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Chapter Key terms

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1. Check Your Understanding

9.1

1.B

2.C

3.B

4.B

5.B

6.C

7.B

8.C

9.C

10.C

9.2

1.A

2.C

3.D

4.B

5.D

6.A

7.B

8.B

9.B

10.A

9.3

1.B

2.A

3.C

4.B

5.D

6.C

7.A

8.D

9.C

10.D

9.4

1.B

2.A

3.D

4.C

5.B

6.A

7.A

8.A

9.D

10.C

2 Define:

Access report-a report that lists names of people who accessed patient data/information

Administrative simplification-HIPPA’s attempt at trying to standardize things such as billing or electronic transmission of data

ARRA-American Recovery and Reinvestment

Admissibility-the condition of being admitted into evidence in a court of law

Breach-acquisition, access, use or disclosure of PHI

BA-Business associate

CLIA- Clinical Laboratory Improvement Amendments

Confidentiality-the protected privacy of sharing private thoughts with another, such as a doctor

Complaint-a written legal statement from a plaintiff that initiates a lawsuit

Consent-an acknowledgment of understanding

Covered entity-a person or organization that must comply with HIPPA.

Deidentified information-information that doesn’t contain patient identifiable information

HHS-Department of Health and Human services

DRS-Designated record set

E-discovery-same as a regular pretrial but parties review/exchange electronic data

Facility directory-a record of patients being treated in a healthcare facility

FRCP-Federal Rule of Civil Procedure

FRE-Federal Rules of Evidence

FTC-Federal Trade Commission

HITECH-Health Information Technology for Economic and Clinical Health Act

HIPAA-Health Information Portability and Accountability Act

Hearsay-an out of court statement that is use to prove truth

Legal hold-a court order to preserve a health record

Medical identity theft-someone identifying themselves as someone else in order to receive medical services or falsifying claims in order to receive money

Minimum necessary-requires that uses, disclosures, and requests must be limited to only the amount needed to accomplish intended purpose

ONC= Office of the National Coordinator for Health Information Technology

Personal representative-person with legal authority to act on another’s behalf

Preemption-the principle that a statute at one level supersedes or is applied over the same or similar statute at a lower level

PHI- Protected health information

Red Flags Rule-alerts the organization to a potential identity theft

Right to request amendment-the right to submit a request for a correction to PHI or a record

Spoliation-the act of destroying, changing or hiding evidence intentionally

TPO-Third Party Organization

Warrant-a judge’s order that authorizes law enforcement to seize evidence and conduct a search

Sale of information-prohibits a covered entity from selling in exchange for a person’s PHI without that individuals consent

3. You should always have the actual language of the HIPAA  privacy regulation at your fingertips should questions  about i**nterpretations** arise.

  1. Review Breach Notification. Evaluate the information offered  and how to report a breach.

   2. Review Special Topic and choose Health Information Technology.   Visit the various sites and summarize your findings as they relate to this chapter.

 <http://www.hhs.gove/hipaa/for-professionals/index.html>

4. Visit the State of Maine website.

 What are the various state laws related to ownership of the health record?

5. Evaluate/summarize the following website and information that is offered.

<http://www.hhs.gov/ocr/index.html>

6.Retrieve 2 articles from the internet that have been written in the past year on privacy compliance. Summarize the important concepts. What have you discovered from this search that is not addressed in this chapter?

[http://www.ahima.org](http://www.ahima.org/)

[http://www.fierchealthcare.com](http://www.fierchealthcare.com/)

[http://www.healthcareitnews.com](http://www.healthcareitnews.com/)

[http://www.himss.org](http://www.himss.org/)

7. Do you think there are problems with any of the HIPAA  Privacy rule's exceptions to the authorization requirement?

Do the exceptions minimize patient privacy?

Are there too many exceptions?

Are there other exceptions that you would include if you were asked to become involved in revising the law?