents of a conversation during a private counseling session, or during a group, joint, or family counseling session, and (2) that are maintained separately from the patient’s general medical record. If a mental health professional’s notes are for any reason placed in the patient’s general medical record, they are no longer Psychotherapy Notes. Psychotherapy Notes do not include medication related information, session start and stop times, and any summary of diagnosis, treatment plan, symptoms, and prognosis.

**Remuneration:** direct or indirect payment that flows from or on behalf of a third party whose product or service is being described. It does not include payment for the Treatment of an individual. For marketing purposes, remuneration does not include nonfinancial or in-kind benefits. For sale of Protected Health Information purposes, remuneration does include non-financial or in-kind benefits.



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**Reportable Incident:** any Breach, Unauthorized Access, or other Security Incident involving individually identifiable health information under any state or federal law or regulation.

**Research:** a systemic investigation, including Research development, testing, and evaluation, designed to develop or contribute to generalizable knowledge. This includes: basic research studies, clinical trials, or studies involving human subjects.

**Sensitive Protected Health Information:** Protected Health Information that pertains to (i) an individual's HIV status or treatment of an individual for an HIV-related illness or AIDS, (ii) an individual's substance abuse condition or the treatment of an individual for a substance abuse disorder (iii) an individual's mental health condition or treatment of an individual for mental illness, (iiii) or genetic information.

**Summary Health Information:** information that may be individually identifiable health information and (1) that summarizes the claim history, claims expenses, or types of claims experienced by individuals for whom a plan sponsor has provided health benefits under a group health plan; and (2) from which the information described has been deleted, except that the geographic information need only be aggregated to the level of a five digit zip code.

**Technical Safeguards:** the technology and the policy and procedures for its use that protect electronic Protected Health Information and control access to it.

**Transaction:** the transmission of information between two parties to carry out financial or administrative activities related to health care. It includes the following types of information transmissions:

- Health care claims or equivalent encounter information
- Health care payment and remittance advice
- Coordination of benefits
- Health care claim status
- Enrollment and disenrollment in a health plan
- Eligibility for a health plan
- Health plan premium payments
- Referral certification and authorization
- First report of injury
- Health claims attachments
- Other transactions that the DHHS Secretary may prescribe by regulation.



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**Treatment:** the provision, coordination, or management of health care and related services among health care providers or by a health care provider with a third party, consultation between health care providers regarding a patient, or the referral of a patient from one health care provider to another.

**Unauthorized:** the inappropriate access, review or viewing of patient medical information without a direct need for diagnosis, treatment, or other lawful use as permitted by and statute or regulation governing the lawful access, use or disclosure of medical information.

**Unsecured PHI:** PHI that is not secured through

- (a) Valid encryption technology processes
- (b) The destruction of the media on which the PHI is stored or recorded
  - (i) the paper, film, or other hard copy media have been shredded or destroyed such that the PHI cannot be read or otherwise cannot be reconstructed and
  - (ii) the electronic media have been cleared, purged, or destroyed consistent with NIST Special Publication 800-88 (Guidelines for Media Sanitation) such that the PHI cannot be retrieved. See DHHS Guidance Specifying the Technologies and Methodologies that Render PHI Unusable, Unreadable, or Indecipherable to Unauthorized Individuals, published April 17, 2009.

**Use:** with respect to PHI, the sharing, employment, application, utilization, examination, or analysis of such information within an entity holding the information.

**Workforce:** employees, including temporary agency or contract employees, health care professionals, including medical students and interns, volunteers, trainees, and other persons whose conduct, in the performance of work for HQ is under the direct control of HQ, whether or not they are paid by HQ.

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## Acronyms

**ACE** - Affiliated Covered Entity

**ARRA** – the American Recovery and Reinvestment Act of 2009

**BA** – Business Associate

**BAA** – Business Associate Agreement

**CFR** – Code of Federal Regulations

**CE** – Covered Entity

**DHHS** – US Department of Health and Human Services

**EPHI** – Electronic Protected Health Information

**HIPAA** – the Administrative Simplification provisions of The Health Insurance Portability and Accountability Act of 1996

**HITECH** – the Health Information Technology for Economic and Clinical Health Act that appears as Title XIII of division A of ARRA

**HQ** – Health Quest

**ID** – Identification

**IIHI** – Individually identifiable health information

**IRB** – Institutional Review Board

**IS** – Information System

**IT** – Information Technology

**LDS** – Limited Data Set

**PHI** – Protected Health Information