

UNIVERSITY OF CHICAGO MEDICAL CENTER

POLICY NAME: USE AND DISCLOSURE OF LIMITED DATA SET AND DE-IDENTIFIED INFORMATION

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POLICY:

The Health Insurance Portability and Accountability Act (HIPAA) allows for the use of subsets of Protected Health Information (PHI) under different rules than those that apply to data sets of PHI. The two subsets are called "Limited Data Sets" and "De-Identified Information."

This policy applies to the "Medical Center," which means all of the components that support Health Care. These components are together called the "UC OHCA" or "UC Organized Health Care Arrangement." The components are:

- the University of Chicago Medical Center, including its nurses, residents, other staff, and volunteers,
- the University of Chicago Biological Sciences Division and other portions of the University of Chicago in both cases that supports the activities of Health Care including its physicians, nurses, students, volunteers, and other staff, and
- UCMC Community Physicians LLC.

This policy applies to PHI used for all purposes, including research purposes.

DEFINITIONS:

The defined terms that are used in this policy can be found on the Attachment titled **HIPAA Privacy Policy Definitions**.

PROCEDURES:

1. Limited Data Set

- a. **Permission to Create Limited Data Set:** UCMC may use PHI to create a Limited Data Set or disclose PHI to a BA to create a Limited Data Set, whether or not UCMC is going to use the Limited Data Set.

A Limited Data Set is PHI that excludes all of the following direct identifiers of the patient or the patient's relative, employer, or household member:

- (i) Name(s);
- (ii) Postal address information, other than town or city, state and zip code;
- (iii) Telephone number(s);
- (iv) Fax number(s);
- (v) Electronic mail address(es);
- (vi) Social security number(s);
- (vii) Medical record number(s);
- (viii) Health plan beneficiary number(s);
- (ix) Account number(s);

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- (x) Certificate/license number(s);
- (xi) Vehicle identifiers and serial number(s) (including license plate numbers);
- (xii) Device identifier(s) and serial number(s);
- (xiii) Web Universal Resource Locator(s) (URLs);
- (xiv) Internet Protocol (IP) address number(s);
- (xv) Biometric identifier(s) (including finger and voice print(s)); and
- (xvi) Full face photographic images and any comparable image(s).

b. **General Procedure:** UCMC may use or disclose a Limited Data Set when the following conditions are met:

- (1) **Valid Purpose:** The purpose(s) of the use or disclosure of the Limited Data Set is Research, public health, or Health Care Operations; and
- (2) **Data Use Agreement:** UCMC has entered into a valid Data Use Agreement (the "**Data Use Agreement**") with the Limited Data Set recipient (the "**Data User**"), in a form available from or reviewed by the Office of Legal Affairs. A Data Use Agreement between UCMC and a Data User is valid only if it:
 - (a) establishes the permitted uses and disclosures of the Limited Data Set by the Data User for Research, public health, and/or Health Care Operations purposes. (It cannot authorize the Data User to use or further disclose the information in a manner that would violate the Privacy Rule and UCMC's privacy policies, if done by UCMC);
 - (b) establishes who is permitted to use or receive the Limited Data Set; and
 - (c) provides that the Data User will:
 - i. not use or further disclose the information contained in the Limited Data Set other than as permitted by the Data Use Agreement or as otherwise required by law;
 - ii. use appropriate safeguards to prevent use or disclosure of the information contained in the Limited Data Set other than as provided for by the Data Use Agreement;
 - iii. report to UCMC any use or disclosure of the information contained in the Limited Data Set that is not provided for by its Data Use Agreement of which it becomes aware;
 - iv. ensure that any agents to whom it provides the Limited Data Set agree to the same restrictions and conditions that apply to the Data User with respect to such information; and
 - v. not individually identify the information or contact the individuals.

2. **De-identified Information**

- a. **De-identified Information:** Health information that is de-identified pursuant to this policy is not PHI, and is not subject to HIPAA.
- b. **De-Identification Process:** Health information is de-identified health information only if it complies with either one of the following two de-identification procedures:

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- (1) **Statistical Methods:** Health information is considered de-identified if a person with appropriate knowledge of and experience with generally accepted statistical and scientific principles and methods for rendering information not individually identifiable:
 - (a) applying such principles and methods, determines that the risk is very small that the information could be used, alone or in combination with other reasonably available information, by an anticipated recipient to identify an individual who is a subject of the information; and
 - (b) documents the methods and results of the analysis to justify such determination.

- (2) **Removal of Identifiers:** Health information is considered de-identified if:
 - (a) all eighteen (18) of the following identifiers of the individual or relatives, employers, or household members of the patient are removed:
 - i. name;
 - ii. all geographic subdivisions smaller than a state including street address, city, county, precinct, zip code and their equivalent geocodes, except for the initial three digits of a zip code, if according to the currently available data from the Bureau of the Census, (i) the geographic unit formed by combining all zip codes with the same three initial digits contains more than 20,000 people and (ii) the initial three digits of those zip codes must be changed to 000;
 - iii. all elements of dates, except year, that are directly related to an individual including birth date, admission date, discharge date, date of death; and for all ages over 89, all elements of date, including year, indicative of such age, except that such ages and elements may be aggregated into a single category of age 90 or older.
 - iv. telephone number(s);
 - v. fax number(s);
 - vi. electronic-mail address(es);
 - vii. social security number(s);
 - viii. medical record number(s);
 - ix. health plan beneficiary number(s);
 - x. account number(s);
 - xi. certificate/license number(s);
 - xii. vehicle identifier(s) and serial number(s), including license plate number(s);
 - xiii. device identifier(s) and serial number(s);
 - xiv. web universal resource locator(s) (URL(s));
 - xv. internet protocol (IP) address number(s);
 - xvi. biometric identifier(s) including finger and voice print(s);
 - xvii. full face photographic image(s) and any comparable image(s);
 - xviii. any other unique identifying number, characteristic or code, except as otherwise permitted for re-identification purposes in Section c below,
AND
 - (b) UCMC or a physician does not have actual knowledge that the information could be used alone or in combination with other information to identify an individual who is a subject of the information.

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- c. **Re-identification:** UCMC may assign a code, algorithm, or pseudonym to allow individual records to be de-identified under this section to be re-identified by UCMC, provided that: (i) the code or other means of record identification is not derived from or related to information about the individual and is not otherwise capable of being translated so as to identify the individual; and (ii) UCMC does not use or disclose the code or other means of record identification for any other purpose, and does not disclose the mechanism for re-identification.

INTERPRETATION, IMPLEMENTATION, AND REVISION:

The HIPAA Privacy Program in consultation with the Office of Legal Affairs is responsible for interpretation, implementation, and revision of this policy. To the extent there is a conflict between this policy and another administrative policy, the more restrictive will apply.

REFERENCES:

1. 45 C.F.R. 164.514(a), (b), (c), and (e)

Sharon O'Keefe
President

ATTACHMENT
HIPAA Privacy Policy Definitions

Providers and Users Definitions

Business Associate

Except as provided below, Business Associate means a person or entity who:

- i. On behalf of the Medical Center, but other than in the capacity of a member of its Workforce, creates, receives, maintains, or transmits Protected Health Information for a function or activity regulated by the HIPAA Privacy Rule, including claims processing or administration, data analysis, processing or administration, utilization review, quality assurance, patient safety activities, billing, benefit management, practice management, and repricing; or
 - ii. Provides, other than in the capacity of a member of the Workforce, legal, actuarial, accounting, consulting, Data Aggregation, management, administrative, accreditation, or financial services to or for the Medical Center where the provision of the service involves the Disclosure to the person or entity of Protected Health Information from the Medical Center, or from another of its Business Associates, to the person or entity.
2. Business Associate includes:
- i. A Health Information Organization, E-prescribing Gateway, or other person or entity that provides data transmission services with respect to Protected Health Information to the Medical Center and that requires access on a routine basis to such Protected Health Information.
 - ii. A person that offers a personal health record to one or more individuals on behalf of the Medical Center.
 - iii. A Subcontractor that creates, receives, maintains, or transmits Protected Health Information on behalf of a Business Associate.
3. Business Associate does not include:
- i. A Health Care Provider, with respect to Disclosures by the Medical Center to the Health Care Provider concerning the Treatment of the individual.
 - ii. A plan sponsor, with respect to Disclosures by a Group Health Plan (or by a health insurance issuer or HMO with respect to a Group Health Plan) to the plan sponsor, subject to the Privacy Rules related to the Disclosure of Protected Health Information to plan sponsors are met.
 - iii. A government agency, with respect to determining eligibility for, or enrollment in, a government Health Plan that provides public benefits and is administered by another government agency, or collecting Protected Health Information for such purposes, to the extent such activities are authorized by law.

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- iv. The members of the Medical Center to the extent it performs a function or activity as described by paragraph (1)(i) of this definition for or on behalf of the Medical Center, or that provides a service as described in paragraph (1)(ii) of this definition to or for the Medical Center by virtue of such activities or services.

Covered Entity

Covered Entity will mean a Health Care Provider, a Health Plan, or a Health Care Clearinghouse. For example, UCMC and each physician on its medical staff is a Covered Entity because each is a Health Care Provider.

Health Care Clearinghouse

Health Care Clearinghouse will mean a public or private entity, including a billing service, repricing company, community health management information system or community health information system, and “value-added” networks and switches, that does either of the following functions:

1. Processes or facilitates the processing of health information received from another entity in a nonstandard format or containing nonstandard data content into standard data elements or a standard transaction.
2. Receives a standard transaction from another entity and processes or facilitates the processing of health information into nonstandard format or nonstandard data content for the receiving entity.

Health Care Provider

Health Care Provider will mean a provider of services (as defined in the Medicare statute), a provider of medical or health services (as defined in the Medicare statute), and any other person or organization who furnishes, bills, or is paid for Health Care in the normal course of business.

Health Plan

Health Plan will mean an individual or group plan that provides, or pays the cost of, medical care (as defined in 42 USC 300gg-91(a)(2)).

1. Health plan includes the following, singly or in combination:
 - i. A Group Health Plan.
 - ii. A Health Insurance Issuer, which is an insurance company, insurance service, or insurance organization (including an HMO) that is licensed to engage in the business of insurance in a state and is subject to state law that regulates insurance.
 - iii. An HMO, which is a federally qualified HMO, an organization recognized as an HMO under State law, or a similar organization regulated for solvency under State law in the same manner and to the same extent as such an HMO.
 - iv. Part A or Part B of the Medicare program.
 - v. The Medicaid program.
 - vi. The Voluntary Prescription Drug Benefit Program.
 - vii. An issuer of a Medicare supplemental policy.
 - viii. An issuer of a long-term care policy, excluding a nursing home fixed indemnity policy.

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- ix. An employee welfare benefit plan or any other arrangement that is established or maintained for the purpose of offering or providing health benefits to the employees of two or more employers.
 - x. The Health Care program for uniformed services under federal law.
 - xi. The veterans' Health Care program.
 - xii. The Indian Health Service program under the Indian Health Care Improvement Act.
 - xiii. The Federal Employees Health Benefits Program.
 - xiv. An approved State child Health Plan providing benefits for child health assistance that meet the requirements of federal law.
 - xv. The Medicare Advantage program.
 - xvi. A high risk pool that is a mechanism established under State law to provide health insurance coverage or comparable coverage to eligible individuals.
 - xvii. Any other individual or group plan, or combination of individual or group plans, that provides or pays for the cost of medical care.
2. Health plan excludes:
- i. Any policy, plan, or program to the extent that it provides, or pays for the cost of, excepted benefits that are listed in the Public Health Service Act; and
 - ii. A government-funded program (other than one listed in paragraph (1)(i)-(xvi) of this definition):
 - A. Whose principal purpose is other than providing, or paying the cost of, Health Care; or
 - B. Whose principal activity is:
 - 1. The direct provision of Health Care to persons;or
 - 2. The making of grants to fund the direct provision of Health Care to persons.

OHCA or Organized Health Care Arrangement

OHCA or Organized Health Care Arrangement means the University of Chicago Medical Center, including its nurses, residents, other staff, and volunteers, the University of Chicago Biological Sciences Division and other portions of the University of Chicago in both cases that supports the activities of Health Care including its physicians, nurses, students, volunteers, and other staff, and UCMC Community Physicians LLC.

Subcontractor

Subcontractor means a person 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.

Workforce

Workforce will mean employees, volunteers, trainees, and others whose conduct, in the performance of work for the Medical Center, is under the direct control of such entity, whether or not they are paid by an entity within the Medical Center. For example, UCMC may treat an independent contractor that performs a substantial portion of his/her activities on our premises as a Workforce member.

Information Definitions

Designated Record Set

Designated Record Set will mean a group of records maintained by or for the Medical Center that is (i) the medical records and billing records about individuals, (ii) the enrollment, Payment, claims adjudication, and case or medical management record systems maintained by or for a Health Plan; or (iii) used, in whole or in part, by or for the Medical Center to make decisions about individuals-including shadow files. The term record means any item, collection, or grouping of information that includes Protected Health Information and is maintained, collected, used, or disseminated by or for the Medical Center.

Electronic Media

Electronic media means:

1. Electronic storage material on which data is or may be recorded electronically, including, for example, 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. Transmission media include, for example, the Internet, extranet or intranet, leased lines, dial-up lines, private networks, and the physical movement of removable/transportable electronic storage media. Certain transmissions, including of paper, via facsimile, and of voice, via 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.

Electronic Protected Health Information or EPHI

Electronic Protected Health Information means Protected Health Information that is transmitted by or maintained in Electronic Media.

Genetic Informationⁱ

Genetic information means:

1. Subject to paragraphs (2) and (3) of this definition, an individual's information about:
 - i. The individual's Genetic Tests;
 - ii. The Genetic Tests of family members of the individual;
 - iii. The manifestation or possible manifestation of a disease or disorder in family members of such individual; or
 - iv. Any request for, or receipt of, Genetic Services, or participation in clinical research which includes Genetic Services, by the individual or any family member of the individual.
2. Any reference in UCMC policies to Genetic Information concerning an individual or family member of an individual shall include the Genetic Information of:
 - i. A fetus carried by the individual or family member who is a pregnant woman; and

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- ii. Any embryo legally held by an individual or family member utilizing an assisted reproductive technology.
3. Genetic information excludes information about the sex or age of any individual.

Genetic Servicesⁱⁱ

Genetic services means a Genetic Test, genetic counseling (including obtaining, interpreting, or assessing Genetic Information), and/or genetic education.

Genetic Testⁱⁱⁱ

Genetic test means an analysis of human genes, gene products, DNA, RNA, chromosomes, proteins, or metabolites, if the analysis detects genotypes, mutations, or chromosomal changes, abnormalities, or deficiencies, including carrier status. Examples of Genetic Tests are those that (i) are linked to physical or mental disorders or impairments, (ii) indicate a susceptibility to illness, disease, impairment, or other disorders, whether physical or mental, or (iii) demonstrate genetic or chromosomal damage due to environmental factors. Genetic test does not include an analysis of proteins or metabolites that is directly related to a manifested disease, disorder, or pathological condition. For example, Genetic Testing and Genetic Tests do not include routine physical measurements, chemical, blood and urine analyses that are widely accepted and in use in clinical practice, tests for use of drugs, or tests for the presence of the human immunodeficiency virus.

Highly Confidential Information

Highly Confidential Information means the subset of health information that is related to: (a) mental health and developmental disabilities; (b) alcohol and drug abuse prevention and Treatment; (c) HIV/AIDS testing; (d) communicable disease(s); (e) Genetic Testing; (f) child abuse and neglect; (g) abuse of an adult with a disability; (h) sexual assault; (i) domestic violence; and (j) artificial insemination. While Psychotherapy Notes are also subject to the same level of protection of Highly Confidential Information, they cannot be disclosed simply by consent of the patient nor to the patient without provider consent.

Limited Data Set

Limited Data Set is Protected Health Information that excludes the following direct identifiers of the individual who is the subject of the Protected Health Information or a relative, employer, or household member of the individual:

- (i) Name;
- (ii) Postal address information, other than town or city, state and zip code;
- (iii) Telephone number(s);
- (iv) Fax number(s);
- (v) Electronic mail address(es);
- (vi) Social security number(s);
- (vii) Medical record number(s);
- (viii) Health plan beneficiary number(s);
- (ix) Account number(s);
- (x) Certificate/license number(s);
- (xi) Vehicle identifiers and serial number(s) (including license plate numbers);
- (xii) Device identifier(s) and serial number(s);
- (xiii) Web Universal Resource Locator(s) (URLs);
- (xiv) Internet Protocol (IP) address number(s);

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- (xv) Biometric identifier(s) (including finger and voice print(s)); and
- (xvi) Full face photographic images and any comparable image(s).

Manifested

Manifestation or Manifested means, with respect to a disease, disorder, or pathological condition, that an individual has been or could reasonably be diagnosed with the disease, disorder, or pathological condition by a Health Care professional with appropriate training and expertise in the field of medicine involved. For purposes of this subchapter, a disease, disorder, or pathological condition is not Manifested if the diagnosis is based principally on Genetic Information.

Protected Health Information or PHI

Protected Health Information will mean health information collected from an individual (including demographic information) that (i) is created or received by a Health Care Provider, Health Plan, employer, or Health Care Clearinghouse; (ii) relates to the past, present, or future physical or mental health or condition of an individual, the provision of Health Care to an individual, or the past, present, or future Payment for the provision of Health Care to an individual; (iii) identifies the individual or with respect to which there is a reasonable basis to believe the information can be used to identify the individual, and (iv) is (a) transmitted by Electronic Media; (b) maintained in any medium constituting Electronic Media; or (c) transmitted or maintained in any other form or medium. "Protected Health Information" will not include (i) education records covered by the Family Educational Right and Privacy Act, (ii) records described in 20 U.S.C. § 1232g(a)(4)(B)(iv), (iii) employment records held by UCMC or The University of Chicago in its role as employer, or (iv) individually identifiable information regarding a person who has been deceased for more than 50 years. Examples of PHI include name, medical record number, medical history, diagnosis, test results, photographic and radiological likenesses of a patient, and demographic information. Examples of media that contain PHI include the medical record, patient care systems (e.g. electronic medical records, electronic monitors, billing systems, or any other electronic health records), x-ray films, photographs, patient-specific diet plans, prescriptions, and sign-in sheets.

Psychotherapy Notes^{iv}

Psychotherapy Notes are (1) notes recorded (in any medium) by a Health Care Provider who is a mental health professional documenting or analyzing the contents of a conversation during a private counseling session or a group, joint or family counseling session, and (2) Personal Notes, as defined by Illinois law. "Personal Notes" means (i) information disclosed to the therapist in confidence by other persons on condition that such information would never be disclosed to the recipient or other persons; (ii) information disclosed to the therapist by the recipient which would be injurious to the recipient's relationships to other persons, and (iii) the therapist's speculations, impressions, hunches, and reminders. Psychotherapy Notes are to be maintained separately from the rest of the patient's medical record. If a mental health professional's counseling session notes are commingled with a patient's general medical record, then the notes no longer retain their status as Psychotherapy Notes for purposes of this policy. In any case, Psychotherapy Notes are not medication prescriptions, information about the monitoring of medications, counseling session start and stop times, the modalities and frequencies of Treatment furnished to the patient, the results of clinical tests, or any summary of the following items: diagnosis, functional status, Treatment plan, symptoms, prognosis, and progress to date. (These items of information are

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excluded from the definition because it is expected that they are maintained in the patient's medical records.)

Unsecured Protected Health Information

Unsecured Protected Health Information means Protected Health Information that is not rendered unusable, unreadable, or indecipherable to unauthorized persons through the use of a technology or methodology specified by the Secretary of HHS in its guidance. An example of secured PHI is encrypted PHI.

Other Definitions

Breach

Breach means the acquisition, access, use, or Disclosure of Protected Health Information in a manner not permitted under the Privacy Laws that compromises the security or privacy of the Protected Health Information.

1. Breach excludes:
 - i. Any unintentional acquisition, access, or use of Protected Health Information by a Workforce member or person acting under the authority of the Medical Center or a Business Associate, if such acquisition, access, or use was made in good faith and within the scope of authority and does not result in further use or Disclosure in a manner not permitted by the Privacy Laws.
 - ii. Any inadvertent Disclosure by a person who is authorized to access Protected Health Information at the Medical Center or Business Associate to another person authorized to access Protected Health Information at the Medical Center or Business Associate, and the information received as a result of such Disclosure is not further used or disclosed in a manner not permitted under the Privacy Laws.
 - iii. A Disclosure of Protected Health Information where the Medical Center or Business Associate has a good faith belief that an unauthorized person to whom the Disclosure was made would not reasonably have been able to retain such information.
2. Such an acquisition, access, use, or Disclosure of Protected Health Information is presumed to be a Breach unless an exception in section 1 of this definition applies, or the Medical Center entity or Business Associate, as applicable, demonstrates that there is a low probability that the Protected Health Information has been compromised based on a risk assessment. The risk assessment will be performed pursuant to Administrative Policy 05-20 Mitigation of Improper Disclosures.

Correctional Institution

Correctional institution means any penal or correctional facility, jail, reformatory, detention center, work farm, halfway house, or residential community program center operated by, or under contract to, the United States, a State, a territory, a political subdivision of a State or territory, or an Indian tribe, for the confinement or rehabilitation of persons charged with or convicted of a criminal offense or other persons held in lawful custody. Other persons held in lawful custody includes juvenile offenders adjudicated delinquent, aliens detained awaiting deportation, persons committed to mental institutions through the criminal justice system, witnesses, or others awaiting charges or trial.

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Data Aggregation

Data Aggregation will mean, with respect to Protected Health Information created or received by a Business Associate in its capacity as our Business Associate, the combining of such Protected Health Information by the Business Associate with the Protected Health Information received by the Business Associate in its capacity as a Business Associate of another Covered Entity, to permit data analyses that relate to the Health Care Operations of the Medical Center and the other respective Covered Entities.

Disclosure

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

Encryption

Encryption means the use of an algorithmic process to transform data into a form in which there is a low probability of assigning meaning without use of a confidential process or key.

Health Care

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

1. Preventive, diagnostic, therapeutic, rehabilitative, maintenance, or palliative care, and counseling, service, assessment, or procedure with respect to the physical or mental condition, or functional status, of an individual or that affects the structure or function of the body; and
2. Sale or dispensing of a drug, device, equipment, or other item in accordance with a prescription.

Health Care Operations

Health Care Operations will mean any of the following activities of the Medical Center:

1. Conducting quality assessment and improvement activities, including outcomes evaluation and development of clinical guidelines, provided that the obtaining of generalizable knowledge (i.e. research) is not the primary purpose of any studies resulting from such activities (research); population-based activities relating to improving health or reducing Health Care costs, protocol development, case management and care coordination, contacting of Health Care Providers and patients with information about Treatment alternatives; and related functions that do not include Treatment;
2. Reviewing the competence or qualifications of Health Care professionals, evaluating practitioner and provider performance, Health Plan performance, conducting training programs in which students, trainees, or practitioners in areas of Health Care learn under supervision to practice or improve their skills as Health Care Providers, training of non-Health Care professionals, accreditation, certification, licensing, or credentialing activities;
3. Except as prohibited by the policy governing the use of Genetic Information, underwriting, enrollment, premium rating, and other activities relating to the creation, renewal or replacement of a contract of health insurance or health benefits, and ceding, securing, or placing a contract for reinsurance of risk relating to claims for Health Care (including stop-loss insurance and excess of

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loss insurance);

4. Conducting or arranging for medical review, legal services, and auditing functions, including fraud and abuse detection and compliance programs;

5. Business planning and development, such as conducting cost-management and planning-related analyses related to managing and operating the entity, including formulary development and administration, development or improvement of methods of Payment or coverage policies; and

6. Business management and general administrative activities of the entity, including, but not limited to:

a. Management activities relating to implementation of and compliance with the requirements the rules promulgated pursuant to HIPAA (including HITECH);

b. Customer service, including the provision of data analyses for policy holders, plan sponsors, or other customers, provided that Protected Health Information is not disclosed to such policy holder, plan sponsor, or customer;

c. Resolution of internal grievances;

d. The sale, transfer, merger, or consolidation of assets to a potential successor in interest, if the potential successor in interest is a Covered Entity or, following completion of the transaction, will become a Covered Entity, including due diligence and negotiation related to the transaction; and

e. Consistent with the applicable requirements of Administrative Policy 05-22 and 05-18, creating De-identified Health Information, a Limited Data Set, and Fundraising.

Health Oversight Agency

Health oversight agency means 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 persons or entities to whom it has granted authority, that is authorized by law to oversee the Health Care system (whether public or private) 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.

HIPAA

HIPAA means the Health Insurance Portability and Accountability Act and the HITECH Act as well as the following implementing regulations: the Privacy, Security, Breach Notification, and Enforcement Rules at 45 CFR Part 160 and Part 164

Integrity

Integrity means the property that data or information have not been altered or destroyed in an unauthorized manner.

Law Enforcement Official

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Law enforcement official means an officer or employee of any agency or authority of the United States, a State, a territory, a political subdivision of a State or territory, or an Indian tribe, who is empowered by law to:

1. Investigate or conduct an official inquiry into a potential violation of law; or
2. Prosecute or otherwise conduct a criminal, civil, or administrative proceeding arising from an alleged violation of law.

Marketing

Except as provided below, Marketing means to make a communication about a product or service that encourages recipients of the communication to purchase or use the product or service. Marketing does not include a communication made:

- i. To provide refill reminders or otherwise communicate about a drug or biologic that is currently being prescribed for the individual, only if any financial remuneration received by the Covered Entity in exchange for making the communication is reasonably related to the Covered Entity's cost of making the communication.
- ii. For the following Treatment and Health Care Operations purposes, except where the Covered Entity receives financial remuneration in exchange for making the communication:
 - A. For Treatment of an individual by a Health Care Provider, including case management or care coordination for the individual, or to direct or recommend alternative Treatments, therapies, Health Care Providers, or settings of care to the individual;
 - B. To describe a health-related product or service (or Payment for such product or service) that is provided by, or included in a plan of benefits of, the Covered Entity making the communication, including communications about: the entities participating in a Health Care Provider network or Health Plan network; replacement of, or enhancements to, a Health Plan; and health-related products or services available only to a Health Plan enrollee that add value to, but are not part of, a plan of benefits; or
 - C. For case management or care coordination, contacting of individuals with information about Treatment alternatives, and related functions to the extent these activities do not fall within the definition of Treatment.
2. Financial remuneration means direct or indirect Payment from or on behalf of a third party whose product or service is being described. Direct or indirect Payment does not include any Payment for Treatment of an individual.

Payment

Payment will mean the activities undertaken by:

- a. A Health Plan to obtain premiums or to determine or fulfill its responsibility for coverage and provision of benefits under the Health Plan; or
- b. The Medical Center or a Health Plan to obtain or provide reimbursement for the provision of Health Care.

The activities must relate to the individual to whom Health Care is provided and include, but are not limited to:

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- a. Determinations of eligibility or coverage (including coordination of benefits or the determination of cost sharing amounts), and adjudication or subrogation of health benefit claims;
- b. Risk adjusting amounts due based on enrollee health status and demographic characteristics;
- c. Billing, claims management, collection activities, obtaining Payment under a contract for reinsurance (including stop-loss insurance and excess of loss insurance), and related Health Care data processing;
- d. Review of Health Care services with respect to medical necessity, coverage under a Health Plan, appropriateness of care, or justification of charges;
- e. Utilization review activities, including pre-certification and preauthorization of services, concurrent and retrospective review of services; and
- f. Disclosure to consumer reporting agencies of any of the following Protected Health Information relating to collection of premiums or reimbursement:
 - i. Name and address;
 - ii. Date of birth;
 - iii. Social security number;
 - iv. Payment history;
 - v. Account number; and
 - vi. Name and address of the Health Care Provider and/or Health Plan.

Personal Representative

Personal Representative will mean the person who, under applicable Illinois or federal law and in accordance with the Medical Center's policies and procedures, has the authority to act on behalf of a patient in making decisions related to the Health Care provided to the patient. Whether a person qualifies as a Personal Representative is determined by reference to UCMC policies governing surrogates and Administrative Policy 05-30.

Privacy Rule

Privacy Rule will mean the Standards for Privacy of Individually Identifiable Health Information, 45 C.F.R. Parts 160 and 164, which was promulgated pursuant to HIPAA.

Public Health Authority

Public health authority means 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 persons or entities to whom it has granted authority, that is responsible for public health matters as part of its official mandate.

Research

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Research means a systematic investigation, including research development, testing and evaluation, designed to develop or contribute to generalizable knowledge.

Security Incident

Security incident means the attempted or successful unauthorized access, use, Disclosure, modification, or destruction of information or interference with system operations in an information system.

Security Rule

Security Rule will mean the HIPAA Administrative Simplification provisions governing the security of Electronic Protected Health Information, 45 C.F.R. Part 164, as amended from time to time.

Treatment

Treatment will mean 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.

Use

Use means, with respect to individually identifiable health information, the sharing, employment, application, utilization, examination, or analysis of such information within an entity that maintains such information.

ⁱ This term is based upon both federal and state law.

ⁱⁱ This term is based upon both federal and state law.

ⁱⁱⁱ This term is based upon both federal and state law.

^{iv} This term is based upon both federal and state law.