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Definition of Information Blocking Terms

Actor - means a health care provider (as defined in 42 U.S.C. § 300jj), a health IT developer of certified health IT or a health information network/health information exchange, all as defined by the Information Blocking Rule at 45 C.F.R. § 171.102.

Authorized Representative - see Personal Representative.

Continuity of Care Document (CCD) - means a HL7 standardized format of clinical data designed to foster interoperability by allowing providers to send electronic medical information to other providers without loss of meaning.

Covered Entity – is a term defined in 45 CFR § 160.103 and means:

1. A health plan
2. A health care clearing house, or
3. A health care provider who transmits any health information in electronic form in connection with a transaction covered by 45 CFR § 160.103.

Designated Record Set - is a term defined in 45 CFR § 164.501 and means:

1. A group of records maintained by or for a Covered Entity that is:
 - a. The medical records and billing records about individuals maintained by or for a covered health care provider.
 - b. The enrollment, payment, claims adjudication, and case or medical management record systems maintained by or for a health plan; or
 - c. Used, in whole or in part, by or for the covered entity to make decisions about individuals.
2. See also definition of Record.



Disclosure – is a term defined in 45 CFR § 160.103 and means the release of, transfer of, provision of, access to, or divulging in any other manner, of Protected Health Information outside of VITL or its workforce members.

Electronic Health Information (EHI) - is a term defined in 45 CFR § 171.102 and means Electronic Protected Health Information contained in a Designated Record Set. It does not include psychotherapy notes or information compiled in anticipation of or for use in a civil, criminal, or administrative action or proceeding. EHI also excludes any information that has been de-identified in accordance with HIPAA de-identification standards. Until May 2, 2022, the definition of EHI may be further limited to those data elements represented in the USCDI (version 1).

Health Insurance Portability and Accountability Act (HIPAA) - means the federal law originally passed in 1996 that required the creation of national standards to protect sensitive patient health information from being disclosed without the patient's consent or knowledge.

Health Level 7 (HL7) - is an America National Standard Institute (ANSI) accredited Standards developing organization in the healthcare industry.

Individual – means the person who is the subject of Protected Health Information.

Individually Identifiable Health Information – is a term defined in 45 CFR §160.103 and means information that is a subset of health information, including demographic information collected from an individual, and:

1. Is created or received by a health care provider, health plan, employer, or health care clearinghouse; and
2. Relates to the past, present, or future physical or mental health or condition of an individual; the provision of same; or the payment for same; and
3. That identifies the individual.

Information Blocking - means a practice defined in 45 CFR § 171.103 that meets one of the following three descriptions:

1. Except as required by law or covered by an exception, is likely to interfere with access, exchange, or use of electronic health information; and
2. If conducted by a health IT developer of certified health IT, health information network or health information exchange, such developer, network, or exchange knows, or should know, that such practice is likely to interfere with access, exchange, or use of electronic health information; or
3. If conducted by a health care provider, such provider knows that such practice is unreasonable and is likely to interfere with access, exchange, or use of electronic health information.



Interoperability or Interoperability Element - means hardware, software, integrated technologies or related licenses, technical information, privileges, rights, intellectual property, upgrades, or services that may be necessary to access, exchange or use EHI; and are controlled by the Actor, which includes the ability to confer all rights and authorizations necessary to use the element to enable the access, exchange or use of EHI, as defined in 45 CFR § 171.102.

Participating Health Care Organization - means an individual hospital, medical practice, physician practice, home health care agency or other health care provider who has entered into a VHIE Services Agreement or a substantially similar agreement, including Health Care Organization, thereby agreeing to participate in the exchange of Data on the VHIE.

Practice - means an act or omission by an Actor as defined in 45 CFR § 171.102.

Patient - means an individual who has received or will receive treatment or health care services from a Participating Health Care Organization.

Permitted Use - means the use of any Data available on the VHIE for the purposes of treatment, payment or health care operations as permitted under State and federal law and the Policies and Procedures of VITL. "Permitted Use" includes query-based access by other national exchanges for permitted purposes as defined by the Restatement II of the Data Use and Reciprocal Support Agreement ("DURSA"), April 13, 2019. "Permitted Use" may include the use of Data available on the VHIE for public health purposes with public health authorities to the extent that access is authorized under applicable law.

Personal Representative - means a person who is the legal guardian of an individual, granting them rights to receive and view the individual's healthcare information.

Protected Health Information (PHI) - means Individually Identifiable Health Information that is:

1. Transmitted by electronic media.
2. Maintained in electronic media; or
3. Transmitted or maintained in any other form or medium.

Record - means any item, collection, or grouping of information that includes Protected Health Information and is maintained, collected, used, or disseminated by or for a covered entity.

Request - means an act of formally asking an Actor for access to, exchange of, or use of EHI.

Requestor - an Individual, Individual's Personal Representative, or organization making a Request.

United States Core Data for Interoperability (USCDI) (Version 1) - means the standardized set of health data classes and constituent data elements for nationwide, interoperable health information exchange, which are published by The Office of the National Coordinator for Health Information Technology (ONC) on its USCDI website.


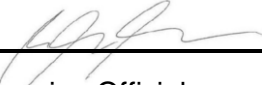


Vermont Health Information Exchange (VHIE) – means an integrated electronic health information infrastructure for the sharing of PHI and Data among Participating Health Care Organizations.

Vermont Information Technology Leaders (VITL) – means the legislatively designated operator of the Vermont Health Information Exchange.

VHIE Record - means the collection of Records maintained by the VHIE available in VITLAccess. VHIE Records are associated with a single patient. A patient may have one or more VHIE Records.

VITLAccess – means the web application that allows health care providers to view VHIE Records. VITLAccess is also known as VITL’s Provider Portal.

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