



**State of Nevada  
Public Employees' Benefits Program**

**Master Plan Document for the  
HIPAA Privacy and Security Requirements  
for PEBP Health Benefits**

**Plan Year 2017  
July 1, 2016 – June 30, 2017**

**[www.pebp.state.nv.us](http://www.pebp.state.nv.us)**

**(775) 684-7000**

**Or**

**(800) 326-5496**

## **Amendment Log**

Any amendments, changes or updates to this document will be listed here.

## Introduction

This Master Plan Document describes the requirements under a federal law known as the Health Insurance Portability and Accountability Act of 1996 (HIPAA) that apply to health benefits for employees and certain retirees, and their eligible dependents, participating in the Public Employees' Benefits Program, hereafter referred to as PEBP.

- The PEBP is governed by the State of Nevada.
- This document is intended to comply with the Nevada Revised Statutes (NRS) Chapter 287, and the Nevada Administrative Code 287 as amended and certain provisions of NRS 695G and NRS 689B.

The provisions described in this document are effective **July 1, 2016**.

The confidentiality of participant Health Information is important to the PEBP. The PEBP is committed to ensuring that the privacy of all participants is protected and all legal requirements under HIPAA are satisfied. Accordingly, the PEBP will not use or disclose protected Health Information other than as permitted or required by HIPAA, the HIPAA regulations and this MPD. This document will help you understand the privacy protections benefits provided by the PEBP. You should review it and also show it to members of your family who are or will be covered by the Plan.

The PEBP provides medical, dental, vision, and prescription drug benefits, which are considered "Health Care Components" under HIPAA. The PEBP also provides other benefits that are not subject to HIPAA and some non-covered benefits. Under HIPAA, the PEBP is considered a "Hybrid Entity."

This HIPAA Privacy and Security MPD applies only to:

- The Health Care Components of the PEBP and to the Health Plan, Health Care Provider, or Health Care Clearinghouse functions performed by the Health Care Component;
- Protected Health Information that is created or received by or on behalf of the Health Care Component of the Plan; and,
- Electronic protected Health Information created, received, maintained, or transmitted by or on behalf of the Health Care Component of the Plan.

Protected Health Information means information that is created or received by the PEBP and 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 that identifies the Individual or for which there is a reasonable basis to believe that the information can be used to identify the Individual. Protected Health Information includes information of persons living or deceased.

Electronic protected Health Information means protected Health Information that is transmitted by or maintained in electronic media.

The State of Nevada ("Plan Sponsor") intends to maintain the PEBP indefinitely, but reserves the right to terminate, suspend, discontinue or amend the PEBP at any time and for any reason. As the PEBP is amended from time to time, you will be sent information explaining the changes. If those later notices describe a benefit or procedure that is different from what is described here, you

should rely on the later information. Be sure to keep this document, along with notices of any plan changes, in a safe and convenient place where you and your family can find and refer to them.

**Words that are capitalized throughout this document are generally defined in the Plan Definitions section.**

NOTE: Headings, font and style do not modify Plan provisions. The headings of sections and subsections and text appearing in bold or CAPITAL LETTERS and font and size of sections, paragraphs and subparagraphs are included for the sole purpose of generally identifying the subject for the convenience of the reader. The headings are not part of the substantive text of any provision, and they should not be construed to modify the text of any substantive provision in any way.

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## Participant Contact Guide

General Contacts	Agent
<p><b>Public Employees' Benefits Program (PEBP)</b> 901 S. Stewart Street, Suite 1001 Carson City, NV 89701 Customer Service: (775) 684-7000 or (800) 326-5496 Fax: (775) 684-7028 <a href="http://www.pebp.state.nv.us">www.pebp.state.nv.us</a></p>	<p><b>Plan Administrator</b></p>
<p><b>PEBP Privacy Officer</b> 901 S. Stewart St., Ste. 1001 Carson City NV 89701 (775) 684-7000 Phone (800) 326-5496 (775) 684-7028 Fax</p>	<p><b>PEBP Quality Control Officer</b></p> <ul style="list-style-type: none"> <li>If you feel your privacy rights have been violated, you may file a complaint with the PEBP's Quality Control Officer or with the federal government through the Office of Civil Rights.</li> </ul>
<p><b>PEBP Security Officer</b> 901 S. Stewart St., Ste. 1001 Carson City NV 89701 (775) 684-7000 Phone (800) 326-5496 (775) 684-7028 Fax</p>	<p><b>PEBP Chief Information Officer (CIO)</b></p> <ul style="list-style-type: none"> <li>The PEBP CIO is responsible for coordinating compliance with the HIPAA Security Rules as defined by the Code of Federal Regulations, 45 C.F.R. 160, 162 and 164.</li> </ul>
<p><b>HIPAA Contact Office</b> 901 S. Stewart St., Ste. 1001 Carson City NV 89701 (775) 684-7000 Phone (800) 326-5496 (775) 684-7028 Fax</p>	<p><b>PEBP as the Plan Administrator</b></p>

## **Provision of Protected Health Information to the PEBP Workforce**

Certain Individuals who work for the PEBP have access to the Individually Identifiable Health Information of PEBP participants for administration functions. These Individuals are known as the PEBP Workforce and are identified later in this section. When this Health Information is provided to the PEBP Workforce, it is protected Health Information and, if it is transmitted by or maintained in electronic media, it is electronic protected Health Information. This section describes the circumstances under which protected Health Information may be received, used, disclosed by the PEBP Workforce.

### **Permitted Disclosure of Enrollment/Disenrollment Information**

A Health Care Component of the PEBP (or a Health Insurance Issuer or HMO with respect to the PEBP) may disclose to the PEBP Workforce, information on whether an Individual is participating in the PEBP, or is enrolled in or has disenrolled from a Health Insurance Issuer or HMO offered by the PEBP.

### **Permitted Uses and Disclosure of Summary Health Information**

A Health Care Component of the PEBP (or a Health Insurance Issuer or HMO with respect to the PEBP) may disclose summary Health Information to the PEBP Workforce, provided that the PEBP Workforce requests the summary Health Information for the purpose of:

- obtaining premium bids for providing Health Insurance coverage under the PEBP; or
- modifying, amending, or terminating the PEBP.

Summary Health Information means information

- that summarizes the claims history, claims expenses, or type of claims experienced by Individuals who have received health benefits under the PEBP; and
- from which the names and other personal identifiers described at 42 CFR Section 164.514(b)(2)(i) has been deleted, except that the geographic information described in 42 CFR Section 164.514(b)(2)(i)(B) need only be aggregated to the level of a five-digit ZIP code.

### **Permitted and Required Uses and Disclosure of Protected Health Information for Plan Administration Purposes**

Unless otherwise permitted by law, a Health Care Component of the PEBP (or a Health Insurance Issuer or HMO with respect to the PEBP) may disclose protected Health Information and electronic protected Health Information to the PEBP Workforce, provided that the PEBP Workforce uses or discloses the protected Health Information and electronic protected Health Information only for Plan administration purposes.

Plan administration purposes means administration functions performed by the PEBP Workforce, a Health Care Component of the PEBP, or a Health Insurance Issuer or HMO with respect to the PEBP. Plan Administration Functions include quality assurance, claims processing, auditing, and monitoring. Enrollment and disenrollment of the participants and their covered dependents

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(beneficiaries) is performed by the PEBP Workforce. The PEBP Workforce also performs quality assurance, auditing and monitoring in its role as the Plan Administrator. The Plan contracts with certain Health Care Components such as third party claims administrators and HMOs to perform claims administration, auditing and monitoring. Plan Administration Functions do not include functions performed by the employer in connection with any other benefit or benefit plan (e.g. retirement) or any employment-related actions or decisions. Employment information held by the employer is held in its capacity as an employer and is not protected Health Information. Enrollment and disenrollment functions performed by the PEBP Workforce are performed on behalf of participant and beneficiaries, and are not Plan Administration Functions. Employment and enrollment and disenrollment information generally is not protected Health Information.

The PEBP Workforce or any of its Health Care Components shall not use or disclose protected Health Information or electronic protected Health Information in a manner that is inconsistent with 45 CFR Section 164.504(f).

With respect to any protected Health Information, the PEBP Workforce or any of its Health Care Components shall:

- not use or further disclose the protected Health Information of a Plan participant or their covered dependent(s) other than as permitted or required by the PEBP or as Required by Law;
- ensure that any agent, including a Subcontractor, to whom it provides protected Health Information received from the PEBP Workforce agrees to the same restrictions and conditions that apply to the PEBP Workforce or any of its Health Care Components with respect to protected Health Information;
- not use or disclose protected Health Information for employment-related actions and decisions or in connection with any other benefit or employee benefit Plan of the employer;
- report any use or disclosure of protected Health Information in compliance with 45 CFR Section 164.400-414 of which it becomes aware that is inconsistent with the uses or disclosures;
- make available protected Health Information to comply with HIPAA's right to access in accordance with 45 CFR Section 164.524;
- make available protected Health Information for amendment, and incorporate any amendments to protected Health Information, in accordance with 45 CFR Section 164.526;
- make available the information required to provide an accounting of disclosures in accordance with 45 CFR Section 164.528;
- make its internal practices, books, and records relating to the use and disclosure of protected Health Information available to the Secretary of Health and Human Services for purposes of determining compliance by the Plan with HIPAA's privacy requirements;
- if feasible, return or destroy all protected Health Information that it still maintains in any form and retain no copies of such information when no longer needed for the purpose for which disclosure was made, except that, if such return or destruction is not feasible, limit further uses and disclosures to those purposes that make the return or destruction of the information infeasible.



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**Other Uses and Disclosures of Protected Health Information**

The PEBP may disclose protected Health Information to such other persons or entities and under such circumstances as permitted under HIPAA, HITECH, and the rules, regulations, and other guidance issued by the U.S. Department of Health and Human Services under HIPAA and HITECH.

**Nondisclosure of Genetic Information for Underwriting Purposes**

The PEBP shall not use or disclose protected Health Information that is Genetic Information (within the meaning of the meaning 45 CFR Section 160.103) for underwriting purposes as defined in 45 CFR Section 164.502(a)(5)(i).

**Adequate Separation**

The Plan shall allow the HIPAA Privacy Official, HIPAA Security Official, the PEBP Board, the Executive Officer of the PEBP, or any person under the supervision of the Executive Officer of the PEBP who receives protected Health Information relating to payment, Health Care Treatment, or Health Care Operations of, or other matters pertaining to, the PEBP in the ordinary course of business.

No other persons shall have access to protected Health Information. These specified employees (or classes of employees) shall only have access to and use of protected Health Information to the extent necessary to perform the Plan Administration Functions of the Plan. Please refer to Appendix A on the next page that describes adequate separation of PHI. If a specified employee does not comply with the provisions of this MPD, the employee shall be subject to disciplinary action by the PEBP for non-compliance pursuant to the PEBP's employee discipline and termination procedures.

The PEBP shall ensure that the provisions of this MPD are supported by reasonable and appropriate security measures to the extent that the persons designated above create, receive, maintain, or transmit electronic protected Health Information on behalf of the PEBP.

PEBP Position	Access	Access Level	
<b>PEBP Board</b>			<b>Level 1</b>
PEBP Board Member	PHI, PII, Minimum Necessary	Level 1	
<b>PEBP Executives</b>			
Executive Officer	PHI, PII, Minimum Necessary	Level 3	<b>Level 2</b>
Executive Assistant	PHI, PII, Minimum Necessary	Level 1	
Public Information Officer	PHI, PII, Minimum Necessary	Level 1	
<b>Accounting</b>			
Chief Financial Officer	PHI, PII, Minimum Necessary	Level 2	
Financial Analyst	PHI, PII, Minimum Necessary	Level 2	
Management Analyst II	PHI, PII, Minimum Necessary	Level 2	<b>Level 3</b>
Accounting Technician II	PHI, PII, Minimum Necessary	Level 2	
Accounting Assistant III	PHI, PII, Minimum Necessary	Level 2	
Accounting Assistant II	PHI, PII, Minimum Necessary	Level 2	
<b>Information Technology</b>			
Information Technology Officer	PHI, PII, Minimum Necessary	Level 3	
IT Professional Trainee	PHI, PII, Minimum Necessary	Level 2	
<b>Operations</b>			
Operations Officer	PHI, PII, Minimum Necessary	Level 4	
Management Analyst II	PHI, PII, Minimum Necessary	Level 4	
Management Analyst I	PHI, PII, Minimum Necessary	Level 1	
<b>Eligibility Processing</b>			<b>Level 4</b>
Program Officer III	PHI, PII, Minimum Necessary	Level 1	
Administrative Assistant III	PHI, PII, Minimum Necessary	Level 1	
Administrative Assistant II	PHI, PII, Minimum Necessary	Level 1	
Administrative Assistant 1	PHI, PII, Minimum Necessary	Level 1	
<b>Member Service Unit</b>			
Management Analyst II	PHI, PII, Minimum Necessary	Level 1	
Administrative Assistant IV	PHI, PII, Minimum Necessary	Level 1	
Administrative Assistant III	PHI, PII, Minimum Necessary	Level 1	
Administrative Assistant II	PHI, PII, Minimum Necessary	Level 1	
<b>Quality Control</b>			
Quality Control Officer	PHI, PII, Minimum Necessary	Level 4	
Administrative Assistant IV	PHI, PII, Minimum Necessary	Level 4	

Name, address, social security number, unique ID number, telephone number and other contact information such as email address of PEBP participants

Name, address, social security number, unique ID number, telephone number and other contact information such as email address of PEBP participants. Credit Card, Debit Card and Financial Account information

Name, address, social security number, unique ID number, telephone number and other contact information such as email address of PEBP participants. Credit Card, Debit Card and Financial Account information. Minimum necessary claims data as provided by PEBP Vendors (limited to special projects as authorized by the Executive Officer)

Name, address, social security number, unique ID number, telephone number and other contact information such as email address of PEBP participants. Physical and mental condition information (past, present, future) to include clinical reports regarding PEBP participants only when necessary to administer health care benefits.

## Plan Definitions

The following are definitions of specific terms and words used in this document. These definitions do not, and should not be interpreted to, extend coverage under the Plan.

**Breach:** The acquisition, access, use, or disclosure of Protected Health Information in a manner not permitted by HIPAA which compromises the security or privacy of the Protected Health Information, unless the acquisition, access, use, or disclosure is otherwise excluded in the definition of “Breach” under 45 CFR Section 164.402.

**Business Associate:** A Business Associate within the meaning of 45 CFR Section 160.103, including any third party administrator or actuarial, legal, accounting, consulting, or similar firm that performs services involving the disclosure of Protected Health Information.

**Covered Entity:**

- a Health Plan,
- a Health Care Clearinghouse, or
- a Health Care Provider that transmits any Health Information in electronic form in connection with a transaction covered by HIPAA, as defined more fully in 45 CFR Section 160.103.

The Plan is a Covered Entity.

**Genetic Information:** “Genetic Information” has the meaning set forth in 45 CFR Section 160.103.

**Health Care:** Care, services, or supplies related to the health of an Individual within the meaning of 45 CFR Section 160.103. Health care includes, but is not limited to, the following:

- Preventative, diagnostic, therapeutic, rehabilitative, maintenance, or palliative care, and counseling, service, assessment, or procedure with respect to physical or mental condition or functional status of an Individual or that affects the structure or function of the body; and
- Sale or dispensing of a drug, device, equipment, or other item in accordance with a prescription.

**Health Care Clearinghouse:** “Health Care Clearinghouse” has the meaning set forth in 45 CFR Section 160.103 and includes a public or private entity, including a billing service, repricing company, community health management information system or community Health Information system, and “value-added” networks and switches, that performs either of the following functions:

- Processes or facilitates the processing of Health Information received from another entity in a nonstandard format or containing nonstandard data content into standard data elements or a standard transaction.
- Receives a standard transaction from another entity and processes or facilitates the processing of Health Information into a nonstandard format or nonstandard data content for the receiving party.

**Health Care Component:** A Component or combination of Components of a Hybrid Entity that are designated by the Hybrid Entity in accordance with 45 CFR Section 164.105(a)(2)(iii)(C) and from whom the PEBP receives protected Health Information subject to HIPAA. The medical, dental, vision, and prescription drug benefits offered under the Plan are Health Care Components.

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**Health Care Operations:** Any of the following activities of the Plan, to the extent such activities relate to the covered functions of the Plan, including, but not limited to:

- 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;
- Population-based activities relating to improving health or reducing Health Care costs, protocol development, case management and care coordination, disease management, contacting Health Care Providers and patients with information about Treatment alternatives and related functions that do not include Treatment;
- Reviewing the competence or qualifications of Health Care professionals, evaluating practitioner and Provider performance, rating Health Care Provider and Plan performance, including accreditation, certification, licensing or credentialing activities;
- Underwriting (subject to the prohibition in this HIPAA Privacy and Security MPD), premium rating and other activities relating to the creation, renewal, or replacement of a contract of health insurance or health benefits, securing or placing a contract for reinsurance of risk relating to Health Care claims, including stop-loss insurance and excess of loss insurance;
- Conducting or arranging for medical review, legal services and auditing functions, including fraud and abuse detection and compliance programs;
- Business planning and development, such as conducting cost-management and planning-related analysis associated with managing and operating the Plan, including formulary development and administration, development or improvement of payment methods or coverage policies;
- Business management and general administrative activities of the Plan, including, but not limited to:
  - Management activities relating to the implementation of and compliance with HIPAA's administrative simplification requirements;
  - Customer service, including the provision of data analysis for policyholders, Plan Sponsors or other customers;
  - Resolution of internal grievances;
  - The sale, transfer, merger or consolidation of all or part of the Plan with another Covered Entity, or an entity that following such activity will become a Covered Entity, and due diligence related to such activity;
  - Consistent with the applicable requirements of 45 CFR Section 164.514, creating de-identified Health Information or a limited data set, and fundraising for the benefit of the Covered Entity; and
  - Any other activity that falls within the definition of the term "Health Care Operations" as set forth in 45 CFR Section 164.501.

**Health Care Provider:** "Health Care Provider" has the meaning set forth in 45 CFR Section 160.103 and includes a Provider of medical or health services, as well as any other person or organization that furnishes, bills, or is paid for Health Care in the normal course of business.

**Health Care 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

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Health Care Providers relating to a patient, or the referral of a patient for Health Care from one Health Care Provider to another, and such other activities that may be included in the definition of "Treatment" as set forth in 45 CFR Section 164.501.

**Health Information:** "Health Information" has the meaning set forth in 45 CFR Section 160.103 and includes information (including genetic information), whether oral or recorded in any form or medium, including, but not limited to, verbal conversations, telephonic communications, electronic mail or messaging over computer networks, the Internet and intranets, as well as written documentation, photocopies, facsimiles and electronic data, that is created or received by a Health Care Provider, a Health Plan, the PEBP, a life insurer, school or university, or a Health Care Clearinghouse that 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.

**Health Insurance Issuer:** "Health Insurance Issuer" has the meaning set forth in 45 CFR Section 160.103 and includes an insurance company, insurance service, or insurance organization (including an HMO) that is licensed to engage in the business of insurance in a State and is subject to State law that regulates insurance. The term does not include a group Health Plan (within the meaning of 45 CFR Section 160.103).

**Health Plan:** An Individual or group Health Plan that provides or pays the cost of medical care, and includes a group Health Plan, a Health Insurance Issuer, an HMO and such other plans or arrangements as are set forth in the definition of a "Health Plan" in 45 CFR Section 160.103, including the Plan.

**HHS:** The U.S. Department of Health and Human Services.

**HHS-Approved Technology:**

- With respect to data in motion, the encryption guidelines in Federal Information Processing Standard 140-2 (or successor guidelines).
- For data at rest, HHS-Approved Technology means the encryption guidelines in National Institute of Standards and Technology (NIST) Special Publication 800-111 (or successor guidelines).
- With respect to the destruction of data containing Protected Health Information, an HHS-Approved Technology requires the destruction of the media on which the Protected Health Information is stored such that, for paper, film, or other hard copy media, destruction requires shredding or otherwise destroying the media so that Protected Health Information cannot be read or reconstructed; for electronic media, destruction requires that the data be cleared, purged, or destroyed consistent with NIST Special Publication 800-88 (or successor guidelines) such that the information cannot be retrieved. HHS-Approved Technology may be updated from time to time based on guidance from the Secretary of HHS.

**HITECH:** The Health Information Technology for Economic and Clinical Health Act.

**Hybrid Entity:** A single legal entity that is a Covered Entity whose business activities include both covered functions and non-covered functions and that designates Health Care Components (in accordance with 45 CFR Section 164.105(a)(2)(iii)(C)) for purposes of fulfilling the Hybrid Entity requirements of HIPAA, as defined in 45 CFR Section 164.103. For purposes of this

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definition, "covered functions" means those functions performed by a Covered Entity that make the entity a Health Plan, Health Care Provider, or Health Care Clearinghouse. The Plan is a Hybrid Entity.

**Individual:** "Individual" has the meaning set forth in 45 CFR Section 164.103 as the person who is the subject of Protected Health Information.

**Individually Identifiable Health Information:** "Individually Identifiable Health Information" has the meaning set forth in 45 CFR Section 160.103, and includes Health Information, including demographic information, collected from an Individual and created or received by a Health Care Provider, Health Plan, employer, or Health Care Clearinghouse that identifies the Individual involved or with respect to which there is a reasonable basis to believe the information may be used to identify the Individual involved.

**Organized Health Care Arrangement:** "Organized Health Care Arrangement" has the meaning set forth in 45 CFR Section 160.103 and includes:

- A group Health Plan (within the meaning of 45 CFR Section 160.103) and a Health Insurance Issuer or HMO with respect to such group Health Plan, but only with respect to Protected Health Information created or received by such Health Insurance Issuer or HMO that relates to Individuals who are or who have been participants or beneficiaries in such group Health Plan;
- A group Health Plan and one or more other group Health Plans each of which are maintained by the same PEBP; or
- The group Health Plans described in the second bullet of this definition and Health Insurance Issuers or HMOs with respect to such group Health Plans, but only with respect to Protected Health Information created or received by such Health Insurance Issuers or HMOs that relates to Individuals who are or have been participants or beneficiaries in any of such group Health Plans.

**PEBP Workforce:** Executive Director, the agency staff, and the attorneys (for claim purposes).

**Plan, The Plan, This Plan:** In most cases, the programs, benefits and provisions described in this document as provided by the Public Employees' Benefits Program (PEBP).

**Plan Administration Functions:** Administrative functions performed by the PEBP on behalf of the Plan, excluding functions performed by the PEBP in connection with any other benefit or benefit Plan of the PEBP.

**Plan Administrator:** The PEBP is defined as the Plan Administrator.

**Plan Sponsor:** The HIPAA regulations incorporate the ERISA definition of "Plan Sponsor," which generally means the employer that establishes or maintains the employee benefit Plan. The State of Nevada is defined as the Plan Sponsor.

**Privacy Notice:** The notice of privacy practices that sets forth the uses and disclosures of Protected Health Information by the Plan that are required or permissible under HIPAA, as more fully described in 45 CFR Section 164.520.

**Privacy Official:** The person appointed by the PEBP, or its delegate, on behalf of the Plan, who is responsible for developing and implementing policies and procedures for protecting the

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privacy and confidentiality of Protected Health Information that is held by or on behalf of the Plan, in accordance with 45 CFR Section 164.530.

**Protected Health Information:** Individually Identifiable Health Information that is transmitted by electronic media, maintained in electronic media, transmitted or maintained in any other form or medium, including oral or written information. Protected Health Information excludes Individually Identifiable Health Information in education records covered by the Family Educational Rights and Privacy Act, as amended (within the meaning of 20 USC Section 1232g), employment records held by the Covered Entity in its role as an Employer, other records described in 20 USC Section 1232g(a)(4)(B)(iv), and information regarding a person who has been deceased for more than 50 years.

**Required by Law:**

- a mandate contained in law that compels a Covered Entity to make a use or disclosure of Protected Health Information and that is enforceable in a court of law including, but not limited to, a court order, a court-ordered warrant, subpoena, or summons issued by a court, grand jury, a governmental inspector general, or an administrative body authorized to require the production of information;
- a civil or an authorized investigative demand;
- Medicare conditions of participation with respect to Health Care Providers participating in the program; and
- statutes or regulations that require the production of information, including statutes or regulations that require such information if payment is sought under a government program providing public benefits.

**Secured Protected Health Information:** Protected Health Information to the extent that the information is protected by using an HHS-Approved Technology identified by HHS for rendering Protected Health Information unusable, unreadable, or indecipherable to unauthorized Individuals.

**Security Official:** The person appointed by the PEBP on behalf of the Plan who is responsible for the development, implementation, and maintenance of the HIPAA data security policies and procedures required for the Plan in accordance with 45 CFR Section 164.308(a)(2).

**Subcontractor:** A person to whom a Business Associate delegates a function, activity, or service, other than in the capacity of a member of the workforce of the Business Associate.

**Summary Health Information:** "Summary Health Information" has the meaning set forth in 45 CFR Section 164.504 and includes information that summarizes the claims history, claims expenses, or types of claims experienced by Individuals for whom the PEBP has provided benefits under the Plan, and from which the following information has been removed:

- Names;
- Geographical subdivisions smaller than a State, including street address, city, county, precinct, zip code, and their equivalent geocodes, except for the initial three digits of a zip code (if permitted under 45 CFR Section 164.514(b)(2)(i)(B));
- All elements of dates (except year) directly relating to the Individual(s) involved (e.g., birth date) or their medical Treatment (e.g., admission, discharge date, or date of death), all ages

over 89, and all elements of dates (including years) indicative of age, except that such ages and elements may be aggregated into a single category of age 90 or older);

- Other identifying numbers, such as Social Security, telephone, fax, account or medical record numbers, e-mail or Internet addresses, URLs or Internal Protocol (IP) address numbers, vehicle identifiers and serial numbers;
- Facial photographs or biometric identifiers (e.g., finger prints or voice prints);
- Any other unique identifying number, characteristic, or code; and
- Any information of which the PEBP has knowledge that could be used alone or in combination with other information to identify an Individual.

**Unsecured Protected Health Information:** Protected Health Information that is not rendered unusable, unreadable, or indecipherable to unauthorized Individuals through the use of an HHS-Approved Technology.