

## UW Medicine Compliance Glossary

Glossary Term	Content Area	Definition
1. <b>Abuse or Neglect</b>	Patient Information Privacy and Security	Injury, sexual abuse, sexual exploitation, negligent treatment, or maltreatment of a child or vulnerable adult by any person under circumstances which indicate that the child's or vulnerable adult's health, welfare, and safety is harmed. (Source: Revised Code of Washington (RCW) 26.44.020(1), RCW 74.34.020(2) and (16))
2. <b>Active Billing Period</b>	Research Billing	The time period marked by the first and last dates that the study subject will receive billable study-related services.
3. <b>Administrative Safeguards</b>	Patient Information Privacy and Security	Administrative actions, policies and procedures to manage the selection, development, implementation and maintenance of security measures to protect electronic protected health information (PHI), and to manage the conduct of UW Medicine's workforce in relation to the protection of that information. (Source: 45 C.F.R. § 164.304)
4. <b>Auditing</b>	Compliance Program	A formal, systematic, and disciplined review (of compliance-related documentation, processes and/or practices, and controls to evaluate and improve effectiveness and mitigate organizational risk) completed by compliance officials, independent of the operation being evaluated, under the direction of the responsible compliance officer.
5. <b>Authorization</b>	Patient Information Privacy and Security	A written detailed document that gives UW Medicine permission to use and/or disclose PHI for specified purposes, which are generally other than treatment, payment or healthcare operations (TPO), or to disclose PHI to a third party specified by the individual. (Source: <a href="#">U.S. Department of Health &amp; Human Services (HHS) FAQ 264 - What is the difference between "consent" and "authorization" under the HIPAA Privacy Rule?</a> )
6. <b>Billing Ended</b>	Research Billing	The date on which there are no further study-related services that could generate a UW Physicians (UWP), Patient Financial Services (PFS) or Clinical Research Budget and Billing (CRBB) billable charge to either a study subject or the study budget.
7. <b>Billing Grid</b>	Research Billing	A document that lists the study-related billable clinical services, items or tests included in a study protocol. The billing grid identifies what practice sites are planned for study visits; what services, items or tests will be provided; and indicates whether the study sponsor or study subject will be billed.
8. <b>Breach</b>	Patient Information Privacy and Security	The acquisition, access, use or disclosure of PHI in a manner not permitted under Health Insurance Portability and Accountability Act of 1996 (HIPAA) which compromises the security and privacy of PHI. See also <a href="#">COMP.105 Breach Notification</a> . (Source: 45 C.F.R. § 164.402)
9. <b>Breach Discovery Date</b>	Patient Information Privacy and Security	The first day on which the breach is known (or should have reasonably been known) to have occurred by any workforce member or agent of UW Medicine (other than the person committing the breach). See also <a href="#">COMP.105 Breach Notification</a> . (Source: 45 C.F.R. § 164.404(a)(2))

# UW Medicine

Glossary Term	Content Area	Definition
<b>10. Business Associate</b>	Patient Information Privacy and Security	A non-UW Medicine entity or individual that performs a service or activity for or on behalf of the University of Washington or UW Medicine involving the use or disclosure of PHI. Examples include consultants, vendors, external auditors, etc. (Source: 45 C.F.R. § 160.103, <a href="#">HHS Guidance: Business Associates</a> )
<b>11. Campus</b>	EMTALA	The physical area immediately adjacent to a hospital's main buildings, other areas and structures that are not strictly contiguous to the main buildings but are located within 250 yards of the main buildings, and any other areas determined on an individual case basis by the Centers for Medicaid and Medicare Services (CMS) regional office to be part of the hospitals' campuses. Excludes private physician offices or other businesses that may be located on hospital property but do not house hospital functions or services and which are not hospital owned or operated. (Source: 42 C.F.R. § 413.65(a)(2))
<b>12. Capacity</b>	EMTALA	The ability of the hospital to accommodate the individual requesting a medical screening examination or to provide necessary stabilizing treatment of an individual who is diagnosed with an emergency medical condition; and encompasses such things as numbers and availability of qualified staff, beds and equipment and the hospital's past practices of accommodating additional patients in excess of its occupancy limits. (Source: 42 C.F.R. § 489.24(b))
<b>13. Category A and B Investigational Device Coverage Rules</b>	Research Billing	Medicare's policy that defines coverage of investigational device studies for Medicare beneficiaries. The rules also define coding requirements for claims billed to Medicare in the context of these studies. Under these rules, Medicare may provide coverage for certain research-related clinical services, items, or tests that are provided to study subjects for studies that meet certain conditions and after Medicare pre-authorization is obtained. (Source: <a href="#">Medicare Benefit Policy Manual, Chapter 14 - Medical Devices</a> )
<b>14. Chief Privacy Officer</b>	Patient Information Privacy and Security	See <a href="#">UW Medicine Chief Privacy Officer</a> .
<b>15. Child</b>	Patient Information Privacy and Security	Any person under eighteen years of age. (Source: RCW 26.44.020(2))  See also <a href="#">Minor</a> .
<b>16. Claim</b>	Billing Compliance	Any request or demand, whether under a contract or otherwise, for money or property which is made to a contractor, grantee, or other recipient. (Source: 31 U.S.C. § 3729(b)(2))
<b>17. Class of Person(s)</b>	Patient Information Privacy and Security	Individual(s) within a group who have the same role and responsibilities (for example: nurse practitioners, physicians, medical students, health information technicians II).

Glossary Term	Content Area	Definition
<b>18. Clinical Research Budget and Billing (CRBB)</b>	Research Billing	The centralized UW School of Medicine support office that serves as a resource to assist faculty and staff in budgeting, billing, and Medicare coverage analyses for clinical research projects.
<b>19. Clinical Trials Policy (CTP)</b>	Research Billing	<p>Medicare’s policy defining coverage of clinical research for Medicare beneficiaries. Under this policy, Medicare may provide coverage for routine costs for certain (deemed qualified) research studies. The policy also defines coding requirements for research services, items, and tests billed to Medicare in the context of these studies.</p> <p>(Source: <a href="#">National Coverage Determination (NCD) for Routine Costs in Clinical Trials (310.1)</a>)</p>
<b>20. Comes To The Emergency Department (ED)</b>	EMTALA	<p>Means that the individual:</p> <ul style="list-style-type: none"> <li>• Has presented at the dedicated emergency department and requested examination or treatment for a medical condition, or has such a request made on his or her behalf. If a prudent layperson observer would believe based on the individual’s appearance or behavior that the individual needs examination or treatment for an emergent medical condition, staff should proceed in accordance with this policy regardless of whether a request for examination or treatment has been made by or on behalf of the individual.</li> <li>• Has presented on hospital property, other than the dedicated emergency department and requests examination or treatment for what may be an emergency medical condition, or has such a request made on his or her behalf. If a prudent layperson observer would believe, based on the individual’s appearance or behavior, that the individual needs emergency examination or treatment, staff should proceed in accordance with this policy regardless of whether a request for examination or treatment has been made by or on behalf of the individual.</li> <li>• Is in a ground or air nonhospital-owned ambulance on hospital property for presentation for examination and treatment for a medical condition at the hospital’s dedicated emergency department. However, an individual in an ambulance owned and operated by the hospital is not considered to have “come to the hospital's emergency department” if– <ul style="list-style-type: none"> <li>(i) The ambulance is operated under communitywide emergency medical service (EMS) protocols that direct it to transport the individual to a hospital other than the hospital that owns the ambulance; for example, to the closest appropriate facility. In this case, the individual is considered to have come to the emergency department of the hospital to which the individual is transported, at the time the individual is brought onto hospital property;</li> <li>(ii) The ambulance is operated at the direction of a physician who is not employed or otherwise affiliated with the hospital that owns the ambulance; or</li> </ul> </li> <li>• Is in a ground or air nonhospital-owned ambulance on hospital property for presentation for examination and treatment for a medical condition at a hospital's dedicated emergency department. However, an individual in a nonhospital-owned ambulance off hospital property is not considered to have come to the hospital's emergency department, even if a member of the ambulance staff contacts the hospital by telephone or telemetry communications and informs the hospital that they want to transport the individual to the hospital for examination and treatment. The hospital may direct the ambulance to another facility if it is in “diversionary status,” that is, it does not have the staff or facilities to accept any additional emergency patients. If, however, the ambulance staff disregards the hospital's diversion instructions and transports the individual onto hospital property, the individual is considered to have come to the emergency department.</li> </ul> <p>(Source: 42 C.F.R. § 489.24(b))</p>

# UW Medicine

Glossary Term	Content Area	Definition
21. <b>Compliance Officer Liaison (CO Liaison)</b>	Compliance Program	Authorized to carry out the eight elements of the compliance program for own department and content area outside the jurisdiction of the <a href="#">UW Medicine Compliance Program</a> .
22. <b>Compliance Official</b>	Compliance Program	<a href="#">Designated institutional official</a> authorized with scope and jurisdiction over healthcare compliance content areas and issues.  See <a href="#">UW Medicine Compliance Program</a> .
23. <b>Correctional Facility Officials</b>	Patient Information Privacy and Security	An officer or employee of any federal, state or local agency (including an Indian Tribe) who is empowered by law to investigate or conduct an official inquiry into a potential violation of law OR prosecute or otherwise conduct a criminal, civil or administrative proceeding arising from an alleged violation of law. (Source: 45 C.F.R. § 164.501)  See also <a href="#">Law Enforcement Official</a> .
24. <b>Correctional Institutions</b>	Patient Information Privacy and Security	Any penal or correctional facility, jail, reformatory, detention center, work farm, half-way house or residential community program center operated by a federal, state, local government agency or Indian Tribe, for the confinement or rehabilitation of persons charged with or convicted of a criminal offense or other persons held in lawful custody. (Source: 45 C.F.R. § 164.501)
25. <b>Cost Transfer Invoicing (CTI)</b>	Research Billing	A process by which departments charge the costs of services or supplies between University of Washington (UW) budget entities.
26. <b>Covered account</b>	Identity Theft Prevention	See <a href="#">UW APS 35.2 Identity Theft Prevention: Red Flag Rules</a> . (Source: 16 C.F.R. § 681.1(b)(3))
27. <b>Covered Entity</b>	Patient Information Privacy and Security	Health plans, healthcare clearinghouses, and healthcare providers who electronically transmit health information in electronic format in performance of a <a href="#">Covered Function</a> . <ul style="list-style-type: none"> <li>• Healthcare professional (example: hospital or physician)</li> <li>• Healthcare plan (example: managed care program)</li> <li>• Healthcare clearinghouse (example: third-party billing center)</li> </ul> (Source: 45 C.F.R. § 160.103)
28. <b>Covered Functions</b>	Patient Information Privacy and Security, <hr/> Compliance Program	Functions performed by a <a href="#">Covered Entity</a> that make the entity a health plan, healthcare provider, or healthcare clearinghouse. (Source: 45 C.F.R. § 164.103)

# UW Medicine

Glossary Term	Content Area	Definition
29. Data Breach	Patient Information Privacy and Security	See <a href="#">Breach</a> .
30. Data Custodian	Patient Information Privacy and Security	See <a href="#">UW IT Data Trustees and Custodians</a> .
31. Decedent(s)	Patient Information Privacy and Security	A deceased person.
32. Dedicated Emergency Department	EMTALA	Any department or facility of the medical center, whether on or off the main hospital campus that is licensed by the state as an emergency department; or is held out to the public as a place that provides care for emergency medical conditions without requiring a previously scheduled appointment; or based on a representative sample of patient visits during the previous calendar year, provides at least one-third (1/3) of all its outpatient visits for the treatment of emergency medical conditions on an urgent basis without requiring a previously scheduled appointment. (Source: 42 C.F.R. § 489.24(b))
33. De-Identified PHI	Patient Information Privacy and Security	The result of de-identifying PHI in accordance with <a href="#">COMP.103 Use and Disclosure of PHI, Section VI.B</a> . See also <a href="#">102.G4 PHI Guidance</a> . (Source: 45 C.F.R. § 164.514(a))
34. Designated Institutional Official	Compliance Program	UW Medicine workforce member authorized to carry out certain responsibilities based on his/her scope and jurisdiction.
35. Designated Record Set (DRS)	Patient Information Privacy and Security	See definition at <a href="#">UW Medicine Policy: Definition, Retention &amp; Disclosure of the Legal Medical Record and Designated Record Set</a> , <a href="#">NWH Legal Medical Record Definition, Retention, Disclosure &amp; Designated Record Set</a> , <a href="#">VMC Medical Record Policy</a> .
36. Disclosure	Patient Information Privacy and Security	Release, transfer, provision of access to, or divulging in any other manner of information outside the entity holding the information. (Source: 45 C.F.R. § 160.103)
37. eCare	Patient Information Privacy and Security	Secure <a href="#">patient portal system</a> to view medical records online: <a href="http://www.uwmedicine.org/patient-care/ecare">http://www.uwmedicine.org/patient-care/ecare</a> .
38. Effort	Research Billing	For the purposes of sponsored projects, effort is the time faculty spends on all of their university activities, including research, instruction, administration, service and clinical activity.

# UW Medicine

Glossary Term	Content Area	Definition
<b>39. Electronic Health Record</b>	Patient Information Privacy and Security	An electronic version of a patient’s medical history, that is maintained by the provider over time, and may include all of the key administrative clinical data relevant to that persons care under a particular provider, including demographics, progress notes, problems, medications, vital signs, past medical history, immunizations, laboratory data and radiology reports. (Source: <a href="https://www.cms.gov/Medicare/E-Health/EHealthRecords/index.html">https://www.cms.gov/Medicare/E-Health/EHealthRecords/index.html</a> )
<b>40. Electronic Media</b>	Patient Information Privacy and Security	<ol style="list-style-type: none"> <li>1. Storage material on which data is or may be recorded electronically; including devices in computers (hard drives) and any removable/transportable digital memory medium, such as magnetic tape or disk, optical disk or digital memory card;</li> <li>2. Transmission media used to exchange information already in electronic storage media, for example: the internet, extranet or intranet, leased lines, dial-up lines, private networks and the physical movement of removable/transportable electronic storage media. <ul style="list-style-type: none"> <li>• Certain transmissions, including those via paper, facsimile, voice and telephone, are not considered to be transmissions via electronic media if the information being exchanged did not exist in electronic form immediately before the transmission.</li> </ul> </li> </ol>
<b>41. Emergency Medical Condition (EMC)</b>	EMTALA	<ol style="list-style-type: none"> <li>1. A medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain, psychiatric disturbances or symptoms of substance abuse) such that absence of immediate medical attention could reasonably be expected to result in: (a) placing the health of the individual (or, the health of a pregnant woman’s unborn child) in serious jeopardy; (b) serious impairment to bodily functions; or (c) serious dysfunction of any bodily organ or part.</li> <li>2. With respect to a pregnant woman who is having contractions, if there is inadequate time to affect a safe transfer to another hospital before delivery or the transfer may pose a threat to the health or safety of the woman or her unborn child.</li> </ol>
<b>42. Enrollment</b>	Research Billing	The point at which an individual has signed the informed consent document and has satisfied all requirements to participate in a given research study. Enrollment status characterizes the subject’s relationship in a study at a given time, and is one of the following: consented, enrolled or off-study.
<b>43. Enterprise</b>	Compliance Program	<a href="#">UW Medicine</a> and <a href="#">UW Medicine Affiliated Covered Entity</a> .
<b>44. Entity</b>	All	Each separate <a href="#">UW Medicine</a> or <a href="#">UW Medicine Affiliated Covered Entity</a> organization with a legal and separately identifiable existence.
<b>45. Expanded Care (E)</b>	Research Billing	The Medicare Clinical Trials Policy includes coverage for items or services required for the provision of the investigational item or service (for example, administration of a non-covered chemo-therapeutic agent); the clinically appropriate monitoring of the effects of the investigational item or service; the reasonable and necessary care arising from the provision of the investigational item or service, such as the prevention, diagnosis or treatment of complications; and/or in certain cases the investigational item or service itself. In the Medicare Category A and B investigational device coverage rules, this includes services provided in preparation of use of the device; for the prevention, diagnosis or treatment of complications; services provided contemporaneous with the device and necessary to use the device, such as the provision of the investigational item or service; and necessary aftercare services that are incident to recovery from the use of the device, including the clinically appropriate monitoring of the effects of the device.
<b>46. Federal Healthcare Programs</b>	Compliance Program	Include programs such as Medicare, Medicaid, Tricare, Champus, and any other plan or program that provides health benefits, whether directly, through insurance or otherwise, which is funded directly, in whole or in part by Federal Government.

# UW Medicine

Glossary Term	Content Area	Definition
47. <b>First Tier, Downstream and Related Entities (FDR)</b>	Compliance Program	<p>First Tier, Downstream or Related Entity (FDR).</p> <ul style="list-style-type: none"> <li>• <b>First Tier Entity:</b> any party that enters into a written arrangement, acceptable to CMS, with a Medicare Advantage Organizations (MAO) or Medicare Prescription Drug Plan (Part D) sponsor or applicant to provide administrative services or health care services to a Medicare eligible individual under the Medicare Advantage (MA) program or Part D program.</li> <li>• <b>Downstream Entity:</b> any party that enters into a written arrangement, acceptable to CMS, with persons or entities involved with the MA benefit or Part D benefit, below the level of the arrangement between an MAO or applicant or a Part D plan sponsor or applicant and a first tier entity. These written arrangements continue down to the level of the ultimate provider of both health and administrative services.</li> <li>• <b>Related Entity:</b> any entity related to an MAO or Part D sponsor by common ownership or control and               <ol style="list-style-type: none"> <li>1. Performs some of the MAO or Part D plan sponsors management functions under contract or delegation;</li> <li>2. Furnishes services to Medicare enrollees under an oral or written agreement; or</li> <li>3. Leases real property or sells materials to the MAO or Part D plan sponsor at a cost of more than \$2,500 during a contract period.</li> </ol> </li> </ul> <p>(Source: <a href="#">Prescription Drug Benefit Manual, Chapter 9</a>, and <a href="#">Medicare Managed Care Manual, Chapter 21</a>)</p>
48. <b>Good Faith Belief</b>	Patient Information Privacy and Security	<p>Belief based on actual knowledge or reliance on a “credible representation by a person with apparent knowledge or authority.”</p> <p>(Source: 45 C.F.R. § 164.512(j)(4))</p>
49. <b>Health Oversight Agency</b>	Patient Information Privacy and Security	<p>A public agency, Indian tribe or entity acting pursuant to a public agency’s authority, that is authorized by law to oversee the healthcare system or government programs in which health information is necessary to determine eligibility or compliance, or to enforce civil rights laws for which health information is relevant.</p> <ul style="list-style-type: none"> <li>• Examples of health oversight activities include, but are not limited to, oversight of healthcare plans, healthcare professionals, healthcare delivery systems, medical devices and pharmaceuticals.</li> <li>• Does not include private-sector accrediting organizations.</li> </ul> <p>(Source: 45 C.F.R. § 164.501)</p>
50. <b>Healthcare</b>	All	Any care, service, or procedure provided through medical or clinical services.
51. <b>Healthcare Compliance</b>	Compliance Program	Content areas within the scope of <a href="#">UW Medicine compliance department(s)</a> .
52. <b>Healthcare Component(s)</b>	Patient Information Privacy and Security, Compliance Program	<p>An organization that performs <a href="#">covered functions</a> and activities that would make it a <a href="#">covered entity</a> or business associate if it were a separate legal entity. (Source: 45 C.F.R. § 164.105(a)(2)(iii)(D))</p> <p>The <a href="#">UW Medicine Affiliated Covered Entity</a> comprises the following Healthcare Components: <a href="#">101.G1 UW HIPAA Designation</a>.</p>
53. <b>Healthcare Operations</b>	Patient Information Privacy and Security	<p>Certain administrative, financial, legal, and quality improvement activities of a covered entity that are necessary to run its business and to support the core functions of treatment and payment. For HIPAA purposes, these activities are limited to the activities listed in the definition of “health care operations” at 45 C.F.R. § 164.501. See also <a href="#">103.G1 TPO Guidance</a> and <a href="#">HHS Guidance: Uses and Disclosures for TPO</a>.</p>

# UW Medicine

Glossary Term	Content Area	Definition
54. Hospital Property	EMTALA	The hospital campus, including the parking lots, sidewalk and driveways that access hospital facilities but excluding other areas or structures of the hospital's campus that are not part of the hospital, such as public streets, physician offices, rural health centers, skilled nursing facilities, or other entities that participate separately under Medicare, or restaurants, shops or other non-medical facilities. (Source: 42 C.F.R. §489.24(b))
55. Human Subject	Patient Information Privacy and Security, Research Billing	See UW Research: <a href="https://www.washington.edu/research/glossary/human-subjects/">https://www.washington.edu/research/glossary/human-subjects/</a> .
56. Hybrid Covered Entity	Patient Information Privacy and Security	A single legal entity that is a <a href="#">covered entity</a> and whose business activities include both covered and non-covered functions.  The UW is a hybrid covered entity under HIPAA, comprised of healthcare and non-healthcare components. The healthcare components and components engaged in supporting the healthcare mission are subject to HIPAA regulations.  Pursuant to 45 C.F.R. § 164.103 and 45 C.F.R. § 164.105(a)(2)(iii)(D), the UW's designation includes the entities listed in <a href="#">101.G1 UW HIPAA Designation</a> .
57. Identification of Overpayment	Billing Compliance	The date upon which a potential billing error has been determined to constitute an overpayment and the amount of the overpayment has been quantified.
58. Identity Theft	Identify Theft Prevention	See <a href="#">UW APS 35.2 Identity Theft Prevention: Red Flag Rules</a> .
59. Imminent	Patient Information Privacy and Security	The state or condition of being likely to occur at any moment or near at hand, rather than distant or remote. (Source: RCW 70.02.010)
60. In Loco Parentis	Patient Information Privacy and Security	In the place of a parent. (Source: Black's Law Dictionary)
61. Incident	Patient Information Privacy and Security	Includes but is not limited to: potential unauthorized access, use, disclosure, modification, destruction, availability, reporting, theft, etc. of patient information, institutional information, information systems, computerized devices, or infrastructure technology.



Glossary Term	Content Area	Definition
<b>62. Individually Identifiable Health Information</b>	Patient Information Privacy and Security	A subset of a patient’s health information , including demographic information, that: 1. Is created or received by a healthcare professional, health plan, employer or healthcare clearing house; <i>and</i> 2. Relates to the past, present, or future: physical or mental health or condition of a patient, the provision of healthcare to a patient, or payment for the provision of healthcare to a patient; <i>and</i> a. Identifies the patient; <i>or</i> b. Provides a reasonable basis to believe the information can be used to identify the patient (Source: 45 C.F.R. § 160.103)  See also <a href="#">102.G4 PHI Guidance</a> .
<b>63. Industry-Funded</b>	Research Billing	Research and development activities that are funded (monetary or non-monetary) by commercial agencies and organizations.
<b>64. Information Regarding Human Immunodeficiency Virus (HIV) Testing and Sexually Transmitted Diseases (STDs)</b>	Patient Information Privacy and Security	A type of health care information that relates to the identity of any person upon whom an HIV antibody test or other sexually transmitted infection test is performed, the results of such tests, and any information relating to diagnosis of or treatment for any confirmed sexually transmitted infections. (Source: RCW 70.02.010 (22))
<b>65. Inmate</b>	Patient Information Privacy and Security	A person incarcerated in or otherwise confined to a correctional institution. (Source: 45 C.F.R. § 164.501) The definition of inmate does not include an individual released on parole, probation, supervised release, and/or otherwise no longer in lawful custody.
<b>66. Inpatient Admission</b>	Research Billing	When a physician or other qualified provider submits an order to place the patient in a bed with the category “inpatient,” typically but not always involving two or more overnight stays.
<b>67. Investigational Item or Service</b>	Research Billing	A Food & Drug Administration (FDA) approved or unapproved item or service which is the subject of and/or provided during the research study. In the Medicare Clinical Trials Policy, investigational items or services are categorized as expanded care or non-covered research depending on the type of study and whether the item or service is otherwise covered outside of the study. For Medicare Category A and B investigational devices, coverage depends on the category of the device and whether it has been pre-approved by Medicare.
<b>68. Knowingly</b>	Billing Compliance	A person or organization: 1. Has actual knowledge that the information is false; 2. Acts in deliberate ignorance as to the truth or falsity of the information; <i>or</i> 3. Acts in reckless disregard of the truth or falsity of the information. (Source: 31 U.S.C. § 3729)

# UW Medicine

Glossary Term	Content Area	Definition
<b>69. Labor</b>	EMTALA	The process of childbirth beginning with the latent or early phase of labor and continuing through the delivery of the placenta. A women experiencing contractions is in true labor unless a physician, certified nurse-midwife, or other qualified medical person acting within his or her scope of practice as defined in hospital medical staff bylaws and State law, certifies that, after a reasonable time of observation, the woman is in false labor. (Source: 42 C.F.R. §489.24(b))
<b>70. Law Enforcement Officials</b>	Patient Information Privacy and Security	An officer or employee of any federal, state or local agency(including an Indian Tribe) who is empowered by law to investigate or conduct an official inquiry into a potential violation of law or prosecute or otherwise conduct a criminal, civil or administrative proceeding arising from an alleged violation of law. (Source: 45 C.F.R. § 164.501)
<b>71. Legal Medical Record (LMR)</b>	Patient Information Privacy and Security	See definition at <a href="#">UW Medicine Policy: Definition, Retention &amp; Disclosure of the Legal Medical Record and Designated Record Set</a> , <a href="#">NWH Legal Medical Record Definition, Retention, Disclosure &amp; Designated Record Set</a> , <a href="#">VMC Medical Record Policy</a> .
<b>72. Limited Data Set</b>	Patient Information Privacy and Security	See <a href="#">COMP.103 Use and Disclosure of PHI, Section VI</a> on Limited Data Sets.
<b>73. Marketing</b>	Patient Information Privacy and Security	Communication regarding a product or service that encourages recipients of the communication to purchase or use the product or service, unless the communication is made to describe a health-related product or service (or payment for such product or service) that is provided by UW Medicine. See <a href="#">103.G9 Marketing Activities Guidance</a> .
<b>74. Medical Screening Examination (MSE)</b>	EMTALA	The process required to reach the point at which it can be determined whether an emergency medical condition exists, as a matter of reasonable medical probability. The process may range from a simple examination (such as a brief history and physical) to a more detailed examination that may include laboratory tests, diagnostic imaging, or other diagnostic tests or procedures, and/or use of on-call physician specialists. The MSE is a continuous process reflecting appropriate monitoring in accordance with a patient’s needs. Ultimately, the purpose of the MSE is to determine whether or not an emergency medical condition exists. (Source: 42 U.S.C. § 1395dd, 42 C.F.R. § 489.24, see also: <a href="#">CMS State Operations Manual – Appendix V – Interpretive Guidelines – Responsibilities of Medicare Participating Hospitals in Emergency Cases</a> )
<b>75. Medicare Coverage Analysis</b>	Research Billing	The process by which it is determined whether a research protocol qualifies for coverage under Medicare’s Clinical Trials Policy or Investigational Device Exemption (IDE) rules, allowing study services to be billed to Medicare. A completed coverage analysis is also a key element in the creation of a study’s billing grid.

Glossary Term	Content Area	Definition
<b>76. Mental Health Records</b>	Patient Information Privacy and Security	<p>Documentation of mental health treatment by mental healthcare professionals in the <a href="#">Designated Record Set</a> that is subject to heightened confidentiality (see <a href="#">COMP.103 Use and Disclosure of PHI, Section II</a>).</p> <p>This includes information typically shared with a patient and by definition is part of a mental health note. Examples of information found in the designated record set include:</p> <ol style="list-style-type: none"> <li>a. Strategies for promoting treatment adherence and optimizing disease management;</li> <li>b. Medication prescription and monitoring;</li> <li>c. Counseling session start and stop times;</li> <li>d. Objective behavioral assessments upon which clinical treatment decisions are made;</li> <li>e. The modalities and frequencies of treatment furnished;</li> <li>f. Results of clinical tests; <i>and</i></li> <li>g. Any summary assessment of the following items: diagnosis, functional state, treatment plan, patient’s presenting symptoms, prognosis, and progress to date.</li> </ol> <p>Examples of notes that are included in the designated record set include:</p> <ol style="list-style-type: none"> <li>a. Physician progress notes;</li> <li>b. Nursing notes;</li> <li>c. Case management notes;</li> <li>d. Individual and group therapy notes; <i>and</i></li> <li>e. Other mental health notes.</li> </ol> <p>(Source: RCW 70.02.010(21))</p> <p>This information does not include <a href="#">Psychotherapy Notes</a>.</p>
<b>77. Minimal Risk for Research</b>	Patient Information Privacy and Security	See UW Research: <a href="https://www.washington.edu/research/glossary/minimal-risk/">https://www.washington.edu/research/glossary/minimal-risk/</a>
<b>78. Minimum Necessary</b>	Patient Information Privacy and Security	<p>Minimum necessary refers to the limited PHI required to accomplish the intended purpose of the use, disclosure or request. See <a href="#">COMP.103 Use and Disclosure of PHI, Section I</a>.</p> <p>(Source: 45 C.F.R. § 164.502(b) (Minimum Necessary Standard), 45 C.F.R. § 164.514(d), and <a href="#">HHS Guidance: Minimum Necessary Requirement</a>.)</p>
<b>79. Minor</b>	Patient Information Privacy and Security	<p>Person under eighteen years of age. (Source: RCW 26.28.010)</p> <p>See also <a href="#">Child</a>.</p>
<b>80. Monitoring</b>	Compliance Program	Ongoing checking of operational processes to ensure processes are working as intended.
<b>81. Non-Covered Research-Only</b>	Research Billing	Clinical services provided in the context of the clinical research study that are not used for the direct clinical management of the study subject and should not be billed to the study subject’s insurer or other third-party payer.

# UW Medicine

Glossary Term	Content Area	Definition
<b>82. Organized Healthcare Arrangement</b>	Patient Information Privacy and Security	<p>1. A clinically-integrated care setting in which individuals typically receive healthcare from more than one healthcare professional; <i>or</i></p> <p>2. An organized healthcare system in which more than one covered entity participates, and which the covered entities are publicly known to jointly work together and participate in one of the following as a joint activity:</p> <ul style="list-style-type: none"> <li>• Utilization review;</li> <li>• Quality assessment and improvement;</li> <li>• Payment activities when the financial risk is shared.</li> </ul> <p>(Source: 45 C.F.R. § 160.103)</p>
<b>83. Overpayment</b>	Billing Compliance	Medicare and other federally reimbursed payments that a facility, supplier, practice plan, or healthcare practitioner has received in excess of amounts payable under the Medicare or other applicable federal statute and regulations.
<b>84. Patient Account</b>	Identity Theft Prevention	For purposes of the UW Medicine Identity Theft Prevention Program, patient account refers to a <a href="#">covered account</a> that is offered or maintained by a UW Medicine entity for an individual in connection with the provision of healthcare services.
<b>85. Patient Information</b>	Patient Information Privacy and Security	See <a href="#">102.G4 PHI Guidance</a> .
<b>86. Payment</b>	Patient Information Privacy and Security	<p>For HIPAA purposes, all activities undertaken by UW Medicine to obtain reimbursement for treatment that has been provided. (Source: 45 C.F.R. § 164.501)</p> <p>See also <a href="#">103.G1 TPO Guidance</a> and <a href="#">HHS Guidance: Uses and Disclosures for TPO</a>.</p>
<b>87. Patient Portal</b>	Patient Information Privacy and Security	Secure internet system that helps patients view and manage their health information: <a href="http://www.uwmedicine.org/patient-care/ecare">http://www.uwmedicine.org/patient-care/ecare</a> .
<b>88. Personal Representative or Legally Authorized Surrogate Decision-Maker</b>	Patient Information Privacy and Security	A person authorized under State or other applicable law to act on behalf of the individual in making healthcare related decisions. (Source: <a href="#">HHS Guidance: Personal Representatives</a> )
<b>89. Physical Safeguards</b>	Patient Information Privacy and Security	Physical measures, policies and procedures to protect UW Medicine's electronic information systems and related buildings and equipment from natural and environmental hazards and unauthorized intrusion. (Source: 45 C.F.R. § 164.304)
<b>90. Principal Investigator (PI)</b>	Research Billing	The investigator with overall responsibility for the conduct of a particular research study.

# UW Medicine

Glossary Term	Content Area	Definition
91. Privacy Complaint	Patient Information Privacy and Security	A patient's complaint alleging that their health information privacy rights were violated under Federal or state law. (See also <a href="#">COMP.104 Patient Rights Related to PHI</a> and the <a href="#">UW Medicine Joint Notice of Privacy Practices</a> .)
92. Privacy Rule	Patient Information Privacy and Security	Establishes a national standard of privacy protection for information about patients and defines PHI. (Source: <a href="#">HHS Guidance: Privacy Rule</a> )
93. Professional Fee	Billing Compliance	The billable charge for a professional service that has not been identified as Faculty Effort under the terms of the sponsor agreement. Services identified as clinical research study effort for other institutional reporting purposes may not be billed as professional fees.
94. Professional Services	Billing Compliance	Care, services and/or procedures provided by a physician or other non-physician healthcare professional (for example, diagnosis, therapy, surgery, consultations, and home, office and hospital visits).
95. Protected Health Information (PHI)	Patient Information Privacy and Security	<p>A subset of individually identifiable health information maintained in health records and/or other clinical documentation in either paper-based or electronic format. See also <a href="#">102.G4 PHI Guidance</a>. (Source: 45 C.F.R. § 160.103)</p> <p>PHI excludes individually identifiable health information in:</p> <ol style="list-style-type: none"> <li>1. Employment records held by a covered entity in its role as employer.</li> <li>2. Education records covered by the Family Educational Rights and Privacy Act (FERPA); <i>and</i></li> <li>3. Records of students of post-secondary institutions which are exempt from FERPA because they are used exclusively for healthcare treatment.</li> </ol> <p>*Release of education records that contain healthcare information are subject to Washington State Uniform Health Care Act protections (RCW 70.02) and other state laws governing confidentiality of health information. See WAC 478-140-018(1)(c)(B)(iv).</p>
96. Proxy Access	Patient Information Privacy and Security	<p>The provisioning of access to a patient's personal health information through the UW Medicine patient portal system, given to a person other than the patient.</p> <p>See also <a href="#">eCare</a>.</p>
97. Psychotherapy Notes	Patient Information Privacy and Security	See <a href="#">COMP.103 Use and Disclosure of PHI, Section IV</a> .

# UW Medicine

Glossary Term	Content Area	Definition
<b>98. Public Health Authority</b>	Patient Information Privacy and Security	An agency or authority of the United States, a State, a territory, a political subdivision of a State or territory, or an Indian tribe, or a person or entity acting under a grant of authority from or contract with such public agency, including the employees or agents of such public agency or its contractors or person or entities to whom it has granted authority, that is responsible for public health matters as part of its official mandate. (Source: 45 C.F.R. § 164.501)
<b>99. Qualified Medical Person (QMP)</b>	EMTALA	The person who performs the MSE and who signs the written certification for any transfers, as determined by the hospital bylaws, rules and regulations. (See also 42 U.S.C. § 1395dd, 42 C.F.R. § 489.24, <a href="#">CMS State Operations Manual – Appendix V – Interpretive Guidelines – Responsibilities of Medicare Participating Hospitals in Emergency Cases</a> )
<b>100.Red Flag</b>	Identity Theft Prevention	See <a href="#">UW APS 35.02 Identity Theft Prevention: Red Flag Rules</a> .
<b>101.Remuneration</b>	Patient Information Privacy and Security	Direct or indirect compensation (or anything of value).  See also 45 C.F.R. § 164.501 for definition related to HIPAA and <a href="#">OIG Guidance related to Fraud and Abuse Laws</a> .
<b>102.Reportable Error</b>	Billing Compliance	Anything other than a routine processing error.
<b>103.Research</b>	Patient Information Privacy and Security, Research Billing	See 45 C.F.R. § 690.102 and UW Research Guidance: <a href="https://www.washington.edu/research/policies/guidance-is-it-research-2/">https://www.washington.edu/research/policies/guidance-is-it-research-2/</a> , <a href="https://www.washington.edu/research/policies/guidance-research-at-valley-medical-center/">https://www.washington.edu/research/policies/guidance-research-at-valley-medical-center/</a>
<b>104.Researcher</b>	Patient Information Privacy and Security	Individuals who are authorized to conduct research at UW Medicine. (See also <a href="#">Research</a> .)

Glossary Term	Content Area	Definition
<b>105.Routine Costs</b>	Research Billing	<p>A term used by Medicare to describe the types of clinical services, items or tests it will cover under the Clinical Trials Policy for qualified clinical trials. Routine costs must be provided in either the experimental or the control arm of a clinical trial; otherwise generally available to Medicare beneficiaries (for example, there exists a benefit category); not statutorily excluded from Medicare coverage; and not excluded from Medicare coverage by a National or Local Coverage Decision.</p> <p>As defined by the CMS, routine costs in clinical trials include:</p> <ol style="list-style-type: none"> <li>a. Items or services that are typically provided absent a clinical trial (for example, conventional care);</li> <li>b. Items or services required solely for the provision of the investigational item or service (for example, administration of a non-covered chemo-therapeutic agent), the clinically appropriate monitoring of the effects of the item or service, or the prevention of complications; <i>and</i></li> <li>c. Items or services needed for reasonable and necessary care arising from the provision of an investigational item or service, in particular, for the diagnosis or treatment of complications.</li> </ol> <p>The following are excluded from Clinical Trials Policy coverage:</p> <ol style="list-style-type: none"> <li>a. The investigational item or service itself, unless otherwise covered outside of the clinical trial;</li> <li>b. Items and services provided solely to satisfy data collection and analysis needs which are not used in the direct clinical management of the patient; <i>and</i></li> <li>c. Items and services customarily provided by the research sponsors free of charge for any study subject.</li> </ol>
<b>106.Routine Processing Error</b>	Billing Compliance	A clerical error or inadvertent patient-specific coding, charging or billing error that does not demonstrate a pattern of recurrence, is isolated to a single or a very limited number of claims and is not of substantial value.
<b>107.Safeguards</b>	Patient Information Privacy and Security	Precautionary measures taken to protect the privacy, security and confidentiality of UW Medicine information. (See also <a href="#">Administrative Safeguards</a> , <a href="#">Physical Safeguards</a> and <a href="#">Technical Safeguards</a> .)
<b>108. Social Networking</b>	Social Media	See <a href="#">COMP.303 Social Media Networking Policy and Guidelines</a> .
<b>109.Sponsored Project</b>	Research Billing	Any project receiving external support (including research, scholarly work, training, workshops and services) that has defined performance requirements.
<b>110.Stabilized</b>	EMTALA	<p>No material deterioration of the condition is likely, within reasonable medical probability, to result from or occur during transfer or that the treating provider has determined, within reasonable medical probability, that the EMC is resolved. A laboring patient is stabilized when the child and the placenta are delivered.</p> <p>(Source: 42 U.S.C. § 1395dd(e)(3)(B), 42 C.F.R. 489.24(b)), <a href="#">CMS State Operations Manual – Appendix V – Interpretive Guidelines – Responsibilities of Medicare Participating Hospitals in Emergency Cases</a>)</p>

# UW Medicine

Glossary Term	Content Area	Definition
111. <b>Stable for Discharge</b>	EMTALA	<p>The hospital has provided medical services necessary to assure that no material deterioration of the condition is likely to result from discharge, as a matter of reasonable medical probability. Further, the physician has determined that the patient’s continued care, including further diagnostic workup and/or treatment, can be reasonably performed as an outpatient or later as an inpatient, and the patient is provided a plan for appropriate follow-up care with discharge instructions.</p> <ul style="list-style-type: none"> <li>• A psychiatric patient is considered “stable for discharge” if the patient is not considered to be a threat to self or others.</li> </ul> <p>(See also: 42 U.S.C. § 1395dd, 42 C.F.R. 489.24, <a href="#">CMS State Operations Manual – Appendix V – Interpretive Guidelines – Responsibilities of Medicare Participating Hospitals in Emergency Cases</a>)</p>
112. <b>Stable for Transfer</b>	EMTALA	<p>The hospital has, within its capability and capacity, provided medical services necessary to assure, within reasonable medical probability, that no material deterioration of the condition is likely to result from or occur during transfer, and that the transferring physician reasonably believes that the receiving facility has the capability to manage the patient’s medical condition and any reasonably foreseeable complications.</p> <ul style="list-style-type: none"> <li>• A psychiatric patient is considered “stable for transfer” if the medical screening examiner has determined the patient has no underlying organic basis for the presenting psychiatric symptoms; initial treatment has been provided as indicated; and the patient has been treated sufficiently so that he/she is not a threat to self or others.</li> </ul>
113. <b>Stabilizing Treatment</b>	EMTALA	<p>Medical treatment necessary to assure, within reasonable medical probability that no material deterioration of the condition is likely to result or occur from/during a transfer. Additionally, stabilizing treatment is the medical treatment provided to alleviate the patient’s emergency medical condition.</p> <p>(See also: 42 U.S.C. § 1395dd, 42 C.F.R. 489.24, <a href="#">CMS State Operations Manual – Appendix V – Interpretive Guidelines – Responsibilities of Medicare Participating Hospitals in Emergency Cases</a>)</p>
114. <b>Study-Related Services</b>	Research Billing	<p>The clinical services, items and/or tests that are called out in the study protocol, calendar of events and/or billing grid. CMS requires identification of all study-related services which it defines as routine costs on study-related Medicare claims, including conventional care services.</p>
115. <b>Study Subject</b>	Research Billing	<p>(Also referred to as, “subject”, “human subject” and “research participant”). For purposes of this policy, these terms refer to an individual who is either directly participating in a research study, or whose identifiable private information is being used in a research study. The UW Institutional Review Board applies two regulatory definitions of human subjects for purposes of determining whether a research activity is considered human subjects research (See also <a href="#">Human Subject</a> and <a href="https://www.washington.edu/research/hsd/do-i-need-irb-review/does-your-research-involve-human-subjects/">https://www.washington.edu/research/hsd/do-i-need-irb-review/does-your-research-involve-human-subjects/</a>.)</p>
116. <b>Subcontractor</b>	Patient Information Privacy and Security	<p>A person or organization to whom a Business Associate delegates a function, activity or service other than in the capacity of a member of the workforce of such Business Associate.</p> <p>(Source: 45 C.F.R. § 160.103)</p>
117. <b>System</b>	Patient Information Privacy and Security	<p>An integrated set of components for collecting, storing, processing and communicating information (for example applications, databases, servers and other computing devices).</p>



# UW Medicine

Glossary Term	Content Area	Definition
<b>118. Technical Safeguards</b>	Patient Information Privacy and Security	The technology, policies and procedures that protect electronic PHI and control access to it. (Source: 45 C.F.R. § 164.304)
<b>119. Third Party Payer</b>	Research Billing	An entity, other than a patient who receives charges for clinical services, that is responsible for some portion of the payment to the provider (for example, a hospital, clinic, physician, healthcare professional) for the services. Third party payers include insurers, healthcare service contractors, health maintenance organizations, employee welfare benefit plans, and state or federal health benefit programs.
<b>120. TPO</b>	Patient Information Privacy and Security	<a href="#">Treatment, Payment</a> or <a href="#">Healthcare Operations</a> . See <a href="#">103.G1 TPO Guidance</a> .  See also <a href="#">HHS Guidance: Uses and Disclosures for TPO</a> .

Glossary Term	Content Area	Definition
121. Transfer	EMTALA	<p>Movement of an individual outside of a hospital's facilities at the direction of any person employed by (or affiliated or associated, directly or indirectly, with) the hospital. Transfer does not include movement of an individual who leaves the facility without permission or is declared dead. However, transfer does include discharge. Additionally, the transfer of an individual to a medical facility is an "appropriate transfer" only when:</p> <p>(i) The transferring hospital provides medical treatment within its capacity that minimizes the risks to the individual's health and, in the case of a woman in labor, the health of the unborn child;</p> <p>(ii) The receiving facility—</p> <ul style="list-style-type: none"> <li>• Has available space and qualified personnel for the treatment of the individual; <i>and</i></li> <li>• Has agreed to accept transfer of the individual and to provide appropriate medical treatment;</li> </ul> <p>(iii) The transferring hospital sends to the receiving facility all medical records (or copies thereof) related to the emergency condition which the individual has presented that are available at the time of the transfer, including available history, records related to the individual's emergency medical condition, observations of signs or symptoms, preliminary diagnosis, results of diagnostic studies or telephone reports of the studies, treatment provided, results of any tests and the informed written consent or certification (or copy thereof) required as follows:</p> <ul style="list-style-type: none"> <li>• The individual (or a legally responsible person acting on the individual's behalf) requests the transfer, after being informed of the hospital's obligations under this section and of the risk of transfer. The request must be in writing and indicate the reasons for the request as well as indicate that he or she is aware of the risks and benefits of the transfer;</li> <li>• A physician (within the meaning of section 1861(r)(1) of the Act) has signed a certification that, based upon the information available at the time of transfer, the medical benefits reasonably expected from the provision of appropriate medical treatment at another medical facility outweigh the increased risks to the individual or, in the case of a woman in labor, to the woman or the unborn child, from being transferred. The certification must contain a summary of the risks and benefits upon which it is based; <i>or</i></li> <li>• If a physician is not physically present in the emergency department at the time an individual is transferred, a qualified medical person (as determined by the hospital in its by-laws or rules and regulations) has signed a certification described in paragraph (e)(1)(ii)(B) of this section after a physician (as defined in section 1861(r)(1) of the Act) in consultation with the qualified medical person, agrees with the certification and subsequently countersigns the certification. The certification must contain a summary of the risks and benefits upon which it is based;</li> </ul> <p>and the name and address of any on-call physician who has refused or failed to appear within a reasonable time to provide necessary stabilizing treatment. Other records (e.g., test results not yet available or historical records not readily available from the hospital's files) must be sent as soon as practicable after transfer; <i>and</i></p> <p>(iv) The transfer is effected through qualified personnel and transportation equipment, as required, including the use of necessary and medically appropriate life support measures during the transfer.</p> <p>(Source: 42 U.S.C. § 1395dd(e)(4), 42 C.F.R. 489.24(b))</p>

# UW Medicine

Glossary Term	Content Area	Definition
<b>122.Treatment</b>	Patient Information Privacy and Security	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. (Source: 45 C.F.R. § 164.501)  See also <a href="#">103.G1 TPO Guidance</a> and <a href="#">HHS Guidance: Uses and Disclosures for TPO</a> .
<b>123.Unsecured PHI</b>	Patient Information Privacy and Security	PHI that is not rendered unusable, unreadable or indecipherable to unauthorized persons through the use of a technology or methodology specified by the Health Information Technology for Economic and Clinical Health (HITECH) Act. (Source: 45 C.F.R. § 164.402)
<b>124.Use</b>	Patient Information Privacy and Security	The sharing, employment, application, utilization, examination or analysis of individually identifiable health information within UW Medicine. (Source: 45 C.F.R. § 160.103)
<b>125.Usual Care</b>	Research Billing	Medically reasonable and necessary items and/or services used in the direct clinical management of a study subject which would be provided absent the research study. From the National Institute of Health’s (NIH) perspective, these are expenses that would be incurred even if the research did not exist. NIH expects third party payers or the study subject to pay these costs.
<b>126.UW Medicine</b>	All	UW Medicine refers to the eight UW Medicine entities, Harborview Medical Center, Northwest Hospital & Medical Center, Valley Medical Center, UW Medical Center, UW Neighborhood Clinics, UW Physicians, UW School of Medicine, Airlift Northwest.
<b>127.UW Medicine Affiliated Covered Entity (UW Medicine ACE)</b>	Patient Information Privacy and Security, Compliance Program	See <a href="#">101.G1 UW HIPAA Designation</a> .
<b>128.UW Medicine Chief Privacy Officer</b>	Patient Information Privacy and Security	The individual who oversees the UW Medicine program for patient information privacy and security compliance as described in the <a href="#">UW Medicine Compliance Program</a> .
<b>129.UW Medicine Compliance Department(s)</b>	Compliance Program	Departments responsible for managing one or more healthcare compliance program activities and/or content areas as described in the <a href="#">UW Medicine Compliance Program</a> .
<b>130. Healthcare Professional</b>	All	Individuals authorized by UW Medicine and UW Medicine ACE to provide patient care.

# UW Medicine

Glossary Term	Content Area	Definition
<b>131. Valid Form of Identification</b>	Identity Theft Prevention,	See <a href="#">COMP.102 Individual Page Safeguarding the Privacy and Security of PHI</a> and <a href="#">COMP.302 Identity Theft Prevention</a> .
	Patient Information Privacy and Security	
<b>132. Vendor</b>	Compliance Program	Any organization with which UW Medicine conducts business or provides goods or services to UW Medicine.
<b>133. Vulnerable Adult</b>	Patient Information Privacy and Security	Any person, sixty years of age or older, who has the functional, mental or physical inability to care for himself or herself, an adult living in a nursing home, boarding home, or adult family home, an adult of any age with a developmental disability, an adult with a legal guardian or an adult receiving care services in his or her own family's home. (Source: RCW 74.34.020(21))
<b>134. Workforce</b>	All	<p>Employees, staff, healthcare professionals including those credentialed through the entity medical staff offices (physicians and non-physician providers), faculty, residents, fellows, students, trainees, observers, visiting scholars, volunteers, researchers, and all constituents of the UW Medicine entities or who perform assigned duties for UW Medicine, including those who are temporary, whether or not they are paid by UW Medicine.</p> <p>For purposes of HIPAA compliance, workforce also includes individuals, whose conduct in the performance of work for the <a href="#">UW Medicine Affiliated Covered Entity</a> or a <a href="#">Business Associate</a> (or government agency contracted under a Memorandum of Understanding), is under the direct control of the UW Medicine ACE or business associate/government agency, whether or not they are paid by the UW Medicine Affiliated Covered Entity or business associate/government agency. (See also <a href="#">COMP.106 Use and Disclosure of PHI by Business Associates</a>.) (Source: 45 C.F.R. §160.103)</p> <p>(See also <a href="#">UW APS 2.4 Information Security and Privacy Roles, Responsibilities, and Definitions</a> for UW applicability.)</p>