

## HIPAA Definitions

**Designated Record Set** – A group of records maintained by or for a covered entity that is:

- 1) The medical records and billing records about individuals maintained by or for a covered health care provider
- 2) The enrollment, payment, claims adjudication, and case or medical management record systems maintained by or for a health plan
- 3) Used, in whole or in part, by or for the covered entity to make decisions about individuals

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

**Health Care** – Care, services, or supplies related to the health of an individual. Health care includes, but is not limited to the following:

- 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.

**Indirect treatment relationship** – A relationship between an individual and a health care provider in which:

- 1) The health care provider delivers health care to the individual based on the orders of another health care provider
- 2) The health care provider typically provides services or products, or reports the diagnosis or results associated with the health care, directly to another health care provider, who provides the services or products or reports to the individual.

**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 clearing house; 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; of 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.

**Protected Health Information (PHI)** – Individually identifiable health information that is: maintained in any medium, paper or electronic; transmitted in electronic form; transmitted in any other form or medium, such as fax or orally.

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