

Applicability: UW Medicine

Policy Title: Glossary of Terms

Policy Number: PP-00

Superseded Policy(ies) or Entity Policy: N/A

Date Established: October 27, 2003

Date Effective: September 21, 2015

Dates Revised: November 18, 2009; November 8, 2012; July 30, 2013; July 1, 2014; September 21, 2015

Next Review Date: September 21, 2018

PURPOSE AND SCOPE

This table is applicable to all UW Medicine Compliance Policies governing privacy.

POLICY PRINCIPLES/STATEMENT

See POLICY.

DEFINITIONS

See POLICY.

POLICY

The following table is a glossary of terms referred to in UW Medicine’s compliance policies governing privacy.

Term	Definition
<i>Administrative Safeguards</i>	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 the UW Medicine’s workforce in relation to the protection of that information.
<i>Authorization</i>	A written document that gives UW Medicine permission to use and/or disclose specific PHI, for purposes other than treatment, payment or healthcare operations (TPO), or when required by law to disclose PHI to a third party identified by the individual.

Term	Definition
<i>Breach</i>	<p>The acquisition, access, use or disclosure of PHI that is:</p> <ul style="list-style-type: none"> • Not for treatment, payment or healthcare operations; • Not authorized by the patient; • Not otherwise allowed by law; <i>and</i> • Compromises the security or privacy of the PHI. <p>Breach excludes:</p> <ol style="list-style-type: none"> 1. An unintentional acquisition, access or use of PHI by a workforce member or business associate (BA) who is acting in good faith within the scope of their authority (providing it does not result in further impermissible use or disclosure); 2. An inadvertent disclosure of UW Medicine PHI between two persons who are both authorized to access UW Medicine PHI, providing the information received as a result of such disclosure is not further impermissibly used or disclosed; 3. A disclosure of PHI to an unauthorized person, who UW Medicine believes, in good faith, would not reasonably have been able to retain such information; <i>and</i> 4. Situations where a formal risk assessment based on required factors demonstrates that there is a low probability that the PHI has been compromised.
<i>Breach Discovery Date</i>	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).
<i>Business Associate</i>	<p>A person or entity, other than a member of the workforce, who:</p> <ul style="list-style-type: none"> • Creates, receives, maintains or transmits PHI; <i>or</i> • Performs certain functions, activities or services for, or on behalf of UW Medicine involving the use and/or disclosure of PHI (including subcontractors that create, receive, maintain or transmit PHI on behalf of the Business Associate).
<i>Class of Person(s)</i>	Individuals within a group who have the same role and responsibilities (for example: nurse practitioners, physicians, medical students, health information technicians II).

Term	Definition
<i>Covered Entity</i>	<p>Any of the following types of healthcare business organizations or individuals which transmit or maintain PHI:</p> <ul style="list-style-type: none"> • Healthcare professional (for example: hospital or physician) • Healthcare plan (for example: managed care program) • Healthcare clearinghouse (for example: third-party billing center)
<i>Covered Functions</i>	Functions performed by a covered entity that make the entity a health plan, healthcare professional or healthcare clearinghouse.
<i>Decedent</i>	A term used chiefly in law to describe “a deceased person.”
<i>Deidentified</i>	Health information that does not identify an individual (for example: the 18 HIPAA identifiers have been removed) and does not establish a reasonable basis to believe that the information can be used to identify an individual.
<i>Designated Record Set</i>	<p>A group of records consisting of one or more of the following types of information:</p> <ul style="list-style-type: none"> • Medical and billing records about individuals • Information about health plan enrollment, payment, claims adjudication, and case or medical management record systems • Other information used to make decisions about individuals
<i>Disclosure</i>	Release, transfer, provision of access to, or divulging information in any other manner outside the entity holding the information.
<i>Electronic Health Record</i>	A record of health-related information on an individual that is electronically created, gathered, managed and consulted by authorized healthcare clinicians and staff.

Term	Definition
<i>Electronic Media</i>	<ol style="list-style-type: none"> 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; 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"> • 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.
<i>Family Member</i>	<ol style="list-style-type: none"> 1. Spouse, domestic partner, child, parent, grandparent, grandchild, sister, brother, great grandparent, great-great grandparent, great grandchild, great-great grandchild, aunt, great aunt, uncle, great uncle, niece, nephew, first cousin, and child of first cousin. 2. Individuals in the above relationships with a spouse or domestic partner and persons in adoptive, step and foster relationships.
<i>Fundraising</i>	See UW Medicine Compliance Policy: <i>PP-10 Use & Disclosure of Protected Health Information for Fundraising</i> .
<i>Healthcare</i>	<p>Any care, service, or procedure provided by a healthcare professional:</p> <ul style="list-style-type: none"> • To diagnose, treat, or maintain a patient's physical or mental condition; <i>or</i> • That affects the structure or any function of the human body.
<i>Healthcare Component</i>	<ol style="list-style-type: none"> 1. Any component that would meet the definition of covered entity if it were a separate legal entity. 2. A component that performs covered functions and activities that would make such component a Business Associate of a healthcare component if the two components were separate legal entities. <p>For more information on the designated UW Healthcare Components, see UW Medicine Compliance Policy: <i>PP-01 Designation of Healthcare Components at the University of Washington</i></p>

Term	Definition
<i>Healthcare Operations</i>	<p>Business functions required for managing and delivering health and medical services, including all business processes relating to the following:</p> <p>Business Focused Activities</p> <ol style="list-style-type: none"> 1. Business management and general administrative functions, including compliance activities required by HIPAA; 2. Business planning and development (for example: cost management analyses, planning-related analyses, formulary development, payment methods and coverage policies); 3. Disclosure of PHI for legal and regulatory purposes; 4. Internal grievance resolution; 5. Customer service, provided PHI is not disclosed; 6. Accreditation, certification, licensing or credentialing activities 7. Health insurance contracting (for example: underwriting, premium rating, reinsurance of risk relating to claims); <i>and</i> 8. Medical review, legal services and auditing functions including those associated with fraud and abuse detection and compliance programs). <p>Clinically-Focused Activities</p> <ol style="list-style-type: none"> 1. Quality assessment including outcomes evaluation; 2. Patient safety activities; 3. Population-based activities relating to improving health or reducing healthcare costs; 4. Clinical guidelines and clinical protocol development; 5. Case management and care coordination; 6. Patient contact regarding treatment alternatives; 7. Performance evaluation for healthcare professionals; <i>and</i> 8. Training programs for students, practitioners and non-healthcare professionals.

Term	Definition
<i>Health Information Management Service Area</i>	<p>A term used in UW Medicine Compliance Policies that refers to the following entity offices responsible for carrying out a specified privacy function:</p> <ol style="list-style-type: none"> 1. UW Medicine Health Information Management (HIM) <ul style="list-style-type: none"> o Harborview Medical Center and Clinics – HMC o UW Medical Center and Clinics – UWMC 2. Northwest Hospital & Medical Center and Clinics – NWH Health Information Management 3. Valley Medical Center and Clinics – VMC Health Information Management 4. Hall Health Primary Care Center – HHPCC Health Data Services 5. UW Physicians – UWP Privacy Officer 6. UW Physician’s Eastside Specialty Center – Operations 7. UW Neighborhood Clinics – UWNC – Operations 8. The Sports Medicine Center Operations
<i>Health Oversight Agency</i>	<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> <p>Examples of health oversight activities include, but are not limited to, oversight of healthcare plans, healthcare professionals, healthcare delivery systems, medical devices and pharmaceuticals.</p> <p>The definition does not include private-sector accrediting organizations.</p>
<i>Housestaff</i>	All levels of Residents and Fellows working at UW Medicine.

Term	Definition
<i>Human Subject</i>	<p>A human subject is an individual about whom an investigator (whether professional or student) conducting research obtains: (A) data through intervention or interaction with the individual or (B) identifiable private information.</p> <ol style="list-style-type: none"> 1. About whom means the data or information relates to the person. Asking individuals what they think about something is almost always about the person. 2. Intervention means includes both physical procedures by which data are gathered, and manipulations of the subject or the subject's environment that are performed for research purposes. 3. Interaction means includes communication or interpersonal contact between investigator and subject. 4. Identifiable means the identity of the subject is or may readily be ascertained by the investigator or associated with the information. 5. Private information means includes information about behavior that occurs in a context in which an individual can reasonably expect that no observation or recording is taking place, and information which has been provided for specific purposes by an individual and which the individual can reasonably expect will not be made public (for example: a medical record). <p>As related to projects involving the use of a drug, device or other item that is regulated by the Food and Drug Administration (FDA):</p> <ul style="list-style-type: none"> • A human subject is a living individual who participates in a research investigation, as (A) a recipient of an item regulated by the FDA (B) as a control; or (C) on whose specimen an investigational device is used. <p>A human subject may or may not be a patient of UW Medicine.</p>

Term	Definition
<i>Hybrid Entity</i>	<p>A single legal entity that is a covered entity and whose covered functions are not its primary functions. The UW has both healthcare components and non-healthcare components. The healthcare components and components engaged in supporting the healthcare mission are subject to HIPAA regulations.</p> <p>For more information on the designated UW Healthcare Components, see UW Medicine Compliance Policy: <i>PP-01 Designation of Healthcare Components at the University of Washington</i>.</p>
<i>Imminent</i>	The state or condition of being likely to occur at any moment or near at hand, rather than distant or remote.
<i>In loco parentis</i>	Day-to-day responsibility to care for and financially support a minor.
<i>Indirect Treatment Relationship</i>	<p>A relationship between an individual and a healthcare professional in which:</p> <ol style="list-style-type: none"> 1. The healthcare professional delivers healthcare to the individual based on the orders of another healthcare professional; <i>and</i> 2. The healthcare professional typically provides services or products, or reports the healthcare diagnosis or results directly to another healthcare professional, who, in turn, provides the services, products or reports to the individual.
<i>Individual</i>	Person who is the subject of PHI.
<i>Individually Identifiable Health Information</i>	<p>A subset of health information including demographic information collected from an individual which:</p> <ol style="list-style-type: none"> 1. Is created or received by a healthcare professional, health plan, employer or healthcare clearinghouse; <i>and</i> 2. Relates to the past, present, or future physical or mental health or condition of an individual; the provision of healthcare to an individual; or the past, present or future payment for the provision of healthcare to an individual; <i>and</i> <ul style="list-style-type: none"> • That identifies the individual; <i>or</i> • Provides a reasonable basis to believe the information can be used to identify the individual.

Term	Definition
<i>Limited Data Set</i>	<p>PHI that excludes the following direct identifiers of the individual or of relatives, employers or household members of the individual:</p> <ol style="list-style-type: none"> 1. Names; 2. Postal address information, other than town or city, state and zip code; 3. Telephone numbers; 4. Fax numbers; 5. Electronic mail addresses; 6. Social security numbers; 7. Medical record numbers; 8. Health plan beneficiary numbers; 9. Account numbers; 10. Certificate or license numbers; 11. Vehicle identifiers and serial numbers, including license plate numbers; 12. Device identifiers and serial numbers; 13. Web universal resource locators (URLs); 14. Internet protocol (IP) address numbers; 15. Biometric identifiers, including finger and voice prints; <i>and</i> 16. Full face photographic images and any comparable images.

Term	Definition
<i>Marketing</i>	<p>1. 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; including communications about the entities participating in a healthcare network for:</p> <ul style="list-style-type: none"> • Treatment of the individual; or • Case management or care coordination for the individual, or to direct or recommend alternative treatments, therapies, healthcare professionals or settings of care to the individual. <p>2. An arrangement between UW Medicine and any other entity whereby UW Medicine discloses PHI to the other entity, in exchange for financial remuneration, so that the other entity or its affiliate may provide a communication about its own product or service that encourages recipients of the communication to purchase or use that product or service.</p> <ul style="list-style-type: none"> • Patient authorization is required for the sale of PHI. • Such authorization must state that the disclosure will result in remuneration to UW Medicine.
<i>Minimal Risk for Research</i>	<p>A term used to characterize the probability and magnitude of harm or discomfort anticipated in a research study when they are not greater in and of themselves than those ordinarily encountered in daily life or during the performance of routine physical or psychological examinations or tests. [45 CFR 46.102(i)]</p>
<i>Minimum Necessary Standard</i>	<p>The term used to characterize a covered entity's obligation to make reasonable efforts to limit the use or disclosure of PHI to the minimum necessary to accomplish the intended purpose.</p> <p>The minimum necessary standard does not apply to uses and disclosures:</p> <ul style="list-style-type: none"> • Made to a healthcare professional for treatment purposes; • Made to the patient or pursuant to a valid authorization; • Required by law; • Required for compliance with the privacy standards.

Term	Definition
<i>More Stringent</i>	<p>When determining if Washington State law is more stringent than HIPAA, CRF 45 § 160.202 specifies that a state law meet one of the following criteria:</p> <ol style="list-style-type: none"> 1. With respect to a use or disclosure, the law prohibits or restricts a use or disclosure in circumstances under which such use or disclosure otherwise would be permitted under HIPAA, except if the disclosure is: <ol style="list-style-type: none"> a. Required by the U.S. Department of Health and Human Services (DHHS) in connection with determining whether UW Medicine is in compliance with HIPAA; <i>or</i> b. To the individual who is the subject of the individually identifiable health information. 2. With respect to the rights of an individual, who is the subject of the individually identifiable health information, regarding access to or amendment of individually identifiable health information, permits greater rights of access or amendment, for the individual. 3. With respect to information to be provided to an individual who is the subject of the individually identifiable health information about a use, a disclosure, rights and remedies, provides the greater amount of information. 4. With respect to the form, substance or the need for express legal permission from an individual, who is the subject of the individually identifiable health information, for use or disclosure of individually identifiable health information, provides requirements that narrow the scope or duration, increase the privacy protections afforded (such as by expanding the criteria for), or reduce the coercive effect of the circumstances surrounding the express legal permission, as applicable. 5. With respect to record keeping or requirements relating to accounting of disclosures, provides for the retention or reporting of more detailed information or for a longer duration. 6. With respect to any other matter, provides greater privacy protection for the individual who is the subject of the individually identifiable health information.

Term	Definition
<i>Organized Healthcare Arrangement</i>	<ol style="list-style-type: none"> 1. A clinically-integrated care setting in which individuals typically receive healthcare from more than one healthcare professional; or 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: <ul style="list-style-type: none"> • Utilization review; • Quality assessment and improvement; • Payment activities when the financial risk is shared.
<i>Patient</i>	<p>Any individual who receives healthcare services through any one of UW Medicine’s healthcare facilities.</p> <p>Healthcare services means any care, services or supplies related to the health of an individual and may include participants and/or human subjects in clinical research activities. For example, a UW Medicine patient has a medical record number with PHI linked to it.</p>
<i>Patient Information</i>	<p>Any information (verbal, paper or electronic) created or received by UW Medicine that relates to the past, present or future physical or mental health or condition of an individual; or relates to the provision of healthcare to an individual; or relates to the past, present or future payment for the provision of healthcare to an individual; and, either identifies the individual or provides a reasonable basis to believe the information can be used to identify the individual.</p>
<i>Patient Condition – General Terms¹</i>	<ol style="list-style-type: none"> 1. Undetermined: Patient awaiting physician assessment. 2. Good: Vital signs are stable and within normal limits. Patient is conscious and comfortable. Indicators are excellent. 3. Fair: Vital signs may be unstable and not within normal limits. Patient is acutely ill. Indicators are favorable. 4. Serious: Vital signs may be unstable and not within normal limits. Patient is acutely ill. Indicators are questionable. 5. Critical: Vital signs are unstable and not within normal limits. Patient may be unconscious. Indicators are unfavorable.

¹ American Hospital Association Media Advisory, November 8, 2001.

Term	Definition
<i>Payment</i>	<p>All activities undertaken by UW Medicine to obtain reimbursement for treatment that has been provided, including the following:</p> <ol style="list-style-type: none"> 1. Eligibility determination for coverage; 2. Coordination of benefits among third-parties and patients for cost-sharing responsibilities; 3. Adjudication or subrogation of health benefit claims; 4. Risk adjustment of amounts due; 5. Payment under a contract for reinsurance; 6. Healthcare data processing that supports billing, claims management and collection; 7. Utilization reviews.
<i>Personal Health Record</i>	<p>An electronic record of identifiable health information on an individual that can be drawn from multiple sources and that is managed, shared and controlled by or primarily for the individual.</p>
<i>Personal representative or legally authorized surrogate decision-maker</i>	<p>A person authorized under State or other applicable law to act on behalf of the individual in making healthcare related decisions.</p>
<i>Physical Safeguards</i>	<p>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.</p>
<i>Protected Health Information (PHI)</i>	<p>A subset of individually identifiable health information maintained in health records and/or other clinical documentation in either paper-based or electronic format.</p>
<i>Proxy access</i>	<p>When an individual other than the patient is provided online access to the patient's personal health information through UW Medicine eCare.</p>

Term	Definition
<i>Psychotherapy Notes</i>	<p>Notes, recorded in any medium, by a mental health professional:</p> <ol style="list-style-type: none"> 1. Analyzing or detailing the explicit contents of conversation during a private counseling session or a group, joint, or family counseling session; <i>and</i> 2. That are separated from the rest of the individual's medical record. <p>Examples of psychotherapy notes include documentation of intimate personal content, details of fantasies and dreams, process interactions, sensitive information about other individuals in the patient's life, or the mental health professional's personal reactions, hypotheses, or speculations as a result of a patient or group interaction.</p>
<i>Public Health Authority</i>	<p>An agency or authority of the United States, a state, a territory, a political subdivision of a state or territory, an Indian tribe, 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, its contractors, persons or entities to whom it has granted authority and that is responsible for public health matters as part of its official mandate.</p>
<i>Research</i>	<p>A systematic investigation, including research, development, testing and evaluation designed to develop or contribute to generalizable knowledge.</p> <p>Activities that meet this definition constitute "Research," whether or not they are supported or funded under a program that is considered research for other purposes. For example, some "demonstration" and "service" programs may include research activities. This definition includes activities preparatory to the conduct of research (for example: activities conducted in support of grant or proposal preparation, pilot studies and feasibility studies).</p>
<i>Safeguards</i>	<p>Precautionary measures taken by covered entities and workforce members to protect the privacy, security and confidentiality of any information with which they are entrusted and to which they are given access.</p>
<i>Subcontractor</i>	<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>
<i>System</i>	<p>An integrated set of components for collecting, storing, processing and communicating information. Examples of systems are: applications, databases, servers and other computing devices.</p>

Term	Definition
<i>System Operators</i>	<p>Individuals who are formally appointed by and report to system owners. Where required for information systems involving national security information, a system operator shall be an authorized person.</p> <p>Responsibilities of system operators include:</p> <ul style="list-style-type: none"> • Making and being accountable for operational decisions about the use and management of an information system; <i>and</i> • Other duties and authorities as delegated by system owners.
<i>System Owner</i>	<p>Individuals who are formally appointed by and report to executive heads or their designee(s).</p> <p>Responsibilities of system owners include:</p> <ol style="list-style-type: none"> 1. Managing the confidentiality, integrity and availability of the information systems for which they are responsible. This includes developing and implementing a process for managing access to such systems, and establishing related processes and internal controls in compliance with UW and UW Medicine policies governing information security and privacy; 2. Advising executive heads on the financial resources necessary to develop and implement information systems and controls, including those specifically required by grants or contracts; 3. Maintaining critical information system documentation; <i>and</i> 4. Formally appointing and delegating responsibility to system operators.
<i>Technical Safeguards</i>	<p>The technology, policies and procedures that protect electronic protected health information and control access to it.</p>
<i>TPO</i>	<p>Term used to refer to Treatment, Payment or Healthcare Operations which appears throughout UW Medicine policies. Each term is individually defined in this glossary.</p>
<i>Treatment</i>	<p>A healthcare professional's provision, coordination and management of healthcare and related services. Such services cross the continuum of care and include but are not limited to primary and specialty outpatient care, inpatient hospitalization, step-down and extended facility care, emergency medicine and referral activities.</p>

Term	Definition
<i>Unsecured PHI</i>	PHI that is not rendered unusable, unreadable or indecipherable to unauthorized persons through a technology or methodology specified in guidance issued by the Secretary of U.S. Department of Health and Human Services (DHHS) (for example, encryption).
<i>Use</i>	The sharing, employment, application, utilization, examination or analysis of individually identifiable health information within UW Medicine.
<i>UW Medicine Entity</i>	The University of Washington is a hybrid entity and has designated its healthcare components and non-healthcare components as described in UW Medicine Policy PP-01 Designation of Healthcare Components at the University of Washington. Pursuant to 45 CFR §164.103 and §164.105(a)(2)(iii)(C), the University's designation includes the entities listed at http://depts.washington.edu/comply/docs/PP_01.pdf
<i>UW Medicine Chief Privacy Officer</i>	The individual who develops and oversees implementation of the UW Medicine privacy compliance program under delegated authority from the UW Privacy Official.
<i>UW Medicine Healthcare Professional</i>	All individuals who are directly or indirectly involved in providing healthcare services to a patient.
<i>Workforce</i>	Faculty, employees, volunteers, trainees, students, and other persons whose conduct, in the performance of work for UW Medicine or Business Associate, is under the direct control of UW Medicine or Business Associate, whether or not they are paid by the UW Medicine.

REGULATORY/LEGISLATION REFERENCES

- 45 CFR 160.103 Definitions.
- 45 CFR 160.202 Definitions.
- 45 CFR 164.304 Definitions.
- 45 CFR 164.501 Definitions.
- 45 CFR 164.508 Uses and disclosures for which an authorization is required.
- 45 CFR 46.102(i) Definitions.
- RCW 70.02 - Medical Records - Healthcare Information Access and Disclosure

PROCEDURE ADDENDUM(S) REFERENCES/LINKS

N/A

ROLES AND RESPONSIBILITIES

Defined within POLICY.

AUTHORITIES

Custodian	Responsible Officer	Implementation Officer	Administrative Officer
UW Medicine Compliance	UW Medicine Compliance	UW Medicine Compliance	UW Medicine Compliance
Author	Owner	Auditor	Endorser
UW Medicine Compliance	UW Medicine Compliance	UW Medicine Compliance	UW Medicine Executive Compliance Committee

APPROVALS

 UW Privacy Official
 Johnese M. Spisso, Chief Health System Officer,
 UW Medicine & Vice President for Medical Affairs, UW

 Date