PURPOSE
In accordance with 45 CFR §§ 160.103 and 164.501, The University of Arizona (“UA”) adopts and implements this policy in order to provide definitions of the terms used in UA HIPAA policies, procedures and forms.

REVIEW/REVISIONS
• 06/2015

DEFINITIONS
The following terms and acronyms are used in the HIPAA Privacy Program Policies, Procedures, and Guidance and have the following definitions and meanings; provided, however, that in the event any definition below differs from the definition provided by HIPAA, the definition set forth by HIPAA shall govern:

1. Accounting of Disclosures means a written record of certain disclosures of PHI that may be required to be maintained and provided to a requesting individual under certain prescribed circumstances.
2. Authorization means a written document completed and signed by the individual that generally allows use and disclosure of PHI for purposes other than treatment, payment or health care operations.
3. BA means Business Associate.
4. BAA means Business Associate Agreement.
5. Business Associate means a person, entity, company or organization that is not a member of UA’s workforce and yet performs a function or activity on behalf of UA that involves the use or disclosure of PHI.
6. CE means Covered Entity.
7. Covered Entity means a:
   A. A health plan;
   B. A health clearinghouse; and/or
   C. A health care provider that:
      i. Transmits any health information in electronic form in connection with a transaction covered by HIPAA.
8. Covered Function(s) means functions of a covered entity the performance of which makes the entity a health plan, health care provider, or health care clearinghouse.
9. De-identification means health information that does not identify an individual and with respect to which there is no reasonable basis to believe that the information can be used to identify an individual is not individually identifiable health information.
10. De-identified Data means de-identified data and/or information.
11. DRS means designated record set.
12. Designated Record Set is a group of records maintained by or for a covered entity that is:
A. Medical records and billing records used by a covered entity to make decisions about an individual;
B. The enrollment, payment, claims adjudication, and case or medical management record systems maintained by or for a health plan; or
C. Used, in whole or in part, by or for the plan to make decisions about individuals.

13. **DUA** means data use agreement.

14. **e-PHI** is electronic protected health information.

15. **HCC(s)** means health care component.

16. **Health Care Component** means a component or combination of components of a hybrid entity designated by the hybrid entity in accordance with § 164.105(a)(2)(iii)(D).

17. **HIPAA** means Health Insurance Portability and Accountability Act of 1996, 42 U.S.C. § 1320d et seq. Also, all applicable UA policies and procedures and HIPAA and HiTECH rules and regulations collectively are HIPAA.

18. **Hybrid Entity** is a single legal entity:
   A. That is a covered entity;
   B. Whose business activities include both covered and non-covered functions; and
   C. That designates health care components in accordance with paragraph § 164.105(a)(2)(iii)(D).

19. **IIHI** means individually identifiable health information.

20. **Individually Identifiable Health Information** is information that is a subset of health information, including demographic information collected from an individual, and:
   A. Is created or received by a health care provider, health plan, employer, or health care clearinghouse; and
   B. 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
   C. That identifies the individual; or
   D. With respect to which there is a reasonable basis to believe the information can be used to identify the individual.

21. **Incidental Disclosure** means the incidental release, transfer, provision of access to, or divulging in any manner of information outside the entity holding the information.

22. **LDS** means limited data set.

23. **Minimum Necessary** (Standard) is a standard such that only the minimum necessary PHI may be used or disclosed to achieve the intended purpose of the use or disclosure.

24. **PHI** means protected health information.

25. **Procedure**: a particular way of accomplishing something or of acting.

26. **Protected Health Information** means individually identifiable health information that is:
A. Transmitted by electronic media;
B. Maintained in electronic media; or
C. Transmitted or maintained in any other form or medium.
27. **Standard**: a set of instructions for use in developing internal policies, procedures or guidance.
28. **Workforce** means employees, authorized volunteers, students, 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 or business associate.