Definitions

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Definitions

**HIPAA (HIPAA).** Health Insurance Portability and Accountability Act enacted on 1996 was created with the purpose to improve the efficiency and effectiveness of the health care system (U.S. Department of Human & Health Services, 2017). The main intent of this law is to curtail health care fraud and abuse, enforce standards for health care information, guarantee the security and privacy of health care information, and ensure health insurance portability for employed persons (Gialanella, Mastrian, & McGonigle, 2018). Security and privacy aspect to this legislation provide provisions that apply to health information created of maintained by health care providers who are engaged in electronic transactions, health plans, and health care clearing houses (Gialanella, Mastrian, & McGonigle, 2018).

**Covered Entity (CE).**  Health plan, health care clearing house or health care provider that is engaged in the transmission of any health information electronically in connection with a covered transaction (U.S. Department of Health & Human Services, 2013) for which the Department of Health and Human Services has an adopted standard (U.S. Department of Health & Human Services, 2017).

**Business Associate (BA).** As defined by HIPAA, a business associate is a person or entity who performs functions or activities on behalf of, or certain services for, a *covered entity* that involve management or disclosure of individual identifiable health information (U.S. Department of Health & Human Services, 2013).

**Protected Health Information (PHI).**  Subset of health information that includes demographic information from an individual that has been created or received by a health care provider, health plan, employer, or health care clearing house in relation to the past, present, or future physical or mental health, as well as, payment information that allows a third party to identify such individual regardless of its form of transmission (Gialanella, Mastrian, & McGonigle, 2018) (Cornell Law School, s.f.).

**Privacy Rule.** Part of HIPAA, the Standards for Privacy of Individuality Identifiable Health Information establishes a set of standards for the protection of certain health information , as well as, limitations to use and disclosure of health care information by covered entity (U.S. Department of Health & Human Services, 2013; Gialanella, Mastrian, & McGonigle, 2018).

**Breach.** HIPAA Privacy Rule defines breach as the unauthorized acquisition, access, use, or disclosure of Protected Health Information which compromises the security or privacy of it, except for cases on which disclosed information is not retained (U.S. Department of Health & Human Services, 2013).

**Minimum Necessary Access.** This term refers to the act of limiting access to protected health information during it use or disclosure from another covered entity or business associate, covered entities are required to take reasonable efforts to limit its access (U.S. Department of Human and Health Services, 2018).

**Administrative Safeguards.** Covered entities in accordance to security standards and general rules on HIPAA must implement policies and procedures to prevent, detect, contain, and correct security violations of protected health information (U.S. Department of Human and Health Services, 2018).

**Administrative Safeguards.** Covered entities in accordance to security standards and general rules on HIPAA must implement policies and procedures to limit physical access and ensure proper access to its protected health care information systems and the facility of facilities on which they are housed, (U.S. Department of Human and Health Services, 2018).

# References

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