

Health Insurance Portability and Accountability Act (HIPAA)

Congress enacted the Health Insurance Portability and Accountability Act (**HIPAA**) of 1996 in part to improve the efficiency and effectiveness of the health care system by establishing national standards for electronic health care transactions and to protect the privacy and security of individually identifiable health information. The Department of Health and Hospitals subsequently issued a suite of rules, collectively called the HIPAA Administrative Simplifications provisions (or HIPAA rules) including the **HIPAA Privacy Rule**, to implement the provisions of HIPAA. Entities subject to the HIPAA rules include covered entities, health care providers, and covered transactions.

Covered entities under these rules are health plans, health care clearinghouses, and health care providers that transmit health information in electronic form in connection with covered transactions.

Health care providers include entities furnishing health or medical services such as hospitals, physicians, dentists, and other providers.

Covered transactions are those for which DHH has adopted a standard, such as health care claims submitted to a health plan.

Under the HIPAA Privacy Rule, covered entities are required to protect individuals' health records and other personal health information they entities maintain or transmit, known as protected health information (PHI), by requiring appropriate safeguards to protect privacy, and setting limits and conditions on the uses and disclosures that may be made of such information without patient authorization. The rule also give patients certain rights with respect to their health information, including rights to examine, obtain a copy, and to request corrections of their health records.

For more information regarding HIPAA, visit <https://www.hhs.gov/hipaa/index.html>.