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HIPAA and Medical Records

Key Words

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AUDIT-Review of records for accuracy

AUTHORIZATION-Required by patient for other than TPO, description of information to be disclosed, name of a specific person, description of purpose, expiration date, signature, statement to revoke authorization in writing.

BUSINESS ASSOCIATE-Covered entity agreed to follow regulations to safeguard patient's PHI

CLEARINGHOUSE-Transmits claim to processor

CMS-Centers for Medicare and Medicaid

COMPLIANCE PLAN-Helps to prevent fraud and abuse relating to reimbursement for services and procedures, to audit and monitor compliance with government regulations, coding and billing compliance, staff training

COURT ORDER-No authorization is necessary

COVERED ENTITY-Organization that electronically transmits information that is HIPAA protected

DE-IDENTIFIED-Removal of personal information

DISCHARGE SUMMARIES-Final visit, final diagnosis. Comparison of objective data with patient's status, whether goals were obtained, reason and date of discharge, current condition, status, final prognosis, instructions given to patient at time of discharge noting any special needs such as restrictions on activities and medications

DOCUMENTATION RECORDS-Systemic, logical and consistent recording of patient's health status in their medical record

DRS-Designated Record Set

EDI-Electronic Data Interchange

E/M-Evaluation and Management-Physician decides patient's course of treatment. Seldom includes surgery

EMR-Electronic Medical Record

ENCOUNTER-Face-to-face contact, no phone calls or e-mails

ENCRYPTION-Disguising an electronic message so that only recipients with correct key can read it

FALSE CLAIMS ACT-Provides who knew or should have known that a claim for services was false and can be held liable

FRAUD-Act of deception used to take advantage of another person. Intentional



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Created by HIPAA

Accountability Act

diagnosis and procedures

SETS STANDARDS-Encoding data elements, terms, concepts,

HIPAA PRIVACY RULE-Regulates use and disclosure of patient's PHI, enforced by OCR

HIPAA SECURITY RULE-Rules for administrative, technical, physical safeguard of patient's PHI in covered entities

HIPAA STANDARD TRANSACTION-Electronic data sent back and forth, Name & # EX:X12-837 Healthcare claim

INFORMED CONSENT-Physician advises patient of plan of treatment, risks and benefits

MALPRACTICE-When a provider injures or harms a patient due to failure to follow standards of practice

MEDICAL RECORDS-Legal documents that are owned by the facility, the information belongs to the patient

MEDICAL STANDARDS OF CARE-Expertise reasonably expected of a medical professional

MINIMUM NECESSARY STANDARD-Release only the requested component not the entire medical record
Sign-In sheets

NATIONAL IDENTIFIERS-Employers, health plans, patients

NOTICE OF PRIVACY PRACTICES-Given to patient at first encounter

NPI-National Provider Identifiers-Every medical entity must have one. Legacy number was UPIN

OCR-Office of Civil Rights enforces HIPAA Privacy Rule

OIG-Office of Inspector General

PHI-Protected Health Information-Name, address, relatives, employers, DOB, phone , fax #, e-mail, SS#, MR#, Health plan Id#, account #, License #, VIN #, Web address, fingerprints, photos

PROGRESS REPORT-Report showing progress and response to a treatment plan, whether plan should be continued or changed, contains comparisons of objective data with patient statements, patient current condition and prognosis, type of treatment still needed and for how long


QUI TAM-Whistle blowing or make accusations of suspected fraud and abuse against the government-may be paid for it

RELATOR-Person who makes accusations of suspected fraud and abuse

RESEARCH REPORTS-No authorization required

RESPONDEAT SUPERIOR-Physician is liable for actions of his/her employees

S.O.A.P.-Subjective, Objective, Assessment, Plan-documentation in a systematic logical order of medical record



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SUBPOENA DUCES TECUM-To appear, testify and bring specified documents or items

TRANSACTION-Electronic version of a business document

TPO-Treatment, Plan, Healthcare Operations-shared without authorizations

WORKERS' COMPENSATION-No release required