

## Privacy Practices

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED, DISCLOSED AND SAFEGUARDED, AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

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#### I. Who is Subject to This Notice

The practice of Anne Tyson, MD

#### II. Our Responsibility

The confidentiality of your personal health information (PHI) is important to us. Your health information includes records that we create and obtain when we provide you care, such as a record of your symptoms, examination and test results, diagnoses, treatments and referrals for further care. It also includes bills, insurance claims or other payment that we maintain related to your care.

Policy: It is the policy of Anne Tyson, MD to manage electronically generated personal health information in such a manner as to protect such data from unauthorized access.

This Notice describes how we handle your health information and your rights regarding this information. Generally speaking, we are required to:

- Maintain the privacy of your PHI as required by law
- Provide you with this Notice of our duties and privacy practices regarding the health information about you that we collect and maintain
- Follow the terms of the Notice currently in effect.

#### III. Contact Information

## Psychiatric Practice of Anne Tyson, MD

After reviewing this Notice, if you need further information or want to contact us for any reason regarding the handling of your health information, please direct any communications to the following contact person: Anne Tyson, MD at 863-937-9186, address 6700 S Florida Ave, #13, Lakeland, FL 33813 or 863-298-8585, address 301 3<sup>rd</sup> St, NW, Suite 203, Winter Haven, FL 33881

### IV: Uses and Disclosures of Information

- A. Under federal and state law, we are permitted to use and disclose PHI without authorization for treatment, payment and health care operations. What this means is that if you choose to use a third party including health insurance for payment, you will be required as a condition of such assignment to sign a waiver to allow PHI to be released to the payor.

In addition to uses and disclosures related to treatment, payment and health care operations, we may also use and disclose your PHI without authorization for the following additional purposes:

#### 1. Abuse, Neglect or Domestic Violence

As required or permitted by law, we may disclose your PHI to a state or federal agency to report suspected abuse, neglect or domestic violence. If such a report is optional, we will use our professional judgment in deciding whether or not to make such a report. If feasible, we will inform you promptly that we have made such a disclosure.

#### 2. Appointment Reminders and Other Health Services

We may use or disclose your PHI information to remind you about appointments or to inform you about treatment alternatives or other health-related benefits and services that may be of interest to you such as case management or care coordination.

#### 3. Business Associates

We may share your PHI with business associates who are performing services on our behalf. For example, we may contract with a company to service and maintain our computer systems, or to do our billing. Our business associates are obligated to safeguard your PHI. We will share with our business associates only the minimum amount of personal health information necessary for them to assist us.

#### 4. Communicable Diseases

To the extent authorized by law, we may disclose some of your PHI to a person who may have been exposed to a communicable disease or who is otherwise at risk of spreading a disease or condition.

#### 5. Communications with Family and Friends

We may disclose some of your PHI to persons who are involved in your care or payment for your care, such as family members, relative or close personal friends. Any such

disclosure will be limited to information directly related to the person's involvement in your care.

If you are available, we will provide you an opportunity to object before disclosing any such information. If you are unavailable because, for example, you are incapacitated or because of some other emergency circumstance, we will use our professional judgment to determine what is in your best interest regarding any such disclosure.

#### 6. Coroners, Medical Examiners and Funeral Directors

We may disclose your PHI to a coroner or medical director to assist in the identification of a decedent or determining cause of death. We may also disclose health information to funeral directors to enable them to carry out their duties.

#### 7. Disaster Relief

We may disclose your PHI to government entities or private organizations (such as the Red Cross) to assist in disaster relief efforts.

If you are available, we will provide you an opportunity to object before disclosing any such information. If you are unavailable because, for example, you are incapacitated or because of some other emergency circumstance, we will use our professional judgment to determine what is in your best interest regarding any such disclosure.

#### 8. Food and Drug Administration (FDA)

We may disclose your PHI to the FDA, or to an entity regulated by the FDA, in order, for example, to report an adverse event or a defect related to a drug or medical device.

#### 9. Health Oversight

We may disclose your PHI for oversight activities authorized by law or an authorized health oversight agency to facilitate auditing, inspection or investigation related to our provision of health care, or to the health care system.

#### 10. Judicial or Administrative Proceedings

We may disclose your PHI in the course of a judicial administrative proceeding, in accordance with our legal obligations.

#### 11. Law Enforcement

We may disclose your PHI to a law enforcement official for certain law enforcement purposes. For example, we may report certain types of injuries as required by law, assist law enforcement to locate someone such as a fugitive or material witness, or make a report concerning a crime or suspected criminal conduct.

#### 12. Minors

If you are an unemancipated minor under Florida law, there may be circumstances in which we disclose your PHI to a parent, guardian or other person acting *in loco parentis*, in accordance with our legal and ethical responsibilities.

#### 13. Notification

We may notify a family member, your personal representative or other person responsible for your care, of your location, general condition or death. If you are available, we will provide you an opportunity to object before disclosing any such information. If you are unavailable because, for example, you are incapacitated or because of some other emergency circumstance, we will use our professional judgment to determine what is in your best interest regarding any such disclosure.

#### 14. Organ and Tissue Donation

We may disclose your PHI to organ procurement organizations or similar entities to facilitate organ, eye, or tissue donation and transplantation.

#### 15. Parents

If you are a parent of an unemancipated minor, and are acting as the minor's personal representative, we may disclose health information about your child to you under certain circumstances. For example, if we are legally required to obtain your consent as your child's personal representative in order for your child to receive care from us, we may disclose health information about your child to you.

In some circumstances, we may not disclose health information about an unemancipated minor to you. For example, if your child is legally authorized to consent to treatment and does not request that you be treated as his or her personal representative, we may not disclose health information about your child to you without your child's written authorization.

#### 16. Personal Representative

If you are an adult or emancipated minor, we may disclose your PHI to a personal representative authorized to act on your behalf in making decisions about your health care.

#### 17. Public Health

As required or permitted by law, we may disclose your PHI to a public health authority, for example, to report disease, injury or vital events such as death.

#### 18. Public Safety

Consistent with our legal and ethical obligations, we may disclose your PHI based on a good faith determination that such disclosure is necessary to prevent a serious and imminent threat to the public or to identify or apprehend an individual sought by law enforcement.

#### 19. Required by Law

We may disclose your PHI by federal, state or other applicable law.

#### 20. Specialized Government Functions

We may disclose your PHI for certain specialized government functions, as authorized by law. Among these functions are the following: military command; determination of veterans' benefits; national security and intelligence activities; protection of the President and other officials; and the health, safety and security of correctional institutions.

21. Worker's Compensation

We may disclose your PHI for purposes related to workers' compensation, as required and authorized by law

22. Any Other Use or Disclosure

Before using or disclosing your PHI for any other purpose not identified above, we will obtain your written authorization. Unless action has already been taken in reliance on the authorization, you have a right to revoke such authorization by submitting your request in writing to us.

However, the American Psychiatric Association's Principles of Medical Ethics require us to obtain your express consent before we make certain disclosures of your personal health information.

1. in the case of your records being subpoenaed by the courts
2. record requests must specifically say that you consent to your psychiatric records being released

V. Psychotherapy notes

1. We may, during the course of your care, make notes of your psychotherapy which are not maintained in your chart. These notes are to help Dr. Tyson track the processes important to your care. These notes are not considered PHI which falls under these regulations.

VI. Your Health Information Rights

Under the law, you have certain rights regarding the health information that we collect and maintain about you. This includes the right to:

- 1). Request that we restrict certain uses and disclosures of your health information; we are not, however, required to agree to a requested restriction.
- 2). Request that we communicate with you by alternative means, such as making records available for pick-up or mailing them to you at an alternative address, such as a PO Box. We will accommodate reasonable requests for such confidential communications.

a. Right to access to your PHI.

1. Right of Access. Except as otherwise provided in paragraph (a)(2) or (a)(3) of this section, you have the right of access to inspect and obtain a copy of your PHI for as long as we maintain your PHI, except for:

- a. psychotherapy notes
- b. information compiled in reasonable anticipation of or for use in, a civil, criminal, or administrative action or proceeding

2. Unreviewable grounds for denial:

A. We may deny you access without providing you an opportunity for review, in the following circumstances:

- i. The PHI is excepted by the right of access under (a) (1) of this section
- ii. Your access to PHI that is contained in records that are subject to the Privacy Act 5 U.S.C. 552a, may be denied, if the denial of access under the Privacy Act would meet the requirements of that law.
- iii. Your access may be denied if the PHI was obtained from someone other than a health care provider under a promise of confidentiality and the access requested would be reasonably likely to reveal the source of the information.

### 3. Reviewable grounds for denial

A. We may deny an individual access, provided that you are given a right to have such denials reviewed, as required by paragraph (a)(4) of this section, in the following circumstances:

- i. a licensed health care professional has determined, in the exercise of professional judgment, that the access requested is reasonably likely to endanger the life or physical safety of you or another person
- ii. The PHI makes reference to another person (unless such a person is a health care provider) and a licensed health care professional has determined, in the exercise of professional judgment, that the access requested is reasonably likely to cause substantial harm to such a person; or
- iii. the request for access is made by your personal representative and a licensed health care professional has determined, in the exercise of professional judgment, that the provision of access to such personal representative is reasonably likely to cause substantial harm to you or another person.

4. Review of a denial of access: If access is denied on a ground permitted under paragraph (a)(3) of this section, you have the right to have the denial reviewed by a licensed health care professional who is designated by us to act as a reviewing official and who did not participate in the original decision to deny. We must provide or deny access in accordance with the determination of the reviewing official under paragraph (d)(4) of this section.

### b) Requests for access and timely action

1. You or your personal representative's request for access.

We must permit you or your personal representative to request access to inspect or to obtain a copy of the PHI about you that is maintained in your record. We may require you to make requests for access in writing, provided that it informs you of such a requirement.

2. Timely action by us.

- i. Except as provided in paragraph (b)(2)(ii) of this section, we must act on a request for access no later than 30 days after receipt of the request as follows:

- (A) if we grant the request, in whole or in part, it must inform you of the acceptance of the request and provide the access requested, in accordance with paragraph (c) of this section.
  - (B) if we deny the request, in whole or in part, we must provide you with a written denial, in accordance with paragraph (d) of this section.
  - ii. if the request for access is for PHI that is not maintained or accessible to us on-site, we must take an action required by paragraph (b)(2)(i)
  - iii. if we are unable to take an action required by paragraph (b)(2)(i)(A) or (B) of this section within the time required by paragraph (b)(2)(i) or (ii) of this section, as applicable, we may extend the time for such actions by no more than 30 days, provided that:
    - A. We, within the time limit set by (b)(2)(i) or (ii) provide you with a written statement of the reasons for the delay and the date by which we will complete our action on the request; and
    - B. We may have only one such extension of time for action on a request for access.
- c) Provision of access. If we provide you with access, in whole or in part, to your PHI, we must comply with the following requirements.
1. We must provide the access requested by you, including inspection or obtaining a copy, or both, of your PHI in the designated record set. If the same PHI that is the subject of your request for access is maintained in more than one designated record set or at more than one location, we need only produce the PHI once in response to a request for access
  2. Form of access requested
    - i. We must provide you access to your PHI in the form or format requested by you, if it is readily producible in such form or format; or if not, in a readable hard copy form or such other form or format as agreed to by you and us.
    - ii. We may provide you with a summary of your PHI requested, in lieu of providing access to your PHI or may provide an explanation of the PHI to which access has been provided, if:
      - A. you agree in advance to such a summary or explanation; and
      - B. You agree in advance to the fees imposed, if any, by us for such a summary or explanation.
  3. Time and manner of access. We must provide the access as requested by you in a timely manner as required by paragraph (b)(2) of this section, including arranging with you a convenient time and place to inspect or obtain a copy of your PHI, or mailing the copy of your PHI at your request. We may discuss the scope, format and other aspects of the request for access with you as necessary to facilitate the timely provision of access.
  4. Fees. If you request a copy of your PHI or agree to a summary of explanation of such information, we may impose a reasonable, cost based fee, provided that the fee includes only the cost of:
    - copying, including the cost of supplies for and labor of copying, your PHI.

- i. postage, when you have requested the copy, or the summary or explanation, be mailed; and
- ii. preparing an explanation or summary of your PHI, if agreed to by you as required by paragraph (c)(2)(ii) of this section.

d) If we deny the request, in whole or in part, to your PHI, we must comply with the following requirements:

1. We must, to the extent possible, give you access to any other PHI requested, after excluding that part of your PHI which we otherwise have denied access.
2. We must provide a timely written denial, in accordance with paragraph (B)(2)(i) of this section. The denial must be in plain language and contain:
  - 4.a.i. the basis for the denial
  - 4.a.ii. If applicable, a statement of your review rights under paragraph (a)(4) of this section, including a description of how you may exercise such review rights; and
  - 4.a.iii. A description of how you may complain to us pursuant to the complaint procedures in 164.530(d) or to the Secretary pursuant to the procedures in 160.306. The description must include the name, or title, and telephone number of the contact person or office designated in 164.530 (a)(1)(ii).
3. Other responsibility. If we do not maintain the PHI that is the subject of your request for access, and we know where the requested information is maintained, we must inform you where to direct your request for access.
4. Review of denial requested. If you have requested a review of a denial under paragraph (a)(4) of this section, we must designate a licensed health care professional, who was not directly involved in the denial, to review the decision to deny access. We must promptly refer a request for review to such designated reviewing official. The designated reviewing official must determine, within a reasonable period of time, whether or not to deny the access requested based on the standards in paragraph (a)(3) of this section. We must promptly provide written notice to you of the determination of the designated reviewing official and take other action as required by this section to carry out the designated reviewing official's determination.

e. documentation. We must document the follow and retain the documentation as required by 164.530(j)

- c.a.1. the designated record sets that are subject to access by individuals; and
- c.a.2. the titles of all the persons or offices responsible for receiving and processing requests for access by individuals.

#### Right to Amend

- a. 1. You have a right to have us amend your PHI for as long as we maintain it.
2. Denial of amendment: We may deny your request for amendment if we determine that the part of your record that you request to be amended:
  - i. was not created by us, unless you can provide a reasonable basis to believe that the originator of that part of your record is no longer available to act on that part of your record.



- ii. is not part of the designated record set
  - iii. would not be available for inspection under the regulations regarding those records of yours which do not fall under your rights to access your record
  - iv. is accurate and complete.
- b. Requests for amendment and timely action
- 1. We must permit you to request that we amend your PHI in the designated record set. We may require that you make your request for amendment in writing and provide a reason to support your request, provided that we inform you in advance of this requirement
  - 2. Timely action.
    - i. we must act on your request for an amendment no later than 60 days after receipt of such a request, as follows:
      - A. if we grant your amendment, in whole or in part, we must take actions as specified by paragraphs c (1) and (2) of this section
      - B. if we deny the requested amendment, in whole or in part, we must provide you with a written denial no later than 60 days from your request.
    - i. If we are unable to act on the amendment within the 60-day time frame we may extend the time for such action by no more than 30 days, provided that:
      - A. we, within the time limit set by paragraph above, provide you with a written statement of the reasons for the delay and the date by which we will complete our decision about your request we may only have one such extension of time to act on your request
      - B. we have only one such extension of time for action on a request for amendment
- c. If we accept the requested amendment, in whole or in part, we must comply with the following requirements:
- 1. We must make the appropriate amendment to your PHI by identifying the records in the designated record set that are affected by the amendment and appending or otherwise providing a link to the location of the amendment
  - 2. We must timely inform you that the amendment is accepted and obtain your identification of and agreement to have us notify the relevant persons with which the amendment needs to be shared in accordance with paragraph c)(3) of this section.
  - 3. We must make reasonable efforts to inform and provide the amendment within a reasonable time to:
    - i. persons that you know who have received your PHI that needs amending
    - ii. persons, including business associates, that we know have that part of your PHI that is affected by the amendment, and who may have relied, or could foreseeably rely, on such information to the detriment of your health.
- d. If we deny your requested amendment, in whole or in part, we must comply with the following requirements:
- 1. We must provide you with a timely (in accordance with paragraph (b)(2) of this section) written denial, in plain language, which contains:
    - i. the basis for the denial, in accordance of paragraph (a)(2) of this section.
    - ii. your right to submit a written statement disagreeing with the denial and how you may file such a statement

- iii. a statement that, if you do not submit a statement of disagreement, you may request that we provide your request for amendment and the denial with any future disclosures of your PHI that are the subject of the amendment
- iv. tell you how you can complain. This information is described below.
- 2. We must permit you to submit to us a written statement disagreeing with the denial of all or part of a requested amendment and the basis of such disagreement. We may reasonably limit the length of a statement of disagreement.
- 3. We may prepare a written rebuttal to your statement of disagreement. Whenever such a rebuttal is prepared we must provide a copy of the rebuttal to you in addition to placing it in your PHI.
- 4. We must identify that part of your PHI which is the subject of the disputed amendment and append or otherwise link your request for the amendment, our denial of your request, your statement of disagreement, if any, and our rebuttal to your records.
- 5. Future disclosures:
  - i. If you submit a statement of disagreement we must include the material appended, or we may elect to provide an accurate summary of any such information, with subsequent disclosure of that part of your PHI to which the disagreement relates
  - ii. If you have not submitted a written statement of disagreement, we must include your request for amendment and its denial, or an accurate summary of such information, with any subsequent disclosure of your PHI only if you request such action in accordance with paragraph (d)(1)(iii) of this section.
  - iii. When a subsequent disclosure described in paragraph (d)(5)(i) or (ii) above is made using a standard transaction that does not permit the additional material to be included with the disclosure, we may separately transmit the material required by paragraph (d)(5)(i) or (ii) to the recipient of the standard transaction.
- e. Implementation specification: Actions on notices of amendment. A covered entity whom we inform of the amendment to your PHI, in accordance with paragraph (c)(3) of this section
- f. We must document the titles of the persons or offices responsible for receiving and processing requests for amendments by individuals and retain the documentation as required by this regulation.

## Disclosures

- a. 1. You can request a list of our disclosures of your health information made by us in the six years prior to the date on which the accounting is requested, except for disclosures:
  - i. to carry out treatment, payment and health care operations as provided in 164.506
  - ii. of your HPI as provided in 164.502. Incident to a use or disclosure otherwise permitted or required by this subpart, as provided in 164.502
  - iii. incident to a use or disclosure otherwise permitted or required by this subpart, as provided in 164.502
  - iv. pursuant to an authorization as provided in 164.508
  - v. to persons involved in your care or other notification purposes as provided in 164.510

- vi. for national security or intelligence services as provided in 164.512(k)(5);
  - vii. to law enforcement officials as provided in 164.512 (k)(5);
  - viii. as part of a limited data set in accordance with 164.514(e)
  - ix. that occurred prior to our compliance date
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- i. We must temporarily suspend your right to receive an accounting of disclosures to a health oversight agency or law enforcement official, as provided in 164.512(d) or (f), respectively, for the time specified by such agency or official, if such agency or official provides us with a written statement that such an accounting to you would be reasonably likely to impede the agency's activities and specify the time for which such a suspension is required
  - ii. if the agency or official statement in paragraph (a)(2)(i) of this section is made orally, we must:
    - A. document the statement, including the identity of the agency or official making the statement
    - B. temporarily suspend your right to an accounting of disclosures subject to the statement
    - C. Limit the temporary suspension to no longer than 30 days from the date of the oral statement, unless a written statement pursuant to paragraph (a)(2)(i) of this section is submitted during that time.
      - c.a.3. you may request an accounting of disclosures for a time less than six years from the date of the request
- b. Content of the accounting. We must provide you with a written accounting that meets the following requirements
- 1. Except as otherwise provided by paragraph (a) of this section, the accounting must include disclosures of your PHI that occurred during the six years prior to the date of the accounting, including disclosures to or by business associates of ours.
  - 2. Except as otherwise provided by paragraphs (b)(3) or (b)(4) of this section, the accounting must include for each disclosure:
    - (i) The date of the disclosure;
    - (ii) The name of the entity or person who received the PHI and, if known, the address of such entity or person;
    - (iii) A brief description of the PHI disclosed; and
    - (iv) A brief statement of the purpose of the disclosure that reasonably informs you of the basis for the disclosure or, in lieu of such statement, a copy of a written request for a disclosure under §§ 164.502(a)(2)(ii) or 164.512, if any.
  - 3. If, during the period covered by the accounting, we have made multiple disclosures of your PHI to the same person or entity for a single purpose under §§ 164.502(a)(2)(ii) or 164.512, the accounting may, with respect to such multiple disclosures, provide:
    - (i) The information required by paragraph (b)(2) of this section for the first disclosure during the accounting period;
    - (ii) The frequency, periodicity, or number of the disclosures made during the accounting period; and
    - (iii) The date of the last such disclosure during the accounting period.
  - (4)(i) If, during the period covered by the accounting, we have made disclosures of your PHI for a particular research purpose in accordance with § 164.512(i) for 50 or more

individuals, the accounting may, with respect to such disclosures for which the PHI about you may have been included, provide:

- (A) The name of the protocol or other research activity;
- (B) A description, in plain language, of the research protocol or other research activity, including the purpose of the research and the criteria for selecting particular records;
- (C) A brief description of the type of PHI that was disclosed;
- (D) The date or period of time during which such disclosures occurred, or may have occurred, including the date of the last such disclosure during the accounting period;
- (E) The name, address, and telephone number of the entity that sponsored the research and of the researcher to whom the information was disclosed; and
- (F) A statement that the PHI of you may or may not have been disclosed for a particular protocol or other research activity.

(iv) If we provide an accounting for research disclosures, in accordance with paragraph (b)(4) of this section, and if it is reasonably likely that your PHI was disclosed for such research protocol or activity, we shall, at your request, assist in contacting the entity that sponsored the research and the researcher.

(c) Implementation specifications: Provision of the accounting.

(1) We must act on your request for an accounting, no later than 60 days after receipt of such a request, as follows.

- (i) We must provide you with the accounting requested; or
- (ii) If we are unable to provide the accounting within the time required by paragraph (c)(1) of this section, we may extend the time to provide the accounting by no more than 30 days, provided that:
  - (A) We, within the time limit set by paragraph (c)(1) of this section, provide you with a written statement of the reasons for the delay and the date by which we will provide the accounting; and
  - (B) We may have only one such extension of time for action on a request for an accounting.

(2) We must provide the first accounting to an individual in any 12-month period without charge. We may impose a reasonable, cost-based fee for each subsequent request for an accounting by the same individual within the 12-month period, provided that we inform you in advance of the fee and provides you with an opportunity to withdraw or modify the request for a subsequent accounting in order to avoid or reduce the fee.

(d) Documentation We must document the following and retain the documentation as required by § 164.530(j):

- (1) The information required to be included in an accounting under paragraph (b) of this section for disclosures of PHI that are subject to an accounting under paragraph (a) of this section;
- (2) The written accounting that is provided to you under this section; and
- (3) The titles of the persons or offices responsible for receiving and processing requests for an accounting by individuals.

VII Right to complain. If you believe your privacy rights have been violated, you may file a written complaint by mailing it or delivering it to Dr. Tyson. You may complain to the Secretary of Health and Human Services (HHS) by writing to Office for Civil Rights, US Department of Health and Human Services, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, D.C. 20201; by calling 1-(800)368-1019; or by sending an email to [OCRprivacy@hhs.gov](mailto:OCRprivacy@hhs.gov). We cannot, and will not make you waive your right to file a complaint as condition of receiving care from us, or penalize you for filing a complaint.

VIII. Revision to This Notice

If this Notice is revised, the amended terms shall apply to all health information that we maintain, including information about you which was collected or obtained before the effective date of the revised Notice. If the revisions reflect a material change to the use and disclosure of your information, your rights regarding such information, our legal duties or other privacy practices described in the Notice, we will promptly distribute the revised Notice, post it in the waiting room and make copies available to our patients and others.

IX. Revised Date: September 24, 2012

## Glossary

*Health information* means any information, whether oral or recorded in any form or medium, that --

- (1) Is created or received by a health care provider, health plan, public health authority, employer, life insurer, school or university, 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 health care to an individual; or the past, present, or future payment for the provision of health care to an individual.

*PHI* means that part of your health information which is subject to privacy under HIPPA.

*Transaction* means the exchange of information between two parties to carry out financial or administrative activities related to health care. It includes the following types of information exchanges:

- (1) Health care claims or equivalent encounter information.
- (2) Health care payment and remittance advice.
- (3) Coordination of benefits.
- (4) Health care claim status.
- (5) Enrollment and disenrollment in a health plan.
- (6) Eligibility for a health plan.
- (7) Health plan premium payments.
- (8) Referral certification and authorization.
- (9) First report of injury