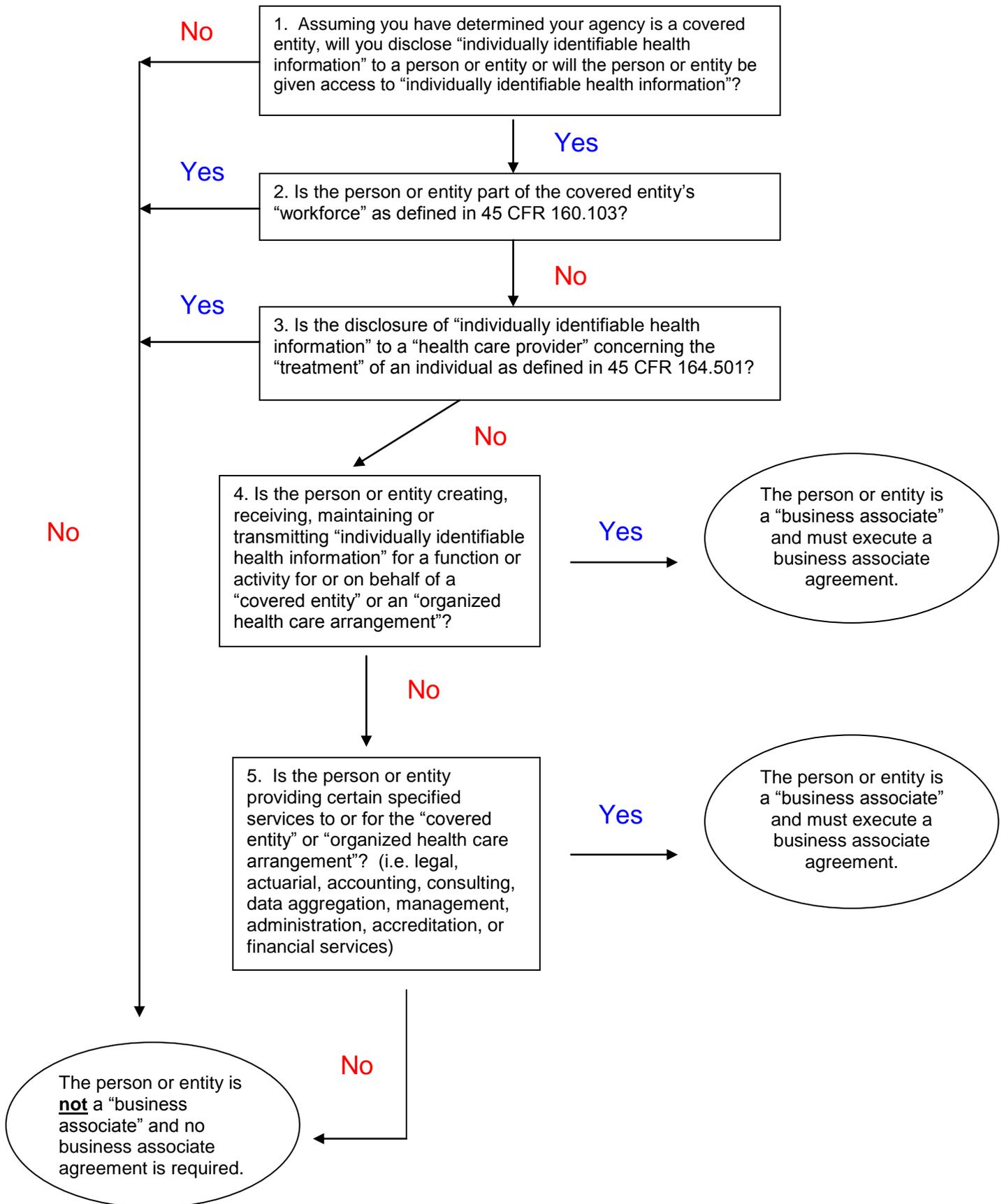
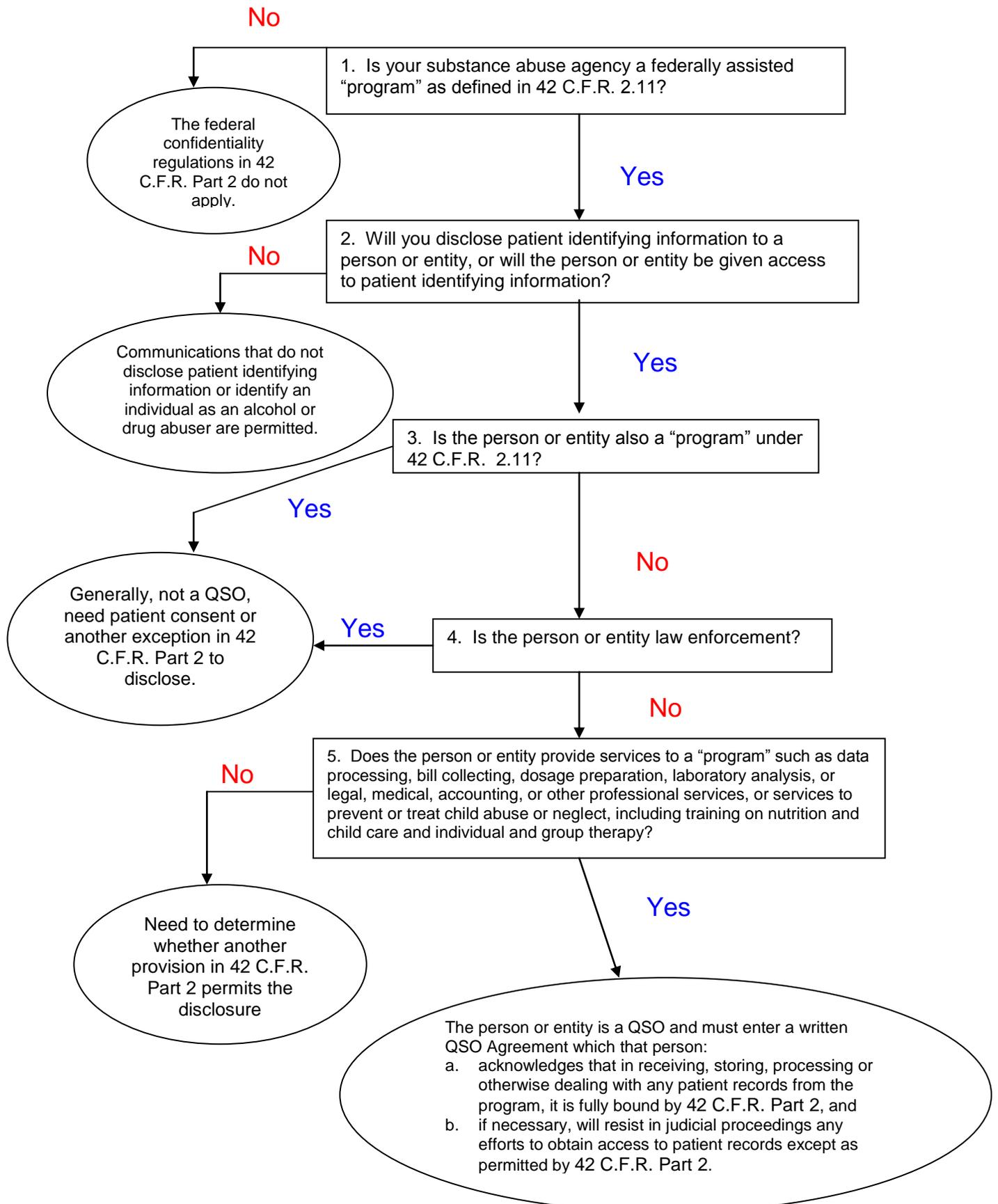


# “BUSINESS ASSOCIATE” IDENTIFICATION FLOWCHART FOR COVERED ENTITIES



# QUALIFIED SERVICE ORGANIZATION (“QSO”) IDENTIFICATION FLOWCHART FOR SUBSTANCE ABUSE PROGRAMS



## **DEFINED TERMS FOR BUSINESS ASSOCIATE / QSO INVENTORY**

1. **Business Associate** - A business associate is a person or organization that:
  - Creates, receives, maintains, or transmits protected health information for a function or activity for or on behalf of a covered entity or organized health care arrangement in which the covered entity participates; or
  - Provides legal, actuarial, accounting, consulting, data aggregation, management, administrative, accreditation, or financial services to or for such covered entity or organized health care arrangement in which the covered entity participates, where the provision of the service involves the disclosure of protected health information
  
2. **Covered Entity** - A covered entity is a health plan; health care clearinghouse; or health care provider who transmits any health information in electronic form in connection with a covered transaction.
  
3. **Health Care Provider** - A provider of services, a provider of medical or health services, and any other person or organization who furnishes, bills or is paid for health care in the normal course of business.
  
4. **Individually Identifiable Health Information** - Includes information that is created or received by a health care provider, health plan, employer, or health care clearinghouse; 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; and identifies or could reasonably identify the individual. The following information is considered information which can identify a patient and which is protected under the Privacy Rules:
  - Names;
  - All geographic subdivisions smaller than a State;
  - All elements of dates except year directly related to the individual (i.e. birth date, admission date, discharge date, and date of death);
  - All dates that would indicate an individual is 89 years of age or older;
  - Telephone numbers;
  - Fax numbers;
  - Electronic mail addresses;
  - Social security numbers;
  - Medical records number;
  - Health plan beneficiary number;
  - Account numbers;
  - Certificate/license numbers;
  - Vehicle identifiers and serial numbers, including license plate numbers;
  - Device identifiers and serial numbers;
  - Web Universal Resource Locators (URL's);
  - Internet Protocol (IP) address numbers;
  - Biometric identifiers, including finger and voice prints;
  - Full face photographic images and any comparable images; and
  - Any other unique identifying number, characteristic or code.

5. **Patient - HIPAA Privacy Rule:** the person who is the subject of the protected health information.  
  
*42 C.F.R. Part 2:* any individual who has applied for or has been given a diagnosis or treatment for alcohol or drug abuse at a federally assisted program. This includes any individual who, after arrest on a criminal charge, is identified as an alcohol or drug abuser in order to determine the individual's eligibility to participate in a treatment program.
6. **Patient Identifying Information** - The name, address, social security number, fingerprints, photograph, or similar information by which the identity of a patient can be determined with reasonable accuracy and speed either directly or by reference to other publicly available information. The term does not include a number assigned to a patient by a program, if that number does not consist of, or contain numbers (such as social security, or driver's license number) which could be used to identify a patient with reasonable accuracy and speed from sources external to the program.
7. **Program** - Under 42 C.F.R. Part 2, any person or organization that, in whole or in part, provides alcohol or drug abuse diagnosis, treatment, referral for treatment or prevention.
8. **Qualified Service Organization** - Treatment programs may disclose information to a Qualified Service Organization ("QSO") without the patient's consent. A "service organization" is a person or agency that provides services to the treatment program such as data processing, laboratory analyses, vocational counseling or legal, medical, accounting or other professional services. For an organization to become "qualified" to communicate freely with the treatment program, it must enter into a written agreement with the treatment program, called a QSO Agreement.
9. **Treatment** - 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.
10. **Workforce** - Employees, volunteers, trainees, and other persons whose conduct, in the performance of work for a covered entity, is under the direct control of such entity, whether or not they are paid by the covered entity.