

Appendix A GLOSSARY

This Glossary provides definitions for terms that have a specialized meaning in the DMH Privacy Handbook. Please consult the DMH Privacy Officer if you have a question about the meaning of a term in the DMH Privacy Handbook.

Term	Definition
Administrator-in-Charge	The Workforce Member with administrative responsibility for a DMH Central Office division (e.g., Assistant Commissioner for Administration and Finance), Area, Site, Facility or Program.
Audit Trail	An accounting of certain disclosures made of an individual's Protected Health Information.
Authorization	The written permission that an individual, or his/her Personal Representative, if applicable, gives to a person or entity which authorizes that person or entity to use or disclose the individual's Protected Health Information. An Authorization for purpose of this Handbook is one that contains the required elements for an Authorization listed in Chapter 8, <u>Authorization for Use and Disclosure of Protected Health Information</u> .
Business Associate	A person or entity, other than a Workforce Member, who, on behalf of DMH, performs or assists in the performance of (1) a function or activity involving the use or disclosure of Protected Health Information, including claims processing or administration, data analysis, utilization review, quality assurance, billing, benefits management, practice management and re-pricing; or (2) any other function or activity regulated by HIPAA; or (3) provides legal, actuarial, accounting, consulting, data aggregation, management, administrative, accreditation or financial services, where the provision of service involves the disclosure of Protected Health Information.
Confidentiality Acknowledgment	A required, signed, written acknowledgment by a Workforce Member that he or she understands and will abide by DMH's privacy practices.
Correctional Institution	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 include 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.

Term	Definition
Covered Entity	A health plan that provides or pays the cost of medical care, a health care clearinghouse, or a Health Care Provider. DMH, as a Health Care Provider, is a Covered Entity.
Designated Record Set [DRS]	Any item, collection or grouping of information maintained, collected, used or disseminated by DMH, or a DMH Business Associate, that includes Protected Health Information and is used, in whole or in part, by or for DMH, or the Business Associate, to make decisions about individuals. Designated Record Sets include, but are not limited to, medical records, billing records, eligibility records, and case management records.
Designated Record Set Contact Person	The Workforce Member responsible at a DMH location for responding to internal and external inquiries about a DRS and for processing requests for access, audit trails and amendments. Appendix D of this Handbook contains a list of all the Designated Record Set Contact Persons.
Designated Record Set Coordinator	The Workforce Member responsible at a DMH location for coordinating and responding to requests for access, audit trails and amendments that involve multiple DMH locations in accordance with this Handbook. Appendix D of this Handbook contains a list of all the Designated Record Set Coordinators.
Disclosure	The release, transfer, provision of access to, or divulging of information outside of the Workforce Members.
EOHHS	Executive Office of Health and Human Services
Handbook	This Privacy Handbook.
Health Care Agent	A person an individual chooses in advance to make health care decisions for him/her in the event that s/he becomes unable to do so. A health care agent also may be called a health care proxy or surrogate or an attorney-in-fact.
Health Care Operations	Any of the following activities of the covered entity to the extent that the activities are related to covered functions: (1) Conducting quality assessment and improvement activities, including outcomes evaluation and development of clinical guidelines, provided that the obtaining of generalizable knowledge is not the primary purpose of any studies resulting from such activities; patient safety activities (as defined in 42 CFR 3.20); 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

Term	Definition
	<p>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;</p> <p>(3) Except as prohibited under §164.502(a)(5)(i), underwriting, enrollment, premium rating, and other activities related 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 loss insurance), provided that the requirements of §164.514(g) are met, if applicable;</p> <p>(4) Conducting or arranging for medical review, legal services, and auditing functions, including fraud and abuse detection and compliance programs;</p> <p>(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</p> <p>(6) Business management and general administrative activities of the entity, including, but not limited to:</p> <p>(i) Management activities relating to implementation of and compliance with the requirements of this subchapter;</p> <p>(ii) 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.</p> <p>(iii) Resolution of internal grievances;</p> <p>(iv) The sale, transfer, merger, or consolidation of all or part of the covered entity with another covered entity, or an entity that following such activity will become a covered entity and due diligence related to such activity; and</p> <p>(v) Consistent with the applicable requirements of §164.514, creating de-identified health information or a limited data set, and fundraising for the benefit of the covered entity.</p>
Health Care Provider	A provider of mental, medical or other health services, as defined in federal law, and any other person or organization that furnishes, bills or is paid for health care in the normal course of business. DMH is a Health Care Provider.
Health Insurance Portability and Accountability Act of 1996 [HIPAA]	Federal law (Public Law 104-191) that, in part, protects both an individual's right to keep and/or transfer his/her health insurance when moving from one job to another, and the privacy of the individual's Protected Health Information.

Term	Definition
	Federal regulations (45 CFR Parts 160 and 164) regulate the privacy portion of HIPAA.
Health Oversight Agency	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. DMH in its licensing capacity is a Health Oversight Agency
Marketing	<p>To make a communication about a product or service that encourages recipients of the communication to purchase or use the product or service unless the communication is made:</p> <p>(a) to describe a health-related product or services (or a payment for such product or service) that is provided by DMH and DMH is making the communication; (b) for treatment of the individual; (c) for case management or care coordination for the individual; or (d) to direct or recommend alternative treatment from another health care provider, or care setting to the individuals.</p> <p>An arrangement between a Covered Entity and any other entity whereby the Covered Entity discloses PHI to the other entity in exchange for direct or indirect remuneration to permit the other entity or its affiliates to make a communication about its own product or service encouraging recipients of the communication to purchase or use that product or service.</p>
Mental Health Information System [MHIS]	The individual-specific electronic information system maintained by DMH.
Minimum Necessary Rule	A HIPAA requirement that, when using, disclosing, or requesting Protected Health Information, DMH must make reasonable efforts to limit the Protected Health Information used, disclosed or requested to the minimum amount necessary to accomplish the intended purpose of the use, disclosure or request.
Notice of Privacy Practices	A document approved by the DMH Commissioner, or designee, that provides information to individuals who request or receive services from DMH on DMH's privacy practices relating to its use and disclosure of Protected Health Information.
Part 2 Regulations	The regulations at 42 CFR Part 2.

Term	Definition
Patient	Any individual who has applied for or been given diagnosis, treatment, or referral for treatment for a substance use disorder at a part 2 program. Where the HIPAA regulations apply, patient means an individual as that term is defined in HIPAA.
Patient Identifying Information [PII] (42 CFR Part 2)	The name, address, social security number, fingerprints, photograph, or similar information by which the identity of a patient of a 42 CFR Part 2 “Program” can be determined with reasonable accuracy and speed either directly or by reference to other publicly available information.
Payment	<p>(1) The activities undertaken by:</p> <ul style="list-style-type: none"> (i) Except as prohibited under §164.502(a)(5)(i), a health plan to obtain premiums or to determine or fulfill its responsibility for coverage and provision of benefits under the health plan; or (ii) A health care provider or health plan to obtain or provide reimbursement for the provision of health care; and <p>(2) The activities in paragraph (1) of this definition relate to the individual to whom health care is provided and include, but are not limited to:</p> <ul style="list-style-type: none"> (i) Determinations of eligibility or coverage (including coordination of benefits or the determination of cost sharing amounts), and adjudication or subrogation of health benefit claims; (ii) Risk adjusting amounts due based on enrollee health status and demographic characteristics; (iii) 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; (iv) Review of health care services with respect to medical necessity, coverage under a health plan, appropriateness of care, or justification of charges; (v) Utilization review activities, including precertification and preauthorization of services, concurrent and retrospective review of services; and (vi) Disclosure to consumer reporting agencies of any of the following protected health information relating to collection of premiums or reimbursement: <ul style="list-style-type: none"> (A) Name and address; (B) Date of birth; (C) Social security number; (D) Payment history; (E) Account number; and (F) Name and address of the health care provider and/or health plan.

Term	Definition
Person	A natural person, trust or estate, partnership, corporation, professional association or corporation, or other entity, public or private
Personal Data [PD] (MGL c. 66A / FIFA)	Any information concerning an individual, which because of name, identifying number, mark or description can be associated with a particular individual; provided, however, that the information is not contained in a public record and shall not include intelligence information, evaluative information or criminal offender record information as defined in MGL c. 6, § 167.
Personal Information [PI] (MGL c. 93 H and I)	A Massachusetts resident's first name and last name or first initial and last name in combination with any 1 or more of the following data elements that relate to such resident: (a) Social Security number; (b) driver's license number or state-issued identification card number; or (c) financial account number, or credit or debit card number, with or without any required security code, access code, personal identification number or password, that would permit access to a resident's financial account; provided, however, that "Personal Information" shall not include information that is lawfully obtained from publicly available information, or from federal, state or local government records lawfully made available to the general public. A medical insurance number shall be considered PI.
Personal Representative [PR]	A person or entity with authority to make health care decisions on behalf of another person (e.g., guardian, health care agent, parent).
Privacy Complaint	A written form or statement filed with DMH that complains about DMH's privacy policies and procedures and/or DMH's compliance with those policies and procedures.
Privacy Officer	The DMH administrator responsible for the development, implementation, maintenance and adherence of department-wide policies and procedures related to safeguarding Protected Health Information.
Protected Health Information [PHI] (45 CFR 164 / HIPAA)	Individually identifiable information relating to the past, present or future physical or mental health or condition of an individual, provision of health care to an individual, or the past, present or future payment for health care provided to an individual. Each of Patient Identifying Information, Personal Data, and Personal Information are subsets of PHI.
Psychotherapy Notes	Notes recorded (in any medium) by a mental health professional, documenting or analyzing the contents of a conversation with an individual during a private counseling session or in a group, joint, or family counseling session, that are separated from the rest of the individual's medical record. "Psychotherapy notes" exclude medication prescription and

Term	Definition
	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.
Public Health Authority	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.
Qualified Service Organization (QSO)	<p>A person who:</p> <ol style="list-style-type: none"> 1. Provides services to RAP, such as data processing, bill collecting, dosage preparation, laboratory analyses, or legal, accounting, population health management, medical staffing, or other professional services, or services to prevent or treat child abuse or neglect, including training on nutrition and childcare and individual and group therapy, and 2. Has entered into a written agreement with DMH RAP under which that person: <ol style="list-style-type: none"> i. that in receiving, storing, processing, or otherwise dealing with any patient Records, it is fully bound by Part 2 Regulations; and ii. if necessary, will resist in judicial proceedings any efforts to obtain access to PII related to substance use disorder diagnosis, treatment, or referral for treatment except as permitted by Part 2 Regulations. 3. Qualified service organization includes a person who meets the definition of business associate in HIPAA for DMH RAP, with respect to the use and disclosure of protected health information that also constitutes a Record as defined by this Glossary.
RAP	Recovery from Addition Program
Record (applies to Part 2 Regulations records)	Any information, whether recorded or not, created by, received, or acquired by a part 2 program, including RAP, relating to a Patient (e.g., diagnosis, treatment and referral for treatment information, billing information, emails, and voicemails), and including PII, provided, however, that information conveyed orally by a part 2 program to DMH, including the RAP, for treatment purposes with the authorization (consent) of the Patient does not become a Record because that information is reduced to writing by DMH. Records otherwise transmitted by

Term	Definition
	a part 2 program to DMH, including the RAP, retain their characteristic as Records in the hands of DMH.
Records Coordinator	An identified Workforce Member at each DMH location that has Designated Record Sets who is responsible for coordinating the processing of requests for access, Audit Trails and amendments and for coordinating DMH’s response when such requests involve multiple Designated Record Sets or multiple DMH locations. Appendix D of this Privacy Handbook contains a list of all the DMH Records Coordinators.
Reproductive health care	Health care that affects the health of an individual in all matters relating to the reproductive system and to its functions and processes.
Required by Law	A mandate contained in law that compels an entity to make a use or disclosure of protected health Information and that is enforceable in a court of law.
Research	A systematic investigation, including research development, testing, and evaluation, designed to develop or contribute to generalizable knowledge.
Treatment	Refers to 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 an individual, or the referral of an individual for health care from one health care provider to another.
Use	Refers to the sharing, employment, application, utilization, examination, or analysis of PHI within the Workforce Members.
Workforce Members	Employees, volunteers, trainees, and other persons whose conduct, in the performance of work for DMH, is under the direct control of DMH, regardless of whether they are paid by the DMH office, facility or program.