

## CONSENT FORM DEFINITIONS

“Health care operations” refers to a large number of activities, including:

1. Conducting quality assessment and improvement activities, including outcome evaluation and development of clinical guidelines, provided that the obtaining of generalized knowledge is not the primary purpose of any studies resulting from such activities; population-based activities relating to improving health or reducing health care costs, protocol development, case management and care coordination, contacting of health care providers and patients with information about treatment alternatives; and related functions that do not include treatment;
2. Reviewing the competence or qualifications of health care professionals, evaluating practitioner and provider performance, health plan performance, conducting training programs in which students trainees, or practitioners in areas of health care learn under supervision to practice or improve their skills as health care providers, training of non-health care professionals, accreditation, certification, licensing, or credentialing activities;
3. Underwriting, premium rating, and other activities relating to creation, renewal or or replacement of a contract of health insurance or health benefits, and ceding, securing, or placing a contract for reinsurance of risk relating to claims for health care (including stop-loss insurance and excess of loss insurance);
4. Conducting or arranging for medical review, legal services, and auditing functions, including fraud and abuse detection and compliance programs;
5. Business planning and development, such as conducting cost management and planning-Related analyses related to managing and operating the entity, including but not limited to:
6. Business management and general administrative activities including but no limited to:
  - (a) management activities relating to HIPPA privacy rule compliance; (b) customer services , including the provision of data analyses for policy holders, plan sponsors or customer; (c) resolution of internal grievances; (d) due diligence in connection with the sale or transfer of assets to a potential successor in interest, if the potential successor in interest is a covered entity or, following completion of the sale or transfer, will become a covered entity; and (e) creating de-identified health information , fundraising for the benefit of the covered entity, and marketing for which an individual authorization is not required.

“Payment” means the activities undertaken by the physician to obtain reimbursement for provision of health care. These activities to in this definition relate to the individual to whom health care is provided and include, but not limited to:

1. Determination of eligibility coverage (including coordination of benefits or the determination of cost sharing amounts), and adjudication or subrogation of health benefit claims;
2. Billing, claims management, collection activities, obtaining payment under a contract for reinsurance, and related health care data processing;
3. Review of health care services with respect to medical necessity, coverage under a A health plan, appropriateness of care, or justification of charges;
4. Utilization review activities, including precertification and preauthorization of services, concurrent and retrospective review of services; and
5. Disclosure to consumer reporting agencies of any of the following information relating To reimbursement name and address, date of birth, Social Security number, payment History, account number, and name and address of the physician.

“Treatment” means the provision, coordination, or management of health care and related services by one or more health care providers, including the coordination or management of 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 from one health care provider or another.

“use” means the sharing, employment, application, utilization, examination, or analysis of the patient information within the physicians practice that maintains such information.