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Responsible Executive:	Melissa Kotrys	Revised:	See below
Responsible Office:	Administration	Contact:	Melissa Kotrys
Distribution:	X - Staff X - Participants X – Vendors X - Public	Posted Locations:	X - Internal Policy Library X - Public Website

1. Purpose

To provide a single reference for defined terms in the HIE Participant Policy Manual (Manual). Unless otherwise defined in a specific policy, all capitalized terms in this Manual will have the same meaning as provided below or elsewhere in this Manual, in the Health Current Participation Agreement or HIPAA, all as amended from time to time.

2. Scope

This policy applies to all documents in the HIE Participant Policy Manual.

3. Definitions

See Definitions Policy.

4. Policy

4.1. Actor means a Healthcare provider (as defined in [42 U.S.C. § 300jj](#)), a health IT developer of certified health IT (CHIT Developer) or a health information network (HIN)/health information exchange (HIE), all as defined by the Information Blocking Rule at [45 C.F.R. § 171.102](#).

4.2. Applicable Law means federal, state, and local statutes and regulations that are applicable to Health Current, Participants, Authorized Recipients, or other individuals who access Data through the HIE.

4.3. Authorized Recipient(s) means a person or entity that has a HIPAA Authorization to access Data of the individual who is the subject of the HIPAA Authorization for the purposes given in the HIPAA Authorization.

4.4. Claims Data means those standard transactions between two parties to carry out financial or administrative activities related to Healthcare, including bills sent by Healthcare providers



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to a health plan to request payment for medical services and payment of such bills by a health plan. Claims Data consists of two components: (1) clinical data; and (2) financial data. For purposes of the Permitted Use Policy, the restrictions on Claims Data apply to the financial data component only and are necessary for compliance with Applicable Law, such as antitrust laws.

- 4.5. **Data** means any individually identifiable information transmitted to Health Current by Data Suppliers in connection with HIE services, including but not limited to protected health information (PHI). Due to current technical and administrative limitations, it is not feasible for Health Current to distinguish between Data that is and is not PHI. Thus, for purposes of this HIE Participant Policy Manual all Data accessible through the HIE is treated as PHI.
- 4.6. **Data Supplier** means an entity that makes Data available for access through the HIE and has entered into a Participation Agreement.
- 4.7. **De-identified Data** means Data that complies with the HIPAA de-identification standards at 45 C.F.R. § 164.514.
- 4.8. **DOJ** means the United States Department of Justice.
- 4.9. **FTC** means the Federal Trade Commission.
- 4.10. **Healthcare Provider**, within the scope of its HIPAA definition, includes hospitals, physicians and physician practices, behavioral health clinics, clinical laboratories, nursing homes, ambulatory surgical centers, home health agencies, hospice programs, outpatient rehabilitation facilities, imaging facilities, and pharmacies. Health Current may determine that other types of entities or persons meet the definition of a Healthcare Provider. Please note that for purposes of the No Information Blocking Policy, only Healthcare Providers who fall within one of the enumerated categories set forth in in [42 U.S.C. § 300jj\(3\)](#) will constitute an Actor subject to the Information Blocking Rule.
- 4.11. **Health Current Workforce Members** means employees, volunteers, trainees, and other persons whose conduct, in the performance of work for Health Current, is under the direct control of Health Current.
- 4.12. **Health Plan**, within the scope of its HIPAA definition, includes health insurance companies regulated by the Arizona Department of Insurance (ADOI), health maintenance organizations (HMOs), Medicaid (AHCCCS) plans, and group health plans that are offered to individuals through their employers. Health Current may determine that other types of entities meet the definition of a health plan.
- 4.13. **HHS** means the United States Department of Health and Human Services.



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- 4.14. **HIE** means health information exchange and may be used as either a noun or verb. Please note that for purposes of the No Information Blocking Policy, the term HIE has the meaning set forth in [45 C.F.R. § 171.102](#).
- 4.15. **HIPAA** collectively refers to the Health Insurance Portability and Accountability Act of 1996, the Health Information Technology for Economic and Clinical Health Act of 2009 (HITECH), and their implementing regulations (see [45 C.F.R. Parts 160](#), [162](#), and [164](#)), all as amended from time to time.
- 4.16. **HIPAA Authorization** means a form that meets HIPAA's requirements for a valid authorization.
- 4.17. **HIPAA-Restricted Self-Pay Data** means Data pertaining to a Healthcare item or service for which an individual has fully paid for out-of-pocket and which the patient requested not to be disclosed to a health plan.
- 4.18. **Information Blocking Rule** collectively refers to [42 U.S.C. § 300jj-52](#) and its implementing regulations [45 C.F.R. Part 171](#).
- 4.19. **Insurance Companies** means entities (other than Health Plans) that offer insurance products, such as life insurance, disability, and long-term care insurance.
- 4.20. **Limited Healthcare Operations** means those activities listed in paragraphs (1) and (2) of the definition Healthcare Operations at [45 C.F.R. § 164.501](#), and Healthcare fraud and abuse detection and compliance activities as described at [45 C.F.R. § 164.506\(c\)\(4\)](#).
- 4.21. **Limited Public Health Investigation** means a Public Health Authority investigation, as authorized by law, that is in response to a voluntary or mandatory public health report, including (but not limited to) Public Health Authority investigations into a communicable disease report or report of opioid poisoning. Limited Public Health Investigations do **NOT** include fraud and abuse detection activities, provider or facility monitoring, other health oversight activities, or public health surveillance or public health interventions.
- 4.22. **Medical Examiner** means a person or entity authorized by law to identify a deceased person, determine a cause of death of a deceased individual, or perform other duties as authorized by law, see [A.R.S. § 11-591 et seq.](#)
- 4.23. **Organ Procurement Organization** means any organization that is engaged in the procurement, banking, or transplantation of cadaveric organs, eyes, or tissue for the purposes of facilitating organ, eye or tissue donation and transplantation, which may include (i) any organization designated by the Secretary of the United States Department of Health and Human Services as an organ procurement organization, (ii) a tissue bank, or (iii) eye bank, see [A.R.S. § 36-841](#).



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- 4.24. **Part 2** collectively refers to [42 U.S.C. § 290dd-2](#) and its implementing regulations located at [42 C.F.R. Part 2](#).
- 4.25. **Part 2 Consent Form** means a form approved by Health Current for accessing Part 2 Data through the HIE and that meets Part 2's consent requirements.
- 4.26. **Part 2 Data** means information subject to and protected by Part 2.
- 4.27. **Part 2 Program**, as defined by Part 2, is a federally assisted individual or entity (including an identified unit within a general medical facility) that holds itself out as providing, and provides, substance use disorder treatment. A Part 2 Program also includes federally assisted medical personnel or staff in a general medical facility whose primary function is providing substance use disorder treatment and who are identified as such providers. A Participant is federally-assisted if it is run in whole or part by the federal government, is carried out under a license or other authorization granted by the federal government (including an authorization to prescribe, order or dispense controlled substances for substance use disorder treatment), is supported by federal funds, or is a 501(c)(3) non-profit organization or otherwise assisted by the IRS with income tax deductions for contributions to the program or through the granting of tax exempt status.
- 4.28. **Participant** means a person or legal entity that has signed a Participation Agreement.
- 4.29. **Participation Agreement** means the written agreement—including all amendments, addendum, attachments, exhibits, or statements of work thereto—that a Participant enters into with Health Current that defines such Participant's obligations and responsibilities related to disclosing, accessing, exchanging and using Data through the HIE.
- 4.30. **Payment** means activities defined by HIPAA, including but not limited to activities undertaken by:
- 4.30.1. A health plan to obtain premiums and/or to determine or fulfill coverage obligations and provisions of benefits under a health plan; and
 - 4.30.2. A Healthcare Provider or health plan to obtain or provide reimbursement for the provision of Healthcare.
- Payment does **NOT** include activities defined as Healthcare Operations at [45 C.F.R. § 164.501](#), such as underwriting or other activities relating to the creation, renewal, or replacement of a contract of health insurance or health benefits.
- 4.31. **Permitted Use** means the specific reasons for which Participants may access Data through the HIE, and for which Health Current may use and disclose Data in connection with the HIE. Please see the Permitted Use Policy.



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4.32. Psychotherapy Notes, as defined by HIPAA, means notes recorded (in any medium) by a Healthcare provider who is a mental health professional documenting or analyzing the contents of conversation during a private counseling session or a group, joint, or family counseling session and that are separated from the rest of the individual’s medical record. Psychotherapy Notes excludes medication prescription and monitoring, counseling session start and stop times, the modalities and frequencies of treatment furnished, results of clinical tests, and any summary of the following items: diagnosis; functional status; the treatment plan; symptoms; prognosis; and progress to date.

4.33. 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.

4.34. Treatment, as defined by HIPAA, means the provision, coordination, or management of Healthcare and related services by one or more Healthcare providers, including the coordination or management of Healthcare by a Healthcare provider with a third party; consultation between Healthcare providers relating to a patient; or the referral of a patient for Healthcare from one Healthcare provider to another.

5. Compliance

Health Current management will enforce this policy. Violations may result in disciplinary action, which may include suspension, restriction of access, or more severe penalties up to and including termination of employment or HIE participation. Where illegal activities are suspected, Health Current may report such activities to applicable authorities.

6. Who Should Read this Policy?

- 6.1. Health Current HIE Participants
- 6.2. Health Current Staff
- 6.3. Health Current HIE Subcontractors

7. Reference/Citation

Embedded.

8. Cross Reference and/or Attachments

Revision Table

Version	Date	Description of Change	Revised By
A	1/26/2021	Adopted HIE Participant Policy Manual Including this Policy.	Board of Directors



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