

# §170.315(b)(7) Data segmentation for privacy – send

2015 Edition CCGs

Version 1.3 Updated on 09-21-2018

## Revision History

Version #	Description of Change	Version Date
1.0	Initial Publication	12-30-2015
1.1	Provides notification of March 2017 Validator Update of C-CDA 2.1 Corrections adoption and compliance requirements for the entire criterion.	09-29-2017
1.2	Provides notification of April 2018 Validator Update of C-CDA 2.1 Corrections adoption and compliance requirements for the entire criterion. Note: Due to an error in calculation ONC is also updating the dates for compliance with the March 2017 Validator Update of C-CDA 2.1 Corrections that were adopted September 29, 2017.	05-02-2018
1.3	Provides notification of August 2018 Validator Update of C-CDA 2.1 Corrections adoption and compliance requirements for the entire criterion.	09-21-2018

## Regulation Text

**Regulation Text**

§170.315(b)(7) *Data segmentation for privacy – send*—

Enable a user to create a summary record formatted in accordance with the standard adopted in §170.205(a)(4) that is document-level tagged as restricted and subject to restrictions on re-disclosure according to the standard adopted in §170.205(o)(1).

**Standard(s) Referenced****Applies to entire criterion**

§ 170.205(a)(4) [HL7 Implementation Guide for CDA® Release 2: Consolidated CDA Templates for Clinical Notes \(US Realm\), Draft Standard for Trial Use Release 2.1, August 2015](#)

§ 170.205(o)(1) [HL7 Implementation Guide: Data Segmentation for Privacy \(DS4P\), Release 1](#)

**Certification Companion Guide: Data segmentation for privacy – send**

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.

[Link to Final Rule Preamble](#)

<b>Edition Comparison</b>	<b>Gap Certification Eligible</b>	<b>Base EHR Definition</b>	<b>In Scope for CEHRT Definition</b>
New	No	Not Included	No

**Certification Requirements**

Privacy and Security: This certification criterion was adopted at § 170.315(b)(7). As a result, an ONC-ACB must ensure that a product presented for certification to a § 170.315(b) “paragraph (b)” criterion includes the privacy and security criteria (adopted in § 170.315(d)) within the overall scope of the certificate issued to the product.

- The privacy and security criteria (adopted in § 170.315(d)) do not need to be explicitly tested with this specific paragraph (b) criterion unless it is the only criterion for which certification is requested.

- As a general rule, a product presented for certification only needs to be tested once to each applicable privacy and security criterion (adopted in § 170.315(d)) so long as the health IT developer attests that such privacy and security capabilities apply to the full scope of capabilities included in the requested certification. However, exceptions exist for § 170.315(e)(1) “VDT” and (e)(2) “secure messaging,” which are explicitly stated.

### Table for Privacy and Security

- If choosing Approach 1:
  - [Authentication, access control, and authorization \(§ 170.315\(d\)\(1\)\)](#)
  - [Auditable events and tamper-resistance \(§ 170.315\(d\)\(2\)\)](#)
  - [Audit reports \(§ 170.315\(d\)\(3\)\)](#)
  - [Amendments \(§ 170.315\(d\)\(4\)\)](#)
  - [Automatic access time-out \(§ 170.315\(d\)\(5\)\)](#)
  - [Emergency access \(§ 170.315\(d\)\(6\)\)](#)
  - [End-user device encryption \(§ 170.315\(d\)\(7\)\)](#)
  - [Integrity \(§ 170.315\(d\)\(8\)\)](#)
- If choosing Approach 2:
  - For each applicable P&S certification criterion not certified for approach 1, the health IT developer may certify for the criterion using system documentation which provides a clear description of how the external services necessary to meet the P&S criteria would be deployed and used. Please see the 2015 Edition final rule correction notice at [80 FR 76870](#) for additional clarification.

**Design and Performance:** The following design and performance certification criteria (adopted in § 170.315(g)) must also be certified in order for the product to be certified.

- 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.

### Table for Design and Performance

- [Quality management system \(§ 170.315\(g\)\(4\)\)](#)
- [Accessibility-centered design \(§ 170.315\(g\)\(5\)\)](#)

## Technical Explanations and Clarifications

### Applies to entire criterion

Technical outcome – The health IT can create a summary record (formatted to Consolidated CDA (C-CDA) Release 2.1) that is tagged at the document-level as restricted and subject to re-disclosure restrictions using the HL7 Implementation Guide: Data Segmentation for Privacy (DS4P), Release 1.

**Clarifications:**

- This certification criterion at § 170.315(b)(7) focuses on a Health IT Module's ability to tag a C-CDA document as restricted and subject to re-disclosure restrictions using the HL7 DS4P standard, not on the content of the C-CDA document. As such, this certification criterion is not subject to the Consolidated CDA creation performance certification criterion (§ 170.315(g)(6)) because testing for § 170.315(g)(6) focuses on the content of the C-CDA document. We established a certification criterion for Consolidated CDA creation performance to promote the interoperability of C-CDA documents during exchange by testing conformance of the C-CDA's content to the variation permitted by the HL7 standard. [see also [80 FR 16859](#)]
- In order to mitigate potential interoperability errors and inconsistent implementation of the HL7 Implementation Guide for CDA® Release 2: Consolidated CDA Templates for Clinical Notes, Draft Standard for Trial Use, Release 2.1, ONC assesses, approves, and incorporates corrections as part of required testing and certification to this criterion. [see [FAQ #51](#)] Certified health IT adoption and compliance with the following corrections are necessary because they implement updates to vocabularies, update rules for cardinality and conformance statements, and promote proper exchange of C-CDA documents. Consistent with [FAQ 51](#), there is a 90-day delay from the time the CCG has been updated with the ONC-approved corrections to when compliance with the corrections will be required to pass testing (i.e., C-CDA 2.1 Validator). Similarly consistent with [FAQ 51](#), there will be an 18-month delay before a finding of a correction's absence in certified health IT during surveillance would constitute a non-conformity under the Program.
  - [March 2017 Validator Update of C-CDA 2.1 Corrections](#) [Effective for testing on December 28, 2017; Surveillance compliance date is March 29, 2019]
  - [April 2018 Validator Update of C-CDA 2.1 Corrections](#) [Effective for testing on July 31, 2018; Surveillance compliance date is November 2, 2019]
  - [August 2018 Validator Update of C-CDA 2.1 Corrections](#) [Effective for testing on December 20, 2018; Surveillance compliance date is March 21, 2020]

Content last reviewed on May 20, 2020