

General Compliance - *HIPAA SAPs*

Definitions

Accounting for Disclosures - Information that describes a covered entity's disclosures of PHI other than for treatment, payment, and health care operations; disclosures made with Authorization; and certain other limited disclosures. For those categories of disclosures that need to be in the accounting, the accounting must include disclosures that have occurred during the 6 years (or a shorter time period at the request of the individual) prior to the date of the request for an accounting. However, PHI disclosures made before the compliance date for a covered entity are not part of the accounting requirement.

Authorization - An individual's written permission to allow a covered entity to use or disclose specified PHI for a particular purpose. Except as otherwise permitted by the Rule, a covered entity may not use or disclose PHI for research purposes without a valid Authorization.

Business Associate - A person or entity who, on behalf of a covered entity, performs or assists in performance of a function or activity involving the use or disclosure of individually identifiable health information, such as data analysis, claims processing or administration, utilization review, and quality assurance reviews, or any other function or activity regulated by the HIPAA Administrative Simplification Rules, including the Privacy Rule. Business associates are also persons or entities performing legal, actuarial, accounting, consulting, data aggregation, management, administrative, accreditation, or financial services to or for a covered entity where performing those services involves disclosure of individually identifiable health information by the covered entity or another business associate of the covered entity to that person or entity. A member of a covered entity's workforce is not one of its business associates. A covered entity may be a business associate of another covered entity.

Business Associate Agreement or BAA - The BAA is a legal contract that describes how the business associate adheres to HIPAA along with the responsibilities and risks they take on.

Business Unit - A component or segment of a Texas A&M University (such as accounting, dentistry, engineering) representing a specific business function, and a definite place on the organizational chart, under the domain of a manager. Also called department, division, college or a functional area.

Covered Entity - A health plan, a health care clearinghouse, or a health care provider who transmits health information in electronic form in connection with a transaction for which HHS has adopted a standard.

Covered Functions -The functions that Office for Civil Rights (OCR) can regulate based on an entity's status as a Covered Entity. That is, functions that relate to the entity's operation of a health plan, health care provider, or health care clearinghouse are considered covered functions.

Data User - Defined as a person who makes use of personal information for a certain purpose.

Data Use Agreement - An agreement (addendum to an underlying agreement) into which the covered entity enters with the intended recipient of a limited data set that establishes the ways in which the information in the limited data set may be used and how it will be protected.

Designated Record Set - A group of records maintained by or for a covered entity that includes (1) medical and billing records about individuals maintained by or for a covered health care provider; (2) enrollment, payment, claims adjudication, and case or medical management record systems maintained by or for a health plan; or (3) used, in whole or in part, by or for the covered entity to make decisions about individuals. A record is any item, collection, or grouping of information that includes PHI and is maintained, collected, used, or disseminated by or for a covered entity.

Disclosure - The release, transfer, access to, or divulging of information in any other manner outside the entity holding the information.

Hybrid Entity - A single legal entity that is a covered entity, performs business activities that include both covered and non-covered functions, and designates its health care components as provided in the Privacy Rule. If a covered entity is a hybrid entity, the Privacy Rule generally applies only to its designated health care components. However, non-health care components of a hybrid entity may be business associates of one or more of its health care components, depending on the nature of their relationship.

Individually Identifiable Health Information - Information that is a subset of health information, including demographic information collected from an individual, and (1) is created or received by a health care provider, health plan, employer, 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; and (a) that identifies the individual; or (b) with respect to which there is a reasonable basis to believe the information can be used to identify the individual.

Limited Data Set - Refers to PHI that excludes 16 categories of direct identifiers and may be used or disclosed, for purposes of research, public health, or health care operations, without obtaining either an individual's Authorization or a waiver or an alteration of Authorization for its use and disclosure, with a data use agreement.

Minimum Necessary - The least information reasonably necessary to accomplish the intended purpose of the use, disclosure, or request. Unless an exception applies, this standard applies to a covered entity when using or disclosing PHI or when requesting PHI from another covered entity. A covered entity that is using or disclosing PHI for research without Authorization must make reasonable efforts to limit PHI to the minimum necessary. A covered entity may rely, if reasonable under the circumstances, on documentation of IRB or Privacy Board approval or other appropriate representations and documentation under section 164.512(i) as establishing that the request for protected health information for the research meets the minimum necessary requirements.

Protected Health Information or PHI - PHI is individually identifiable health information **created or collected by a Covered Entity** (or a Business Associate of a Covered Entity), transmitted by electronic media, maintained in electronic media, or transmitted or maintained in any other form or medium. PHI excludes education records covered by the Family Educational Rights and Privacy Act, as amended, 20 U.S.C. 1232g, records described at 20 U.S.C. 1232g(a)(4)(B)(iv), and employment records held by a covered entity in its role as employer.

Privacy POC – A appointed individual to serve as the privacy point of contact (“Privacy POC”) for Health Care Component (HCC). The Privacy POC shall coordinate with the Texas A&M Privacy Officer concerning implementation of the Texas A&M HIPAA Standard Administrative Procedures within the POC’s HCC.

HIPAA – **HIPAA** (Health Insurance Portability and Accountability Act of 1996) is United States legislation that provides data privacy and security provisions for safeguarding medical information.

HIPAA Health Care Component – Business Units designated in accordance with Texas A&M University's Standard Administrative Procedure (SAP) 16.99.99.M0.01, *Designation as a Hybrid Entity*.

Workforce Member- Means employees, volunteers, trainees, and other persons whose conduct, in the performance of work for a covered entity or business associate, is under the direct control of such covered entity or business associate, whether or not they are paid by the covered entity or business associate.