Glossary of HIPAA Terms

HIPAA has its own language; special terms that you need to understand in order to accomplish your compliance efforts. This glossary provides these specific definitions. Please note that these are working definitions (and not the exact legal definitions) that are easier to read and understand.

Business Associate	A person or organization that performs a function or activity on behalf of a *covered entity*, but is not part of the *covered entity's workforce*. A *business associate* can also be a *covered entity* in its own right.
Compliance date	The date by which a covered entity must comply with a standard, *implementation specification*, requirement, or *modification.* Usually 24 months after the effective date of a standard.
Chain of Trust	A term used in the HIPAA Security regulations for a pattern of agreements that extend protection of health care data by requiring that each *covered entity* that shares health care data with another entity require that that entity provide protections comparable to those provided by the *covered entity*, and that that entity, in turn, require that any other entities with which it shares the data satisfy the same requirements.
Code Set	Any set of codes used to encode *data elements*, such as tables of terms, medical concepts, medical diagnostic codes, or medical procedure codes. This includes both the codes and their descriptions.
Covered entity	(1) A health plan. (2) A health care clearinghouse. (3) A health care provider who transmits any health information in electronic form in connection with a transaction covered by this subchapter. (Note: this is the definition provided in the transaction standards section. Federal courts and an anticipated administrative rulings clarify that the latter portion of this definition apply only to the transaction standards and that ALL health care providers are subject to the provisions of the privacy and security regulations.)
Electronic Data Interchange (EDI)	Electronic exchange of formatted data using defined and accepted industry standards.
Effective Date	The date that a final rule is effective, usually 60 days after it is published in the Federal Register.
FAQ(s)	Frequently Asked Question(s).
HHS	The Department of Health and Human Services, the administrative body responsible for determining the HIPAA regulations and ensuring their enforcement.
Health care	Care, services, or supplies related to the health of an individual. *Health care* includes, but is not limited to: (1) Preventive, diagnostic, therapeutic, rehabilitative, maintenance, or palliative care, and counseling, service, assessment, or procedure with respect to the physical or mental condition, or functional status, of an individual or that affects the structure or function of the body; and (2) Sale or dispensing of a drug, device, equipment, or other item in accordance with a prescription.
Health care Clearinghouse	A public or private entity, including a billing service, repricing company, community health management information system or community health information system, and "value-added" networks and switches, that does either of the following functions: (1) Processes or facilitates the processing of health information received from another entity in a nonstandard format or containing nonstandard data content into standard *data elements* or a standard transaction. (2) Receives a standard transaction from another entity and processes or facilitates the processing of health information into nonstandard format or nonstandard data content for the receiving entity.
Health care provider	A provider of services (as defined in section 1861(u) of the Act, 42 U.S.C. 1395x(u)), a provider of medical or health services (as defined in section 1861(s) of the Act, 42 U.S.C. 1395x(s)), and any other person or organization who furnishes, bills, or is paid for health care in the normal course of business.
Health information	Any 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 Care Operations	The use of PHI is restricted by the privacy rule, except for treatment, payment and Health Care Operation activities. Health care operations, as defined by the statute, include: (1) conducting quality assessment and improvement activities (2) accrediting/licensing of health care professionals (3) evaluating health care professional performance (4) training future health care professionals (5) activities relating to the renewal of a contract for insurance (6) conducting or arranging for medical review and auditing services (7) compiling and analyzing information for use in a civil or criminal legal proceeding
Implementation specification	Specific requirements or instructions for implementing a standard.
Individually identifiable data	Data that can be readily associated with a specific individual. Examples would be a name, a personal identifier, or a full street address. Includes data that alone could not identify an individual, could collectively identify an individual.
"Minimum Necessary" Rule or Minimum Scope of Disclosure	The principle that, to the extent practical, individually identifiable health information should only be disclosed to the extent needed to support the purpose of the disclosure.
Office for Civil Rights (OCR)	The entity within the Department of Health and Human Services (HHS) responsible for enforcing the HIPAA privacy rules.
Payer	An entity that assumes the risk of paying for medical treatments. This can be an uninsured patient, a self-insured employer, a health plan, or an HMO.
Protected Health Information (PHI)	Individually identifiable health information that is transmitted or maintained in any form or medium, including electronic, written, oral or other.
Standard	A rule, condition, or requirement: (1) Describing the following information for products, systems, services or practices: (i) Classification of components. (ii) Specification of materials, performance, or operations; or (iii) Delineation of procedures; or (2) With respect to the privacy of individually identifiable health information.
Standard setting organization (SSO)	An organization accredited by the American National Standards Institute that develops and maintains standards for information transactions or data elements, or any other standard that is necessary for, or will facilitate the implementation of, these regulations.
Trading partner agreement	An agreement related to the exchange of information in electronic transactions, whether the agreement is distinct or part of a larger agreement, between each party to the agreement. (For example, a trading partner agreement may specify, among other things, the duties and responsibilities of each party to the agreement in conducting a standard transaction.)
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: (1) Health care claims or equivalent encounter information. (2) Health care payment and remittance advice. (3) Coordination of benefits. (4) Health care claim status. (5) Enrollment and disenrollment in a health plan. (6) Eligibility for a health plan. (7) Health plan premium payments. (8) Referral certification and authorization. (9) First report of injury. (10) Health claims attachments. (11) Other transactions that the Secretary may prescribe by regulation.
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.