



**COUNTY OF EL DORADO, CALIFORNIA
BOARD OF SUPERVISORS POLICY**

Subject: PRIVACY: GENERAL - EXHIBIT 'A'	Policy Number L-2	Page Number: Page 1 of 6
	Date Adopted: 1/23/07	Revised Date:

HIPAA Glossary

Term	Definition
Access	Privacy access means the right of an individual to inspect or obtain a copy of their protected health information in a designated record set for as long as the information is maintained by the covered entity in the designated record set. Security access means the ability or the means necessary to read, write, modify, or communicate data/information or otherwise use any system or resource.
Accounting of Disclosures	A report made to an individual, upon request, listing what disclosures (for which HIPAA requires an accounting) have been made.
Amendments	An individual's request to make an amendment to a designated record set containing their protected health information.
Authentication	Means the corroboration that a person is the one claimed.
Authorization	A valid document that provides permission, limited to the purpose of the authorization, to use or disclose protected health information.
Business Associate	A person or organization that performs on behalf of a covered entity a function or activity involving the use or disclosure of PHI.
Covered Entities	Health plans, health care clearinghouses, and health care providers that conduct standard electronic transactions.
Covered Functions	The functions of a covered entity which makes the entity a health plan, health care provider, or a health care clearinghouse.
De-Identified Information	Health information that does not identify an individual or there is no reasonable basis to believe the information can be used to identify an individual. De-identified information is not PHI.



**COUNTY OF EL DORADO, CALIFORNIA
BOARD OF SUPERVISORS POLICY**

Subject: PRIVACY: GENERAL - EXHIBIT 'A'	Policy Number L-2	Page Number: Page 2 of 6
	Date Adopted: 1/23/07	Revised Date:

HIPAA Glossary

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Designated Record Sets	A group of records maintained by or for a covered entity that is used in whole or in part by or for the covered entity to make decisions about individuals. For health care providers the information includes medical records and billing information about individuals. For health plans it includes enrollment, payment, claims adjudication, and case or medical management record systems.
Disclosure	The release, transfer, provision of, access to, or divulging in any manner, information outside the entity holding the information.
Health Care	Care, services, or supplies related to the health of an individual.
Health Care Clearinghouse	A public or private entity that processes health information received from an entity in a nonstandard format into standard data elements or a standard transaction.
Health Care Operations	Activities related to covered functions that include: quality assessment and improvement activities, staff evaluations, insurance related activities, administrative function including legal services, auditing functions, fraud investigations, business planning and development, business management, and general administrative activities.
Health Care Provider	A provider of medical or health services or any other person or organization who furnishes, bills, or is paid for health care in the normal course of business.
Health Information	Information recorded in any form or medium that is created or received by a health care provider, health plan, public health authority, employer, life insurer, school or university, or health clearinghouse; and 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.



**COUNTY OF EL DORADO, CALIFORNIA
BOARD OF SUPERVISORS POLICY**

Subject: PRIVACY: GENERAL - EXHIBIT 'A'	Policy Number L-2	Page Number: Page 3 of 6
	Date Adopted: 1/23/07	Revised Date:

HIPAA Glossary

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Health Plan	An individual or group plan that provides or pays the cost of medical care.
HIPAA	Health Insurance Portability and Accountability Act - The 1996 federal law that established national standards for the protection of health information.
Hybrid Entity	A single legal entity that is a covered entity whose business activities include both covered and non-covered functions and has designated health care components.
Incidental Disclosures	Uses or disclosures of protected health information that it is accidentally or not intentionally disclosed and the covered entity has minimum necessary safeguards in place.
Information System	An interconnected set of information technology resources under the same direct management control that shares common functionality. A system normally includes hardware, software, information, data, applications, communications, and people.
Integrity	Data or information has not been altered or destroyed in an unauthorized manner.
Malicious Software	Software designed to damage or disrupt a system (e.g., a virus or worm).
Marketing	To make a communication about a product or service that encourages the recipient of the communication to purchase or use the product or service. Unless the communication is made, to describe a health-related product or service provided by or included in a plan of benefits of the covered entity for treatment of the individual, for case management, or care coordination.
Minimum Necessary	Reasonable efforts to limit PHI to the minimum necessary to accomplish the intended purpose of the use, disclosure, or request.



**COUNTY OF EL DORADO, CALIFORNIA
BOARD OF SUPERVISORS POLICY**

Subject: PRIVACY: GENERAL - EXHIBIT 'A'	Policy Number L-2	Page Number: Page 4 of 6
	Date Adopted: 1/23/07	Revised Date:

HIPAA Glossary

Term	Definition
Notice of Privacy Practices (NPP)	An adequate notice of an individual's rights concerning the uses and disclosures of PHI that may be made by the covered entity, and the covered entity's legal duties with respect to PHI.
Organized Health Care Arrangement (OHCA)	A clinically integrated care setting in which individuals typically receive health care from more than one health care provider, or an organized system of health care in which more than one covered entity participates in a joint arrangement, or other group health plan arrangement [45 CFR 160.103].
Password	Information composed of a string of characters which allows confidential authentications.
Payment	Activities undertaken by a health plan to obtain premiums or to determine or fulfill its responsibility for coverage and the provision of benefits under the health plan, or activities by a health care provider to obtain reimbursement for the provision of health care.
Portability	The portion of HIPAA that provides for continued health insurance in certain circumstances.
Preemption	Where a provision of HIPAA is contrary to a provision of state law or the provision of state law is more stringent than the HIPAA standard or an exception determination that has been granted by the Secretary of the U.S. Department of Health and Human Services.
Protected Health Information (PHI)	Individually identifiable health information that: is transmitted or maintained in any form or medium including demographic information collected from an individual; is created or received by a health care provider, health plan, employer, or health care clearinghouse; relates to the past, present, or future physical or mental health or condition of an individual; is related to the provision of health care to an individual including the past,



**COUNTY OF EL DORADO, CALIFORNIA
BOARD OF SUPERVISORS POLICY**

Subject: PRIVACY: GENERAL - EXHIBIT 'A'	Policy Number L-2	Page Number: Page 5 of 6
	Date Adopted: 1/23/07	Revised Date:

	present, or future payment for the provision of health care;
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HIPAA Glossary

Term	Definition
Protected Health Information (PHI) - continued	Identifies the individual or there is reasonable basis to believe the information can be used to identify the individual [45 CFR 1634.501].
Rebuttal	A written statement rebutting the individual's statement of disagreement.
Required by Law	A legal mandate that compels a covered entity to make a use or disclosure of PHI which is enforceable in a court of law.
Restricted Disclosures	An agreement by a covered entity to restrict disclosure of an individual's PHI as requested by the individual.
Safeguards	Appropriate administrative, technical, physical measures, and policies and procedures to protect the privacy of PHI.
Sanctions	Penalties, corrective action, adverse action, or criminal prosecution that may result from violating HIPAA privacy requirements.
Security Incident	The attempted or successful unauthorized access, use, disclosure, modification, or destruction of information or interference with system operations in an information system.
Standard Transaction	The exchange of information between two parties to carry out financial and administrative activities related to health care.
Statement of Disagreement	An individual's written statement disagreeing with the denial of all or part of a requested amendment to an individual's designated record set.
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



**COUNTY OF EL DORADO, CALIFORNIA
BOARD OF SUPERVISORS POLICY**

Subject: PRIVACY: GENERAL - EXHIBIT 'A'	Policy Number L-2	Page Number: Page 6 of 6
	Date Adopted: 1/23/07	Revised Date:

	referral of a patient for health care from one health care provider to another.
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HIPAA Glossary

Term	Definition
Use	With respect to individually identifiable health information, the sharing, employment, application, utilization, examination, or analysis of such information within an entity that maintains such information.
User	A person or entity with authorized access.
Workforce	Employees, volunteers, trainees, and other persons whose conduct, in the performance of work for a covered entity, is under the direct control of such entity, whether or not they are paid by the covered entity.
Workstation	An electronic computing device, for example, a laptop or desktop computer, or any other device that performs similar functions, which stores electronic medial in immediate environment.

Primary Department: Privacy Compliance Office

References: 45 CFR § 160-164