

What is a “covered entity” (CE) under the HIPAA Privacy Rule?

The term “covered entity” (CE) means organizations that must comply with the HIPAA Privacy Rule. Not all businesses involved in health care have to follow the Privacy Rule’s many requirements – only covered entities do. Covered entities fall into one of three main groups: health care plans, health care clearinghouses, and health care providers that transmit health information electronically. Specifically, these covered entities must comply with the Privacy Rule’s mandates for safeguarding a patient’s Protected Health Information (PHI).

Healthcare providers of all practice sizes are considered covered entities as long as they transmit health information electronically within the parameters of the HIPAA Rule (as most providers do). These may be:

- Doctors
- Clinics
- Psychologists
- Dentists
- Chiropractors
- Nursing homes
- Pharmacies

Health plans are also considered covered entities under HIPAA, unless the plan falls into one of the exceptions under the rule (i.e. certain government programs, small self-insured plans, workers’ compensation plans, etc.). Covered entities may be:

- Medical, dental and vision plans
- HMOs
- Medicare and Medicaid
- Medicare Advantage and Medigap plans
- Long term care plans
- Veterans health plans
- Company health plans

Healthcare clearinghouses are those organizations that create a standard format from processing non-standard health information they receive from another entity, or vice versa. They may be:

- Billing service providers
- Re-pricing service providers
- Community health management information systems
- Value-added networks and switches (if these entities perform clearinghouse functions)

Guidance from HHS to help determine whether you are a covered entity can be found [here](#).

For more information on state and federal laws related to privacy, see www.healthinfoLaw.org/topics/63.

For more information about HIPAA, see www.healthinfoLaw.org/federal-law/HIPAA.

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