

# 2015 Edition Certification Companion Guide

## Accounting of Disclosures - 45 CFR 170.315(d)(11)

### [Final Rule Preamble](#) – [Test Procedure](#)

Version 1.0 – Last Updated 12/18/2015

| New/Revised/Unchanged Compared to 2014 Edition | Gap Certification Eligible | Base EHR Definition | In Scope for Certified EHR Technology Definition | Associated EHR Incentive Program Objective(s) |
|--|----------------------------|---------------------|--|---|
| Unchanged                                      | Yes                        | No                  | No   | N/A   |

### Certification Requirements

[Quality management system \(§ 170.315\(g\)\(4\)\)](#) and [accessibility-centered design \(§ 170.315\(g\)\(5\)\)](#) must be certified as part of the overall scope of the certificate issued to the product.

- When a single quality management system (QMS) is used, the QMS only needs to be identified once. Otherwise, the QMS’ need to be identified for every capability to which it was applied.
- When a single accessibility-centered design standard is used, the standard only needs to be identified once. Otherwise, the accessibility-centered design standards need to be identified for every capability to which they were applied; or, alternatively the developer must state that no accessibility-centered design was used.

### Regulation Text

Accounting of disclosures. Record disclosures made for treatment, payment, and health care operations in accordance with the standard specified in § 170.210(d).

| Criterion Subparagraph      | Technical Explanations and Clarifications   | Standard(s) Referenced  |
|-----------------------------|---|---|
| Applies to entire criterion | <p>Technical Outcome – The health IT records disclosures that are made for treatment, payment, and health care operations as these terms are defined at <a href="#">45 CFR 164.501</a>.</p> <p><b>Clarifications:</b></p> <ul style="list-style-type: none"> <li>• We expect that the date, time, patient identification, user identification, and the description of each disclosure would be automatically recorded by the health IT. [see also <a href="#">77 FR 54252</a>]</li> <li>• A “description of the disclosure” could be a free text field that includes any information that could be readily and electronically associated with the disclosure. For example, some descriptive information could be included (e.g., the words “treatment,” “payment,” or “health care operations”) separately or together as a general category. [see also <a href="#">75 FR 44623</a> and <a href="#">77 FR 54252</a>]</li> </ul> | <p>§ 170.210(d) <i>Record treatment, payment, and health care operations disclosures.</i> The date, time, patient identification, user identification, and a description of the disclosure must be recorded for disclosures for treatment, payment, and health care operations, as these terms are defined at <a href="#">45 CFR 164.501</a>.</p> |

**Note:** This Certification Companion Guide (CCG) is an informative document designed to assist with health IT product development. The CCG is not a substitute for the 2015 Edition final regulation. It extracts key portions of the rule’s preamble and includes subsequent clarifying interpretations. To access the full context of regulatory intent please consult the 2015 Edition final rule or other included regulatory reference. The CCG is for public use and should not be sold or redistributed.

**Version History**

| Version # | Change(s) Summary   | Date Made    |
|-----------|---------------------|--------------|
| 1.0       | Initial Publication | Dec 18, 2015 |