The purpose of this survey is to help the University analyze whether HIPAA Regulations will apply to your particular school, department or unit. When responding to the survey questions, please use the following definitions.

**Key Definitions**

**Individually Identifiable Health Information** = information that is created or received by the University that relates to
- the past, present, or future physical or mental health/condition of an individual; or
- 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
- that identifies the individual or
- with respect to which there is a reasonable basis to believe the information can be used to identify the individual.

**Health Care** = care, services or supplies related to the health of an individual, and includes but is not limited to sale or dispensing of a drug, device, equipment or other item per RX OR preventive, diagnostic, therapeutic, rehabilitative, maintenance, or palliative care, and counseling, service, assessment, or procedure with respect to the physical or mental condition, or functional status, of an individual or that affects the structure or function of the body.

**Health Care Provider** = 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.

**Protected Health Information** = Individually Identifiable Health Information that is transmitted by electronic media, maintained in any electronic format or transmitted or maintained in any other form or medium. Note: Educational records protected by the Family Education Right and Privacy Act (FERPA) are exempt from the definition of PHI.

**De-Identified Information** = Health information that does not identify an individual, and with respect to which there is no reasonable basis to believe that the information can be used to identify an individual.

**Use** = the sharing, employment, application, utilization, examination, or analysis of Individually Identifiable Health Information within your department/unit at the University.

**Disclosure** = the release, transfer, granting access to, or divulging in any manner Individually Identifiable Health Information outside your department/unit at the University or outside AU.

**Business Associate** = an entity (including perhaps another AU department) that performs, or assists in the performance of, a function or activity that involves the “use” or “disclosure” of individually identifiable health information on behalf of the University.

Return completed survey to the Office of the Provost
1. Name of Unit/Department and Division within the University:

2. Your name, title, and telephone number:

3. Date survey completed:

4. Does this unit provide “health care” services (refer to definition above) to any of the following (check all that apply):

   AU Students  
   AU Employees  
   Members of the Public

5. What types of health care services does your Unit/Department provide? (Please put S by items that are offered to students, E by items that are offered to employees, and P by items offered to members of the public)

   ___ Physician services  ___ Pharmacy services
   ___ Outpatient physical therapy services  ___ Psychologist services
   ___ Outpatient occupational therapy services  ___ Nurse practitioner services
   ___ Clinical social worker services  ___ Physician’s assistant services
   ___ Clinical nurse specialist services  ___ Diagnostic x-ray tests
   ___ Diagnostic laboratory tests  ___ Speech Therapy
   ___ Other diagnostic tests, services (e.g., audiology) (please specify):
   ___ Screening mammograms/pap smears and/or screening pelvic exams
   ___ Other (please specify):

Return completed survey to the Office of the Provost
6. Does your unit or department transmit or maintain Individually Identifiable Health Information (i.e., Protected Health Information)?

Yes ________    No _______

a) If YES, for what purpose is the information transmitted or maintained?

b) If YES, how precisely is the information transmitted or maintained? (paper, oral information, computer, e-mail, internet, fax, etc.)

c) If YES, to whom is the information transmitted?

__________ Another Department w/in the University
__________ An insurance company:
__________ Other *** Please Specify Below ***
7. Does your school or department share, employ, apply, utilize, examine or analyze (i.e., “use”) Individually Identifiable Health Information?

   Yes ________    No _______

   a) If yes, describe how the information is used, including the purpose for each use.

   b) If yes, describe who (by role) engages in this activity.

8. Does your school release, transfer, grant access to, or divulge in any manner (i.e., “Disclose”) Individually Identifiable Health Information to any third party or to another department at the University?

   Yes ________    No _______

   a) If yes, describe how, what information, and for what purpose.

   b) If yes, who decides when and how much to disclose?

Return completed survey to the Office of the Provost
9. Does your department ask another entity or department at the University (“Business Associate”) to perform, or assist in the performance of, a function or activity that involves the “use” or “disclosure” of individually identifiable health information on behalf of your school or department?

Yes ________    No ________

a) If yes, what activities are performed?

b) If yes, which department/individual performs those activities?

10. Does your Unit/Department process any of the following health care transactions electronically? (Please check all that apply)

**Definition:** For purposes of this question, an electronic transmission includes transactions using all electronic media, even when the information is physically moved from one location to another using magnetic tape, disk, or compact disc media. Transmissions over the Internet (wide-open), Extranet (using Internet technology to link a business with information only accessible to collaborating parties), leased lines, dial-up lines, and private networks are all included. *Fax transmissions are not included, nor are telephone voice response and “faxback” systems* (i.e., a request for information made via voice using a fax machine and requested information returned via that same machine as a fax).

____ Health care claims or equivalent encounter information: Have you ever billed a health insurer by means of an electronic transmission?

____ Health care payment and remittance advice: Have you ever received an electronic transmission from a health insurer consisting of either an Explanation of Benefits or remittance advice?

*Return completed survey to the Office of the Provost*
Coordination of benefits: Have you ever transmitted either claims or payment information electronically to a health insurer for the purpose of determining the relative payment responsibilities of the health insurer?

Health care claim status: Have you ever done an electronic transmission of either an inquiry to determine the status of a health care claim or a response about the status of a health care claim?

Enrollment and disenrollment in a health plan: Have you ever done an electronic transmission of subscriber enrollment information to a health plan to establish or terminate coverage?

Eligibility for a health plan: Have you ever done an electronic transmission to a health plan to obtain any of the following information about a benefit plan for an enrollee: eligibility to receive health care under the health plan; coverage of health care under the health plan; benefits associated with a health plan?

Referral certification and authorization: Have you ever done any of the following by means of an electronic transmission: Request review of health care to obtain an authorization for health care; request authorization for a referral to another health care provider; or a response to either of the above-listed requests?

First Report of Injury: Have you ever done an electronic transmission of a First Report of Injury? If you check this item, please identify to whom the First Report of Injury has been transmitted.

Health claims attachments: Have you ever sent health claims attachments to a health plan by means of an electronic transmission?
11. **Other than the specific types of transactions listed in Question No. 10, has your Unit/Department ever sent any electronic transmission (use the definition given in Question No. 10) to another health care provider, a health plan/insurer, or a health care clearinghouse?** Examples might include an e-mail to an off-campus health care provider, notifying him/her that you are referring a patient; or any other e-mail to an off-campus health care provider or health plan that includes personally identifiable information about a patient.

Yes ________  No ________

a) If yes, identify the types of electronic transmissions your Unit/Department has sent.

12. **Other than the specific types of transactions listed in Question No. 10, has your Unit/Department ever received any electronic transmission (same definition) from another health care provider, a health plan/insurer, or a health care clearinghouse?**

Yes ________  No ________

a) If yes, identify the types of electronic transmissions your Unit/Department has received.