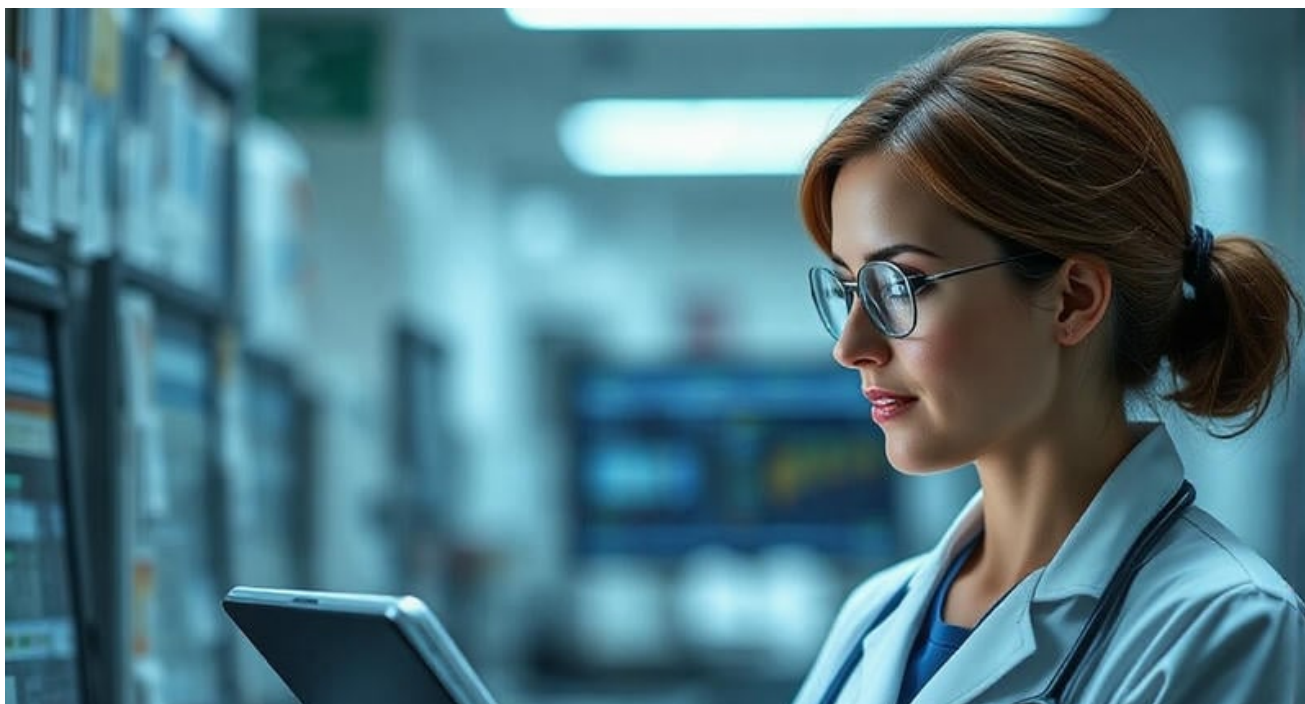


Medical Staffing



- **Understanding Annual Updates to ICD 10 CM Codes**
Understanding Annual Updates to ICD 10 CM Codes Navigating CPT Code Changes for Surgical Procedures The Role of HCPCS Codes in Medical Billing Transitioning from ICD 9 to ICD 10 Challenges Specialty Specific Coding in Oncology Practices How to Avoid Errors in Evaluation and Management Coding Updates to Infectious Disease Coding Guidelines Best Practices for Using Modifiers in Medical Billing Impact of Coding Changes on Reimbursement Rates Training Resources for Mastering ICD 10 CM Coding for Chronic Conditions in Primary Care Future Trends in Medical Coding Systems
- **Key Elements of HIPAA Compliance in Medical Billing**
Key Elements of HIPAA Compliance in Medical Billing Understanding Stark Law and Its Implications Avoiding Civil Monetary Penalties in Healthcare Lessons from False Claims Act Case Studies Managing Whistleblower Risks in Medical Practices Compliance Strategies for Medicaid Billing Ethical Considerations in Medical Coding Audits Documentation Requirements for Legal Protection How to Prepare for RAC Audits Successfully State Specific Compliance Challenges in Healthcare Global Standards for Healthcare Data Privacy Training Staff on Anti Fraud Regulations
- **About Us**



Understanding Protected Health Information (PHI) in medical coding is a pivotal aspect of ensuring compliance with the Health Insurance Portability and Accountability Act (HIPAA), especially within the realm of medical billing. The integration of technology enhances the efficiency of medical staffing services medical staffing overhead. HIPAA, enacted in 1996, was designed to protect sensitive patient information and establish standards for electronic health transactions. At its core, PHI refers to any information that can identify an individual and relates to their health condition, provision of healthcare, or payment for healthcare.

Medical coding professionals are often at the forefront of handling PHI as they translate complex medical diagnoses, procedures, and services into universally recognized codes. This process is crucial not only for maintaining accurate patient records but also for facilitating seamless billing operations with insurance providers. However, with this responsibility comes the obligation to safeguard all PHI from unauthorized access or disclosure.

The key elements of HIPAA compliance in medical billing include ensuring confidentiality, integrity, and availability of PHI. Confidentiality involves restricting access to PHI only to those who require it for legitimate purposes. Medical coders must be trained thoroughly on privacy policies and ensure that patient identifiers are kept separate from coded data whenever possible. Integrity refers to maintaining the accuracy and completeness of health information throughout its lifecycle. Coders must implement checks to verify that codes accurately represent the patient's diagnosis or treatment without alteration or misinterpretation.

Moreover, availability ensures that authorized personnel can access necessary information when needed without unnecessary delay. This is particularly vital during billing cycles where timely submission can impact reimbursement processes significantly.

To enforce these principles effectively, healthcare organizations need robust administrative safeguards such as comprehensive training programs on HIPAA regulations for all staff involved in medical coding and billing processes. Technical safeguards-like encryption and secure access controls-are equally essential to protect electronic PHI from cyber threats or breaches.

In conclusion, understanding PHI within the context of medical coding underscores a broader commitment to ethical practices in healthcare management. By aligning closely with HIPAA guidelines, healthcare entities not only mitigate legal risks but also build trust with

patients by demonstrably protecting their sensitive information. As technology continues to evolve in healthcare settings, ongoing education and adaptation will remain crucial components of sustaining HIPAA compliance amidst new challenges and opportunities in medical billing.

The Privacy Rule is a fundamental component of the Health Insurance Portability and Accountability Act (HIPAA) that plays an essential role in safeguarding patient data within the realm of medical billing. As healthcare providers increasingly adopt electronic systems for processing patient information, ensuring confidentiality becomes paramount. The Privacy Rule establishes a comprehensive framework designed to protect patients' medical records and other personal health information held by covered entities, including healthcare providers, insurers, and billing companies.

One of the key elements of HIPAA compliance in medical billing is understanding what constitutes protected health information (PHI). PHI encompasses any identifiable information related to a patient's health status, provision of healthcare, or payment for healthcare services. This includes names, addresses, birth dates, Social Security numbers, and even specific details about treatments and diagnoses. Medical billing professionals must exercise caution when handling such data to ensure it remains confidential and secure.

To comply with HIPAA's Privacy Rule, organizations must implement several critical safeguards. Administrative measures include developing policies and procedures aimed at protecting PHI and training staff on privacy practices. Regular audits are also necessary to monitor compliance and address any potential vulnerabilities in handling patient data.

Technical safeguards involve employing technology solutions to protect electronic PHI (ePHI). This includes using encryption methods to secure data during transmission over networks or storage on databases. Access controls are equally important; they restrict ePHI access only to authorized personnel who need it for legitimate business purposes.

Physical safeguards complement these measures by ensuring that physical locations where PHI is stored are secure from unauthorized access or theft. This might involve securing buildings with locks or surveillance cameras and implementing protocols for proper disposal of paper records containing sensitive information.

Another crucial aspect of HIPAA compliance is obtaining patients' consent before using their health information for non-treatment-related purposes such as marketing or research. Organizations must provide clear notices explaining how they use PHI while allowing individuals the right to request restrictions on certain uses or disclosures.

In conclusion, the Privacy Rule underpins HIPAA's mission to protect patient privacy in medical billing by mandating stringent guidelines for handling sensitive health information. Compliance requires a multifaceted approach involving administrative diligence, technological innovation, physical security measures-and most importantly-a commitment across all levels of an organization towards maintaining confidentiality standards at every step in the healthcare process. By adhering diligently to these regulations not only do medical entities uphold ethical obligations but also fortify trust between patients and providers which forms the bedrock upon which effective healthcare delivery rests today more than ever before amidst rapidly advancing digital landscapes transforming modern medicine globally each day anew without pause nor hesitation whatsoever thereby ensuring safe harbor protections universally throughout diverse communities alike everywhere always ultimately benefiting everyone involved directly indirectly simultaneously together collectively harmoniously moving forward optimistically confidently assuredly into promising futures yet unseen unimagined untold awaiting discovery exploration realization fruition fulfillment beyond imagination dreams hopes aspirations fulfilled anew continually perpetually endlessly timelessly enduringly forevermore eternally so shall it be done amen hallelujah indeed verily truly honestly genuinely sincerely faithfully respectfully humbly gratefully thankfully joyously exuberantly joyfully jubilantly enthusiastically passionately wholeheartedly lovingly caringly compassionately kindly generously warmly tenderly gently softly sweetly dearly beloved cherished treasured adored admired respected honored valued appreciated esteemed revered worshipped idolized venerated exalted glorified praised celebrated commemorated acknowledged recognized remembered noted mentioned highlighted spotlighted featured showcased displayed exhibited presented shared communicated conveyed expressed articulated stated affirmed confirmed declared pronounced announced proclaimed broadcast transmitted disseminated propagated circulated distributed published publicized advertised promoted marketed sold bought traded exchanged bartered negotiated contracted agreed settled arranged organized managed administered

Key Changes and Additions to the Latest ICD-10-CM Code Set

The Security Rule, a critical component of the Health Insurance Portability and Accountability Act (HIPAA), plays a fundamental role in the safeguarding of electronic health information in medical billing. As healthcare institutions increasingly transition to digital records, ensuring the confidentiality, integrity, and availability of protected health information (PHI) becomes paramount. This essay explores how adherence to the Security Rule is indispensable for HIPAA compliance within medical billing practices.

At the heart of HIPAA compliance is the protection of PHI, which encompasses any information about health status, provision of healthcare, or payment for healthcare that can be linked to an individual. The Security Rule specifically addresses electronic protected health information (ePHI), setting forth standards designed to secure this data against anticipated threats and unauthorized access. For medical billing professionals, this translates into implementing measures that not only protect sensitive information but also foster trust with patients whose data is being handled.

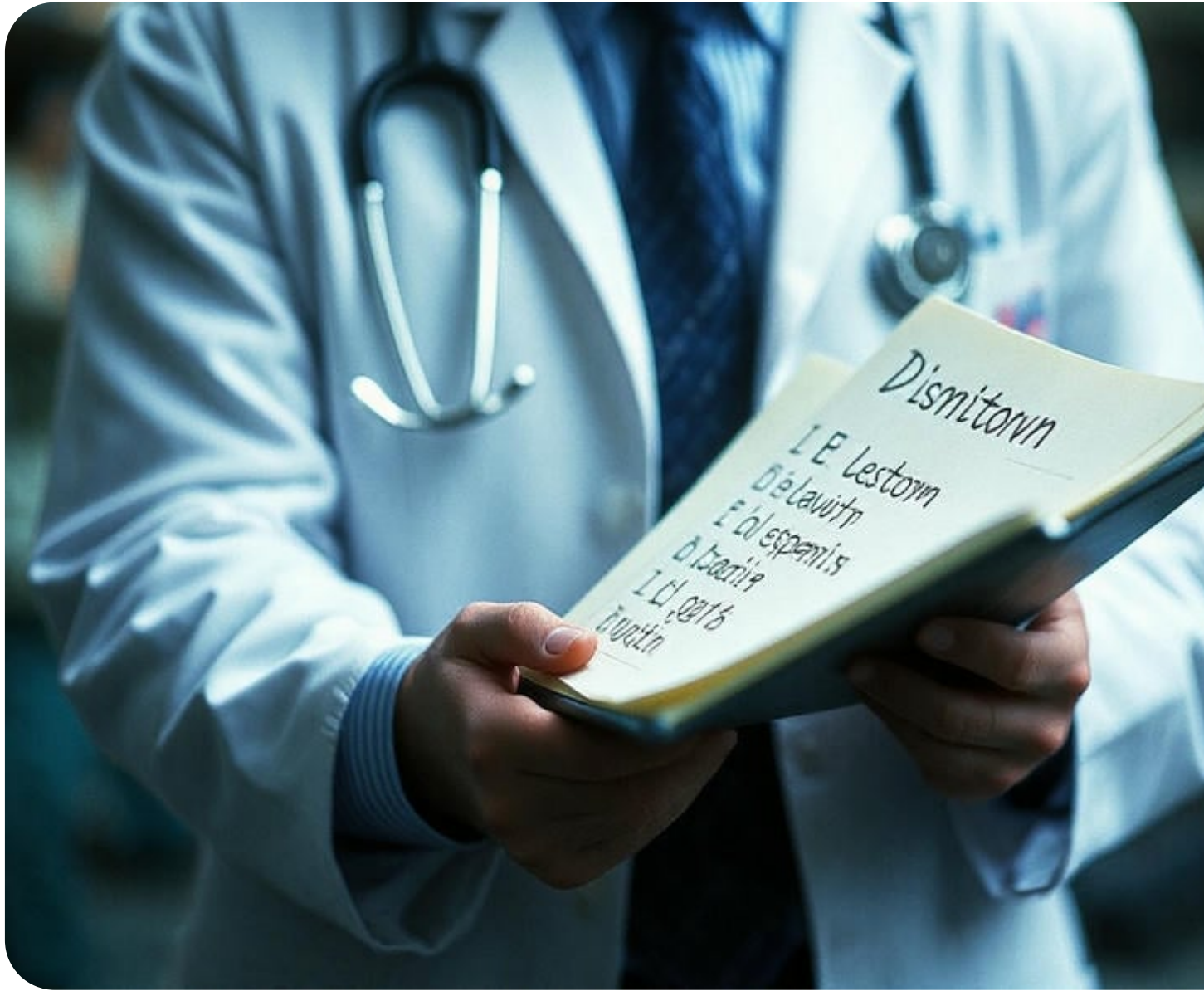
One key element of HIPAA compliance under the Security Rule is the establishment of administrative safeguards. These are policies and procedures aimed at managing the selection, development, implementation, and maintenance of security measures to protect ePHI. Medical billing entities must conduct risk assessments to identify potential vulnerabilities in their systems and develop comprehensive plans to mitigate these risks. Training staff on privacy protocols and implementing sanctions for non-compliance are also integral aspects of these safeguards.

Physical safeguards form another crucial element by focusing on protecting electronic systems and related buildings from natural and environmental hazards as well as unauthorized intrusion. In a medical billing context, this involves controlling physical access to facilities where ePHI is stored or processed. Measures such as secure workstations, controlled facility access points, and proper disposal procedures for hardware containing sensitive information are essential.

Technical safeguards further enhance security by utilizing technology solutions to protect ePHI while allowing authorized individuals access when necessary. Medical billing companies must ensure that their systems include robust encryption methods during data transmission processes and reliable authentication procedures for verifying user identities. Regularly updating software systems to shield against emerging cyber threats forms part of maintaining technical protections.

Beyond establishing these safeguards, ongoing evaluation and improvement are vital components of effective HIPAA compliance in medical billing. With evolving technology landscapes and emerging threats like ransomware attacks posing constant challenges, staying vigilant through continuous monitoring ensures that protective measures remain effective over time.

In conclusion, complying with HIPAA's Security Rule requires diligent attention across several domains: administrative diligence through policy enforcement; physical fortification through controlled access; technical assurance via secure infrastructures-all working together harmoniously toward one common goal-protecting electronic health information entrusted under care throughout every stage within medical billing operations' ecosystem while preserving patient privacy rights securely anchored amidst shifting digital tides shaping modern-day healthcare delivery frameworks globally today more than ever before seen possible now thanks largely due advances made possible empowered facilitated enabled driven fueled powered inspired propelled propelled forward moving ahead marching onward steadily steadfastly resolutely confidently optimistically boldly courageously decisively unwaveringly unflinchingly determinedly persistently perseveringly tirelessly relentlessly diligently unfalteringly unswervingly undauntedly unyieldingly unremittingly indefatigably incessantly untiringly unstintingly industriously energetically dynamically vigorously fervently zealously passionately ardently enthusiastically spiritedly keenly earnestly avidly intensely devotedly loyally faithfully devoted dedicated committed staunch steadfast true loyal allegiance fidelity fealty loyalty allegiance faithfulness constancy dependability reliability trustworthiness steadfastness firmness steadfastness faithfulness dedication devotion adherence observance respect reverence honor esteem regard veneration admiration appreciation commendation recognition acknowledgment appreciation approval endorsement validation affirmation applause



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Impact of Updates on Healthcare Providers and Coders

The Transactions and Code Sets Rule is a pivotal component of the Health Insurance Portability and Accountability Act (HIPAA) that plays a critical role in standardizing medical coding practices within the realm of medical billing. This rule was established to facilitate a seamless, efficient, and secure exchange of healthcare information across various entities involved in patient care and billing processes.

At its core, the Transactions and Code Sets Rule mandates the use of standardized electronic formats for healthcare transactions. This includes claims submission, payment advice, eligibility inquiries, claim status inquiries, referral authorizations, and more. By enforcing a uniform set of standards, HIPAA aims to eliminate the inconsistencies that arise from using disparate systems and codes. This standardization not only streamlines administrative processes but also significantly reduces the likelihood of errors that can occur due to miscommunication or incompatible systems.

One of the key elements embedded within this rule is the adoption of specific code sets for encoding data elements required in these transactions. These code sets include ICD (International Classification of Diseases), CPT (Current Procedural Terminology), HCPCS (Healthcare Common Procedure Coding System), among others. Each set serves a unique function: ICD codes classify diagnosis information, CPT codes represent medical services and procedures performed by healthcare providers, while HCPCS codes are used for billing Medicare & Medicaid patients.

By requiring all covered entities-such as healthcare providers, health plans, and clearinghouses-to use these standardized code sets when conducting electronic transactions, HIPAA ensures consistency across different platforms. This consistency is vital for accurate processing of claims which directly impacts reimbursement cycles for healthcare providers. Moreover, it facilitates better data analysis for patient outcomes and resource management since all entities speak a 'common language' when it comes to medical coding.

Furthermore, adherence to these standardized practices enhances data security-a cornerstone principle of HIPAA compliance. When everyone utilizes uniform transaction standards and code sets, there is less room for error or exploitation during data transmission between parties involved in patient care or payment processes. It helps prevent unauthorized access to sensitive patient information by ensuring that only compliant systems can partake in these electronic exchanges.

Despite its numerous benefits, implementing the Transactions and Code Sets Rule does pose challenges for some organizations-especially smaller practices with limited resources.

Transitioning from outdated systems to new compliant ones can be resource-intensive both financially and operationally. However, investing in compliant technology upfront mitigates potential risks associated with non-compliance penalties while ultimately improving overall operational efficiency.

In conclusion, the Transactions and Code Sets Rule under HIPAA is indispensable for achieving key elements of compliance in medical billing through standardized coding practices. Its emphasis on uniformity not only simplifies complex administrative tasks but also safeguards sensitive health information amidst digital transformations sweeping through modern healthcare landscapes today. As such initiatives continue evolving alongside technological advancements over time-they remain crucial pillars supporting both regulatory adherence as well as optimal patient care delivery worldwide.

Strategies for Staying Informed About Code Changes

The Breach Notification Rule is a critical component of the Health Insurance Portability and Accountability Act (HIPAA), particularly when it comes to medical billing. HIPAA compliance in this field is not merely a legal obligation but a commitment to safeguarding patient information. The Breach Notification Rule plays a vital role in ensuring that any unauthorized access, use, or disclosure of protected health information (PHI) is promptly addressed, thereby maintaining trust between healthcare providers and patients.

To understand the significance of the Breach Notification Rule within HIPAA compliance, it's essential to recognize its primary function: to mandate covered entities and their business associates to notify affected individuals, the Secretary of Health and Human Services (HHS), and sometimes the media of breaches involving unsecured PHI. This rule ensures transparency and accountability by compelling organizations to act swiftly in response to data breaches.

In medical billing, where vast amounts of sensitive patient data are processed daily, compliance with the Breach Notification Rule involves several key steps. Firstly, entities must conduct a thorough risk assessment whenever a breach is suspected. This assessment helps determine the nature and extent of the PHI involved, including the types of identifiers compromised and who gained unauthorized access.

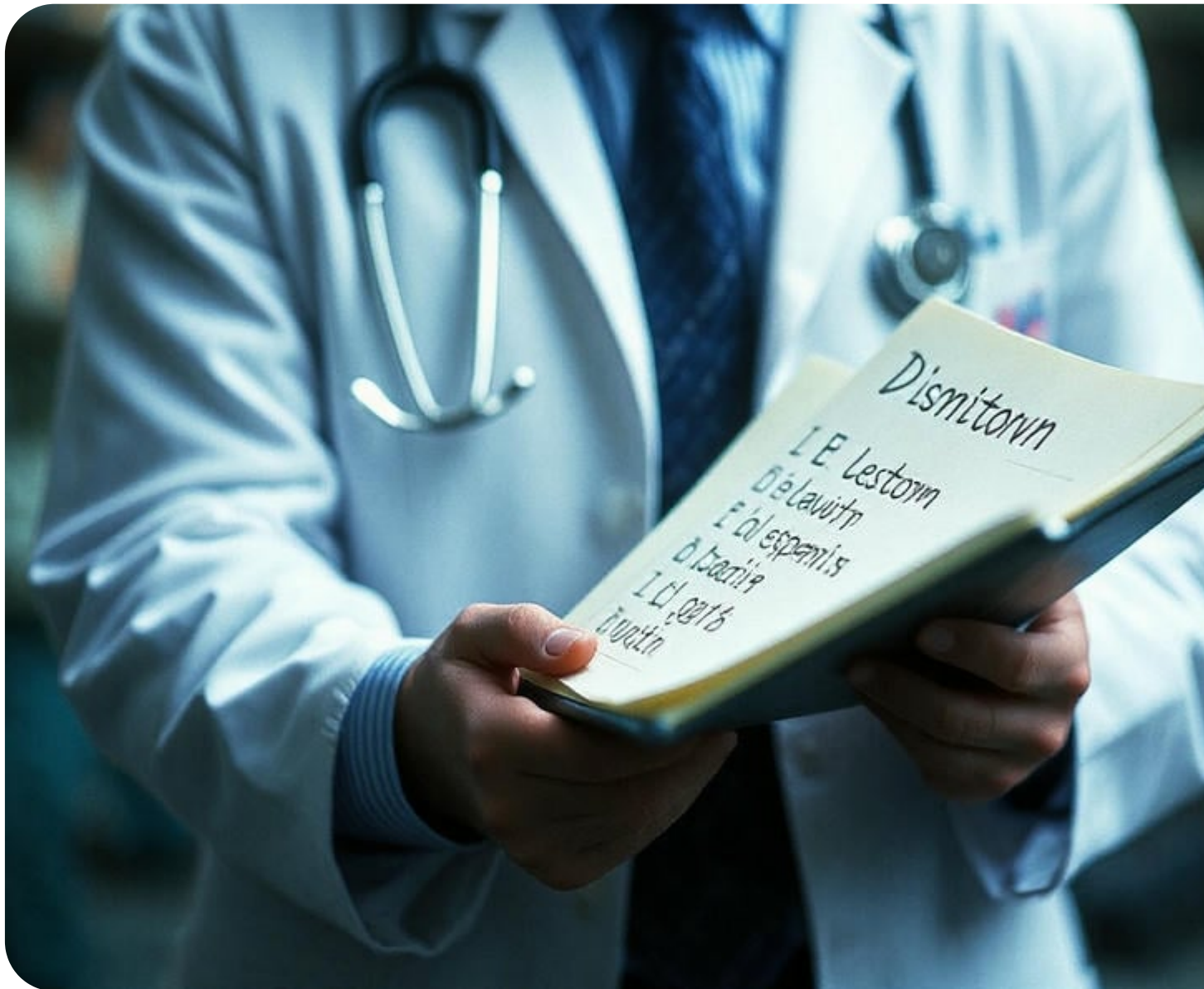
Once a breach has been confirmed, timely notification becomes paramount. Affected individuals must be informed without unreasonable delay and no later than 60 days following discovery. This communication should be clear, detailing what happened, what information was involved, steps being taken to mitigate harm, and how they can protect themselves from potential adverse effects.

Furthermore, if a breach affects more than 500 residents of a state or jurisdiction, media notification is required to ensure wider public awareness. Additionally, all breaches must be reported annually to HHS through an online portal.

The importance of adhering strictly to these procedures cannot be overstated in medical billing operations. Not only does failure to comply result in significant financial penalties imposed by regulatory bodies like HHS's Office for Civil Rights (OCR), but it also risks damaging an organization's reputation-a crucial factor in maintaining client trust and business viability.

Training employees on HIPAA regulations including the Breach Notification Rule is an integral part of compliance efforts. Regular audits and updates on data protection strategies further bolster security measures against potential threats.

In conclusion, while HIPAA's Breach Notification Rule presents challenges for medical billing entities due to its stringent requirements for handling PHI breaches effectively; it remains indispensable for fostering transparency and trust within healthcare systems. By prioritizing swift action following any data compromise alongside robust preventive measures-healthcare providers can better protect patient privacy while ensuring their operations remain compliant with federal standards.



Challenges and Solutions in Adapting to New Codes

In the ever-evolving landscape of healthcare, understanding and adhering to the Health Insurance Portability and Accountability Act (HIPAA) is crucial for medical coders. HIPAA compliance in medical billing is not just a regulatory requirement; it is a fundamental aspect that ensures the protection of patient privacy and the integrity of sensitive health information. For medical coders, training and education on HIPAA compliance are paramount to maintain trust in healthcare systems and protect organizations from potential legal ramifications.

One of the key elements of HIPAA compliance in medical billing is safeguarding Protected Health Information (PHI). PHI includes any information about health status, provision of healthcare, or payment for healthcare that can be linked to an individual. Medical coders must be vigilant in ensuring that this data is handled with utmost confidentiality. Training programs equip coders with strategies to identify PHI and apply appropriate safeguards when processing this information, which includes secure electronic transmission and proper disposal of physical records.

Another critical component is understanding the Minimum Necessary Rule. This rule stipulates that only the minimum necessary PHI should be accessed or disclosed for specific tasks. Medical coders must be educated on how to evaluate their need for certain data without compromising patient privacy. Effective training involves practical scenarios where coders practice applying this rule, thus reducing unnecessary exposure to sensitive information.

Moreover, medical coders must have a thorough grasp of patients' rights under HIPAA. Patients have rights over their health records, including obtaining copies and requesting corrections. Coders play a vital role in facilitating these rights by ensuring accurate coding practices that reflect true medical services provided. Education programs focus on enhancing communication skills so that coders can effectively liaise with other healthcare professionals when discrepancies arise.

Security measures are also at the forefront of HIPAA compliance training for medical billing personnel. As much of today's medical billing occurs electronically, it becomes imperative for coders to understand cybersecurity protocols such as encryption and access controls. Training often incorporates modules on identifying phishing attempts and securing workstations against unauthorized access.

Documentation plays a significant role in both coding accuracy and HIPAA compliance. Coders must be meticulous in documentation practices to ensure that all claims are supported by appropriate clinical records without including superfluous details that might breach confidentiality standards. Ongoing education helps reinforce best practices in documentation

while keeping abreast of regulatory changes.

Lastly, regular audits and risk assessments are emphasized within training programs as part of maintaining continuous compliance with HIPAA regulations. By learning how to conduct self-audits or participate effectively in organizational audits, medical coders become proactive participants in upholding compliance standards.

In summary, training and education on HIPAA compliance provide medical coders with essential tools needed to navigate complex regulations confidently while protecting patient privacy diligently. Through comprehensive knowledge about safeguarding PHI, understanding patients' rights, implementing security measures, perfecting documentation techniques, and engaging actively in audits-medical coders contribute significantly towards maintaining ethical standards within the realm of healthcare billing practices.

About bookkeeping

For the computer programming concept, see **Boilerplate code**.



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- **v**
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Bookkeeping

Key concepts

- **Daybooks**
- **Double-entry**
- **General ledger**
- **T Accounts**
- **Trial balance**
- **Journal**
- **Debits and credits**
- **Chart of accounts**
- **Petty cash**
- **Imprest system**
- **Bank reconciliation**
- **Ledger**
- **Single-entry**
- **Bookkeeper**
- **Assets**
- **Liabilities**
- **Equity**
- **Income**
- **Expenses**
- **Depreciation**
- **Accruals**
- **Prepayments**
- **VAT/GST**

Financial statements

- **Balance sheet**
- **Income statement**

Related professions

- **Accountant**
- **Accounting technician**
- **Accounts clerk**

- **v**
- **t**
- **e**

Part of **a series** on

Accounting

Early 19th-century German ledger

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- **Constant purchasing power**
- **Historical cost**
- **Management**
- **Tax**

Major types

- **Audit**
- **Budget**
- **Cost**
- **Forensic**
- **Financial**
- **Fund**
- **Governmental**
- **Management**
- **Social**
- **Tax**

Key concepts

- **Accounting period**
- **Accrual**
- **Constant purchasing power**
- **Economic entity**
- **Fair value**
- **Going concern**
- **Historical cost**
- **Matching principle**
- **Materiality**
- **Revenue recognition**
- **Unit of account**

Selected accounts

- **Assets**
- **Cash**
- **Cost of goods sold**
- **Depreciation / Amortization (business)**
- **Equity**
- **Expenses**
- **Goodwill**
- **Liabilities**
- **Profit**
- **Revenue**

Accounting standards

- **Generally-accepted principles**
- **Generally-accepted auditing standards**
- **Convergence**
- **International Financial Reporting Standards**
- **International Standards on Auditing**
- **Management Accounting Principles**

Financial statements

- **Annual report**
- **Balance sheet**
- **Cash-flow**
- **Equity**
- **Income**
- **Management discussion**
- **Notes to the financial statements**

Bookkeeping

- **Bank reconciliation**
- **Debits and credits**
- **Double-entry system**
- **FIFO and LIFO**
- **Journal**
- **Ledger / General ledger**
- **Trial balance**

Auditing

- **Financial**
- **Internal**
- **Firms**
- **Report**
- **Sarbanes–Oxley Act**

People and organizations

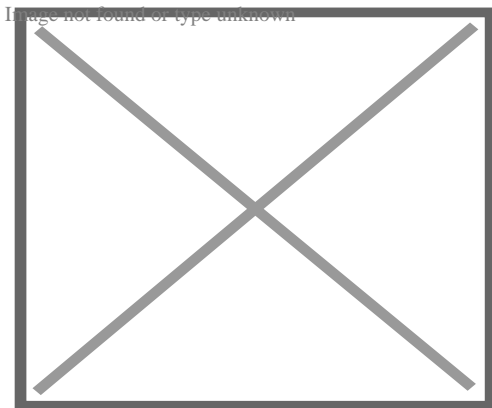
- **Accountants**
- **Accounting organizations**
- **Luca Pacioli**

Development

- **History**
- **Research**
- **Positive accounting**
- **Sarbanes–Oxley Act**

Misconduct

- **Creative**
- **Earnings management**
- **Error account**
- **Hollywood**
- **Off-balance-sheet**
- **Two sets of books**



Portrait of the Italian **Luca Pacioli**, painted by **Jacopo de' Barbari**, 1495, (**Museo di Capodimonte**). Pacioli is regarded as the Father of Accounting.

Bookkeeping is the recording of financial transactions, and is part of the process of **accounting** in **business** and other organizations.[1] It involves preparing source documents for all transactions, operations, and other events of a business. Transactions include purchases, sales, receipts and payments by an individual person, organization or corporation. There are several standard methods of bookkeeping, including the **single-entry** and **double-entry** bookkeeping systems. While these may be viewed as "real" bookkeeping, any process for recording financial transactions is a bookkeeping process.

The person in an organisation who is employed to perform bookkeeping functions is usually called the **bookkeeper** (or book-keeper). They usually write the **daybooks** (which contain records of sales, purchases, receipts, and payments), and document each

financial transaction, whether cash or credit, into the correct daybook—that is, petty cash book, suppliers ledger, customer ledger, etc.—and the **general ledger**. Thereafter, an accountant can create **financial reports** from the information recorded by the bookkeeper. The bookkeeper brings the books to the **trial balance** stage, from which an accountant may prepare financial reports for the organisation, such as the **income statement** and **balance sheet**.

History

[edit]

The origin of book-keeping is lost in obscurity, but recent research indicates that methods of keeping accounts have existed from the remotest times of human life in cities. Babylonian records written with **styli** on small slabs of clay have been found dating to 2600 BC.[2] **Mesopotamian** bookkeepers kept records on clay tablets that may date back as far as 7,000 years. Use of the modern double entry bookkeeping system was described by **Luca Pacioli** in 1494.[3]

The term "**waste book**" was used in colonial America, referring to the documenting of daily transactions of receipts and expenditures. Records were made in chronological order, and for temporary use only. Daily records were then transferred to a daybook or account ledger to balance the accounts and to create a permanent journal; then the waste book could be discarded, hence the name.[4]

Process

[edit]

The primary purpose of bookkeeping is to record the *financial effects* of transactions. An important difference between a manual and an electronic accounting system is the former's latency between the recording of a financial transaction and its posting in the relevant account. This delay, which is absent in electronic accounting systems due to nearly instantaneous posting to relevant accounts, is characteristic of manual systems, and gave rise to the primary books of accounts—cash book, purchase book, sales book, etc.—for immediately documenting a financial transaction.

In the normal course of business, a document is produced each time a transaction occurs. Sales and purchases usually have **invoices** or **receipts**. Historically, deposit slips were produced when lodgements (deposits) were made to a **bank account**; and checks (spelled "cheques" in the UK and several other countries) were written to pay money out of the account. Nowadays such transactions are mostly made electronically. Bookkeeping first involves recording the details of all of these **source documents** into multi-column *journals* (also known as *books of first entry* or *daybooks*). For example, all credit sales are

recorded in the sales journal; all cash payments are recorded in the cash payments journal. Each column in a journal normally corresponds to an account. In the **single entry system**, each transaction is recorded only once. Most individuals who balance their check-book each month are using such a system, and most personal-finance software follows this approach.

After a certain period, typically a month, each column in each **journal** is totalled to give a summary for that period. Using the rules of double-entry, these journal summaries are then transferred to their respective accounts in the **ledger**, or *account book*. For example, the entries in the Sales Journal are taken and a debit entry is made in each customer's account (showing that the customer now owes us money), and a credit entry might be made in the account for "Sale of class 2 widgets" (showing that this activity has generated revenue for us). This process of transferring summaries or individual transactions to the ledger is called *posting*. Once the posting process is complete, accounts kept using the "T" format (debits on the left side of the "T" and credits on the right side) undergo *balancing*, which is simply a process to arrive at the balance of the account.

As a partial check that the posting process was done correctly, a working document called an *unadjusted trial balance* is created. In its simplest form, this is a three-column list. Column One contains the names of those accounts in the **ledger** which have a non-zero balance. If an account has a *debit* balance, the balance amount is copied into Column Two (the *debit column*); if an account has a *credit* balance, the amount is copied into Column Three (the *credit column*). The debit column is then totalled, and then the credit column is totalled. The two totals must agree—which is not by chance—because under the double-entry rules, whenever there is a posting, the debits of the posting equal the credits of the posting. If the two totals do not agree, an error has been made, either in the journals or during the posting process. The error must be located and rectified, and the totals of the debit column and the credit column recalculated to check for agreement before any further processing can take place.

Once the accounts balance, the accountant makes a number of adjustments and changes the balance amounts of some of the accounts. These adjustments must still obey the double-entry rule: for example, the **inventory** account and asset account might be changed to bring them into line with the actual numbers counted during a **stocktake**. At the same time, the *expense* account associated with use of inventory is adjusted by an equal and opposite amount. Other adjustments such as posting **depreciation** and prepayments are also done at this time. This results in a listing called the *adjusted trial balance*. It is the accounts in this list, and their corresponding debit or credit balances, that are used to prepare the financial statements.

Finally **financial statements** are drawn from the trial balance, which may include:

- the **income statement**, also known as the *statement of financial results, profit and loss account*, or *P&L*
- the **balance sheet**, also known as the *statement of financial position*

- the **cash flow statement**
- the **statement of changes in equity**, also known as the *statement of total recognised gains and losses*

Single-entry system

[[edit](#)]

Main article: [single-entry bookkeeping](#)

The primary bookkeeping record in single-entry bookkeeping is the *cash book*, which is similar to a checking account register (in UK: cheque account, current account), except all entries are allocated among several categories of income and expense accounts. Separate account records are maintained for petty cash, **accounts payable** and **accounts receivable**, and other relevant transactions such as **inventory** and travel expenses. To save time and avoid the errors of manual calculations, single-entry bookkeeping can be done today with do-it-yourself bookkeeping software.

Double-entry system

[[edit](#)]

Main article: [double-entry bookkeeping](#)

A *double-entry bookkeeping system* is a set of rules for recording financial information in a **financial accounting** system in which every transaction or event changes at least two different ledger accounts.

Daybooks

[[edit](#)]

A *daybook* is a descriptive and chronological (diary-like) record of day-to-day **financial transactions**; it is also called a *book of original entry*. The daybook's details must be transcribed formally into journals to enable posting to ledgers. Daybooks include:

- Sales daybook, for recording sales invoices.
- Sales credits daybook, for recording sales credit notes.
- Purchases daybook, for recording purchase invoices.
- Purchases debits daybook, for recording purchase debit notes.
- Cash daybook, usually known as the cash book, for recording all monies received and all monies paid out. It may be split into two daybooks: a receipts daybook documenting every money-amount received, and a payments daybook recording every payment made.
- General Journal daybook, for recording journal entries.

Petty cash book

[edit]

A **petty cash** book is a record of small-value purchases before they are later transferred to the ledger and final accounts; it is maintained by a petty or junior cashier. This type of cash book usually uses the **imprest system**: a certain amount of money is provided to the petty cashier by the senior cashier. This money is to cater for minor expenditures (hospitality, minor stationery, casual postage, and so on) and is reimbursed periodically on satisfactory explanation of how it was spent. The balance of petty cash book is **Asset**.

Journals

[edit]

Journals are recorded in the general journal daybook. A journal is a formal and chronological record of **financial transactions** before their values are accounted for in the general ledger as **debits and credits**. A company can maintain one journal for all transactions, or keep several journals based on similar activity (e.g., sales, cash receipts, revenue, etc.), making transactions easier to summarize and reference later. For every **debit** journal entry recorded, there must be an equivalent **credit** journal entry to maintain a balanced accounting equation.[5][6]

Ledgers

[edit]

A **ledger** is a record of **accounts**. The ledger is a permanent summary of all amounts entered in supporting Journals which list individual transactions by date. These accounts are recorded separately, showing their beginning/ending **balance**. A journal lists **financial transactions** in chronological order, without showing their balance but showing how much is going to be entered in each account. A ledger takes each financial transaction from the journal and records it into the corresponding accounts. The ledger also determines the balance of every account, which is transferred into the **balance sheet** or the **income statement**. There are three different kinds of ledgers that deal with book-keeping:

- Sales ledger, which deals mostly with the accounts receivable account. This ledger consists of the records of the financial transactions made by customers to the business.
- Purchase ledger is the record of the company's purchasing transactions; it goes hand in hand with the Accounts Payable account.
- General ledger, representing the original five, main accounts: **assets**, **liabilities**, **equity**, **income**, and **expenses**.

Abbreviations used in bookkeeping

[edit]

- A/c or Acc – Account
- A/R – Accounts receivable
- A/P – Accounts payable
- B/S – Balance sheet
- c/d – Carried down
- b/d – Brought down
- c/f – Carried forward
- b/f – Brought forward
- Dr – Debit side of a ledger. "Dr" stands for "**D**ebit register"
- Cr – Credit side of a ledger. "Cr" stands for "**C**redit register"
- G/L – General ledger; (or N/L – nominal ledger)
- PL – Profit and loss; (or I/S – income statement)
- P/L – Purchase Ledger (Accounts payable)
- P/R – Payroll
- PP&E – Property, plant and equipment
- S/L - Sales Ledger (Accounts receivable)
- TB – Trial Balance
- GST – **Goods and services tax**
- SGST – State goods & service tax
- CGST – Central goods & service tax
- IGST- integrated goods & service tax
- VAT – **Value added tax**
- CST – Central sale tax
- TDS – Tax deducted at source
- AMT – Alternate minimum tax
- EBT – Earnings before tax
- EAT – Earnings after tax
- PAT – Profit after tax
- PBT – Profit before tax
- Dep or Depr – Depreciation
- CPO – Cash paid out
- CP - Cash Payment
- w.e.f. - with effect from
- @ - at the rate of
- L/F – ledger folio
- J/F – Journal Folio
- M/s- Messrs Account
- Co- Company
- V/N or V.no. – voucher number
- In no -invoice Number

Chart of accounts

[edit]

A **chart of accounts** is a list of the **accounts** codes that can be identified with numeric, alphabetical, or alphanumeric codes allowing the account to be located in the general ledger. The equity section of the chart of accounts is based on the fact that the legal structure of the entity is of a particular legal type. Possibilities include *sole trader*, *partnership*, *trust*, and *company*.^[7]

Computerized bookkeeping

[edit]

Computerized bookkeeping removes many of the paper "books" that are used to record the financial transactions of a business entity; instead, relational databases are used today, but typically, these still enforce the norms of bookkeeping including the **single-entry** and **double-entry** bookkeeping systems. **Certified Public Accountants** (CPAs) supervise the internal controls for computerized bookkeeping systems, which serve to minimize errors in documenting the numerous activities a business entity may initiate or complete over an accounting period.

See also

[edit]

- **Accounting**
- **Comparison of accounting software**
- **POS system**: records sales and updates stock levels
- **Bookkeeping Associations**

References

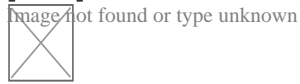
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- ¹ [^] Weygandt; Kieso; Kimmel (2003). *Financial Accounting*. Susan Elbe. p. 6. **ISBN 0-471-07241-9**.
- ² [^] **Chisholm, Hugh**, ed. (1911). "**Book-Keeping**". *Encyclopædia Britannica*. Vol. 4 (11th ed.). Cambridge University Press. p. 225.
- ³ [^] "**History of Accounting**". Fremont University. Retrieved 2022-07-15.
- ⁴ [^] "**Pittsburgh Waste Book and Fort Pitt Trading Post Papers**". Guides to Archives and Manuscript Collections at the University of Pittsburgh Library System. Retrieved 2015-09-04.
- ⁵ [^] Haber, Jeffrey (2004). *Accounting Demystified*. New York: AMACOM. p. 15. **ISBN 0-8144-0790-0**.
- ⁶ [^] Raza, Syeda. *Accountants Information*. p. **Accountant in Milton Keynes**.

7. [^] Marsden, Stephen (2008). Australian Master Bookkeepers Guide. Sydney: CCH
ISBN 978-1-921593-57-4

External links

[\[edit\]](#)



Wikiquote has quotations related to ***Bookkeeping***.

- o ***"Book-Keeping"*** . *Encyclopædia Britannica*. Vol. IV (9th ed.). 1878. pp. 44–47.
- o **Guide to the Account Book from Italy 1515–1520**

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About health

This article is about the human condition. For other uses, see **Health (disambiguation)**.

Health has a variety of definitions, which have been used for different purposes over time. In general, it refers to physical and emotional **well-being**, especially that associated with normal functioning of the **human body**, absent of **disease**, **pain** (including **mental pain**), or **injury**.

Health can be promoted by encouraging healthful activities, such as regular **physical exercise** and adequate sleep,^[1] and by reducing or avoiding unhealthful activities or situations, such as **smoking** or excessive **stress**. Some factors affecting health are due to **individual choices**, such as whether to engage in a high-risk behavior, while others are due to **structural** causes, such as whether the society is arranged in a way that makes it easier or harder for people to get necessary healthcare services. Still, other factors are beyond both individual and group choices, such as **genetic disorders**.

History

[edit]

World Health

Organization's definition

Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.

Source: "**Constitution**".
World Health Organization
. Retrieved 25 September
2024.

The meaning of health has evolved over time. In keeping with the **biomedical** perspective, early definitions of health focused on the theme of the body's ability to function; health was seen as a state of normal function that could be disrupted from time to time by **disease**. An example of such a definition of health is: "a state characterized by anatomic, physiologic, and psychological integrity; ability to perform personally valued family, work, and community roles; ability to deal with **physical, biological, psychological, and social stress**".^[2] Then, in 1948, in a radical departure from previous definitions, the **World Health Organization** (WHO) proposed a definition that aimed higher, linking health to **well-being**, in terms of "physical, mental, and social well-being, and not merely the absence of disease and infirmity".^[3] Although this definition was welcomed by some as being innovative, it was also criticized for being vague and excessively broad and was not construed as measurable. For a long time, it was set aside as an impractical ideal, with most discussions of health returning to the practicality of the biomedical model.^[4]

Just as there was a shift from viewing disease as a state to thinking of it as a process, the same shift happened in definitions of health. Again, the WHO played a leading role when it fostered the development of the health promotion movement in the 1980s. This brought in a new conception of health, not as a state, but in dynamic terms of resiliency, in other words, as "a resource for living". In 1984, WHO revised the definition of health defined it as "the extent to which an individual or group is able to realize aspirations and satisfy needs and to change or cope with the environment. Health is a resource for everyday life, not the objective of living; it is a positive concept, emphasizing social and personal resources, as well as physical capacities."^[5] Thus, health referred to the ability to

maintain **homeostasis** and recover from adverse events. Mental, intellectual, emotional and social health referred to a person's ability to handle stress, to acquire skills, to maintain relationships, all of which form resources for resiliency and **independent living**.^[4] This opens up many possibilities for health to be taught, strengthened and learned.

Since the late 1970s, the federal **Healthy People** Program has been a visible component of the United States' approach to improving population health.^[6] In each decade, a new version of Healthy People is issued,^[7] featuring updated goals and identifying topic areas and quantifiable objectives for health improvement during the succeeding ten years, with assessment at that point of progress or lack thereof. Progress has been limited to many objectives, leading to concerns about the effectiveness of Healthy People in shaping outcomes in the context of a decentralized and uncoordinated US health system. Healthy People 2020 gives more prominence to health promotion and preventive approaches and adds a substantive focus on the importance of addressing social determinants of health. A new expanded digital interface facilitates use and dissemination rather than bulky printed books as produced in the past. The impact of these changes to Healthy People will be determined in the coming years.^[8]

Systematic activities to prevent or cure health problems and promote good health in humans are undertaken by **health care providers**. Applications with regard to animal health are covered by the **veterinary sciences**. The term "healthy" is also widely used in the context of many types of non-living organizations and their impacts for the benefit of humans, such as in the sense of **healthy communities, healthy cities** or **healthy environments**. In addition to **health care** interventions and a person's surroundings, a number of other factors are known to influence the health status of individuals. These are referred to as the "determinants of health", which include the individual's background, lifestyle, economic status, social conditions and spirituality; Studies have shown that high levels of stress can affect human health.^[9]

In the first decade of the 21st century, the conceptualization of health as an ability opened the door for self-assessments to become the main indicators to judge the performance of efforts aimed at improving human health.^[10] It also created the opportunity for every person to feel healthy, even in the presence of **multiple chronic diseases** or a terminal condition, and for the re-examination of determinants of health (away from the traditional approach that focuses on the reduction of the prevalence of diseases).^[11]

Determinants

[edit]

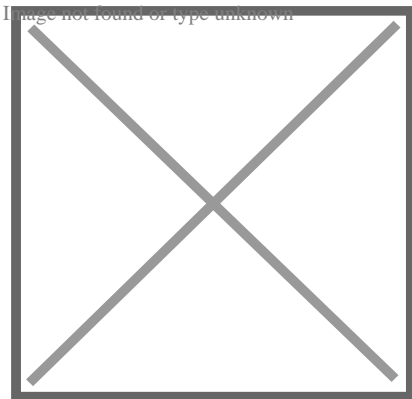
See also: **Social determinants of health** and **Risk factor**

In general, the context in which an individual lives is of great importance for both his health status and quality of life. It is increasingly recognized that health is maintained and

improved not only through the advancement and application of **health science**, but also through the efforts and intelligent **lifestyle** choices of the individual and society. According to the **World Health Organization**, the main determinants of health include the social and **economic** environment, the physical environment, and the person's individual characteristics and behaviors.[12]

More specifically, key factors that have been found to influence whether people are healthy or unhealthy include the following:[12][13][14]

- **Education** and **literacy**
- Employment/working conditions
- Income and **social status**
- **Physical environments**
- **Social environments**
- **Social support** networks
- **Biology** and **genetics**
- **Culture**
- **Gender**
- **Health care services**
- Healthy **child development**
- Personal health practices and **coping skills**



Donald Henderson as part of the CDC's **smallpox** eradication team in 1966

An increasing number of studies and reports from different organizations and contexts examine the linkages between health and different factors, including lifestyles, environments, **health care organization** and **health policy**, one specific health policy brought into many countries in recent years was the introduction of the **sugar tax**. Beverage taxes came into light with increasing concerns about obesity, particularly among youth. Sugar-sweetened beverages have become a target of anti-obesity initiatives with increasing evidence of their link to obesity.[15]—such as the 1974 **Lalonde report** from Canada;[14] the **Alameda County Study** in California;[16] and the series of **World Health Reports** of the World Health Organization, which focuses on **global health** issues including access to health care and improving **public health** outcomes, especially in **developing countries**. [17]

The concept of the "*health field*," as distinct from **medical care**, emerged from the Lalonde report from Canada. The report identified three interdependent fields as key determinants of an individual's health. These are:[14]

- Biomedical: all aspects of health, physical and mental, developed within the human body as influenced by genetic make-up.
- Environmental: all matters related to health external to the **human body** and over which the individual has little or no control;
- Lifestyle: the aggregation of personal decisions (i.e., over which the individual has control) that can be said to contribute to, or cause, illness or death;

The maintenance and promotion of health is achieved through different combination of physical, **mental**, and social well-being—a combination sometimes referred to as the "*health triangle*." [18] The WHO's 1986 **Ottawa Charter for Health Promotion** further stated that health is not just a state, but also "a resource for everyday life, not the objective of living. Health is a positive concept emphasizing social and personal resources, as well as physical capacities." [19]

Focusing more on lifestyle issues and their relationships with functional health, data from the **Alameda County Study** suggested that people can improve their health via **exercise**, enough **sleep**, spending time in nature, maintaining a healthy **body weight**, limiting **alcohol** use, and avoiding **smoking**. [20] Health and **illness** can co-exist, as even people with multiple chronic diseases or terminal illnesses can consider themselves healthy. [21]

The environment is often cited as an important factor influencing the health status of individuals. This includes characteristics of the **natural environment**, the **built environment** and the **social environment**. Factors such as clean **water** and **air**, adequate **housing**, and safe communities and **roads** all have been found to contribute to good health, especially to the health of infants and children. [12][24] Some studies have shown that a lack of **neighborhood** recreational spaces including natural environment leads to lower levels of personal satisfaction and higher levels of **obesity**, linked to lower overall health and well-being. [25] It has been demonstrated that increased time spent in natural environments is associated with improved self-reported health, [26] suggesting that the positive health benefits of natural space in urban neighborhoods should be taken into account in **public policy** and land use.

If you want to learn about the health of a population, look at the air they breathe, the water they drink, and the places where they live. [22][23]

—Hippocrates, the Father of Medicine, 5th century BC

Genetics, or inherited traits from parents, also play a role in determining the health status of individuals and populations. This can encompass both the **predisposition** to certain diseases and health conditions, as well as the habits and behaviors individuals develop through the lifestyle of their **families**. For example, genetics may play a role in the manner in which people cope with **stress**, either mental, emotional or physical. For example, **obesity** is a significant problem in the **United States** that contributes to poor mental health and causes stress in the lives of many people.[27] One difficulty is the issue raised by the **debate** over the relative strengths of genetics and other factors; interactions between genetics and environment may be of particular importance.

Potential issues

[edit]

A number of health issues are common around the globe. **Disease** is one of the most common. According to GlobalIssues.org, approximately 36 million people die each year from non-communicable (i.e., not contagious) diseases, including **cardiovascular disease**, **cancer**, **diabetes** and chronic lung disease.[28]

Among communicable diseases, both viral and bacterial, **AIDS/HIV**, **tuberculosis**, and **malaria** are the most common, causing millions of deaths every year.[28]

Another health issue that causes death or contributes to other health problems is **malnutrition**, especially among children. One of the groups malnutrition affects most is young children. Approximately 7.5 million children under the age of 5 die from malnutrition, usually brought on by not having the money to find or make food.[28]

Bodily injuries are also a common health issue worldwide. These injuries, including **bone fractures** and **burns**, can reduce a person's quality of life or can cause fatalities including **infections** that resulted from the injury (or the severity injury in general).[28]

Lifestyle choices are contributing factors to poor health in many cases. These include smoking cigarettes, and can also include a poor diet, whether it is overeating or an overly constrictive diet. Inactivity can also contribute to health issues and also a lack of sleep, excessive alcohol consumption, and neglect of oral hygiene.[*citation needed*] There are also genetic disorders that are inherited by the person and can vary in how much they affect the person (and when they surface).[29][30]

Although the majority of these health issues are preventable, a major contributor to global ill health is the fact that approximately 1 billion people lack access to health care systems.[28] Arguably, the most common and harmful health issue is that a great many people do not have access to quality remedies.[31]

Mental health

[[edit](#)]

Main article: [Mental health](#)

The [World Health Organization](#) describes mental health as "a state of **well-being** in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community".^[32] Mental health is not just the absence of mental illness.^[33]

Mental illness is described as 'the spectrum of cognitive, emotional, and behavioral conditions that interfere with social and emotional well-being and the lives and productivity of people'.^[34] Having a mental illness can seriously impair, temporarily or permanently, the mental functioning of a person. Other terms include: 'mental health problem', 'illness', 'disorder', 'dysfunction'.^[35]

Approximately twenty percent of all adults in the US are considered diagnosable with a mental disorder. Mental disorders are the leading cause of disability in the United States and Canada. Examples of these disorders include [schizophrenia](#), [ADHD](#), [major depressive disorder](#), [bipolar disorder](#), [anxiety disorder](#), [post-traumatic stress disorder](#) and [autism](#).^[36]

Many factors contribute to mental health problems, including:^[37]

- Biological factors, such as genes or brain chemistry
- Family history of mental health problems
- Life experiences, such as trauma or abuse

Maintaining

[[edit](#)]

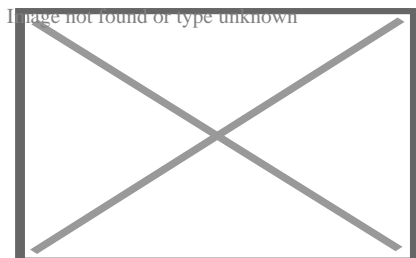
Achieving and maintaining health is an ongoing process, shaped by both the evolution of [health care](#) knowledge and practices as well as personal strategies and organized interventions for staying healthy.

Diet

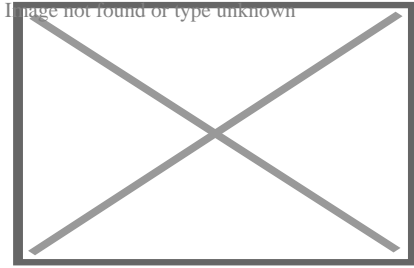
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Main articles: [Healthy diet](#) and [Human nutrition](#)

See also: [List of nutrition guides](#)



Percentage of overweight or obese population in 2010. Data source: OECD's iLibrary.[38][39]



Percentage of obese population in 2010. Data source: OECD's iLibrary.[38][40]

An important way to maintain one's personal health is to have a healthy diet. A healthy diet includes a variety of plant-based and animal-based foods that provide **nutrients** to the body.[41] Such nutrients provide the body with energy and keep it running. Nutrients help build and strengthen bones, muscles, and tendons and also regulate body processes (i.e., **blood pressure**). Water is essential for growth, reproduction and good health. **Macronutrients** are consumed in relatively large quantities and include proteins, carbohydrates, and fats and fatty acids.[42] Micronutrients – vitamins and minerals – are consumed in relatively smaller quantities, but are essential to body processes.[43] The **food guide pyramid** is a pyramid-shaped guide of healthy foods divided into sections. Each section shows the recommended intake for each food group (i.e., protein, fat, carbohydrates and sugars). Making healthy food choices can lower one's risk of heart disease and the risk of developing some types of **cancer**, and can help one maintain their weight within a healthy range.[44]

The **Mediterranean diet** is commonly associated with health-promoting effects. This is sometimes attributed to the inclusion of bioactive compounds such as **phenolic compounds**, **isoprenoids** and **alkaloids**.[45]

Exercise

[edit]

Main article: **Exercise**

Physical exercise enhances or maintains **physical fitness** and overall health and wellness. It strengthens one's bones and muscles and improves the **cardiovascular system**. According to the **National Institutes of Health**, there are four types of exercise: **endurance**, **strength**, **flexibility**, and **balance**.[46] The CDC states that physical exercise can reduce the risks of heart disease, cancer, type 2 diabetes, high blood pressure, obesity, depression, and anxiety.[47] For the purpose of counteracting possible risks, it is often recommended to start physical exercise gradually as one goes.

Participating in any exercising, whether it is housework, yardwork, walking or standing up when talking on the phone, is often thought to be better than none when it comes to health.[\[48\]](#)

Sleep

[\[edit\]](#)

Main articles: [Sleep](#) and [Sleep deprivation](#)

Sleep is an essential component to maintaining health. In children, sleep is also vital for growth and development. Ongoing [sleep deprivation](#) has been linked to an increased risk for some chronic health problems. In addition, sleep deprivation has been shown to correlate with both increased susceptibility to illness and slower recovery times from illness.[\[49\]](#) In one study, people with chronic insufficient sleep, set as six hours of sleep a night or less, were found to be four times more likely to catch a cold compared to those who reported sleeping for seven hours or more a night.[\[50\]](#) Due to the role of sleep in regulating [metabolism](#), insufficient sleep may also play a role in [weight gain](#) or, conversely, in impeding [weight loss](#).[\[51\]](#) Additionally, in 2007, the [International Agency for Research on Cancer](#), which is the cancer research agency for the [World Health Organization](#), declared that "shiftwork that involves [circadian](#) disruption is probably [carcinogenic](#) to humans", speaking to the dangers of long-term nighttime work due to its intrusion on sleep.[\[52\]](#) In 2015, the National Sleep Foundation released updated recommendations for sleep duration requirements based on age, and concluded that "Individuals who habitually sleep outside the normal range may be exhibiting signs or symptoms of serious health problems or, if done volitionally, may be compromising their health and well-being."[\[53\]](#)

Age and condition	Sleep needs
Newborns (0–3 months)	14 to 17 hours
Infants (4–11 months)	12 to 15 hours
Toddlers (1–2 years)	11 to 14 hours
Preschoolers (3–5 years)	10 to 13 hours
School-age children (6–13 years)	9 to 11 hours
Teenagers (14–17 years)	8 to 10 hours
Adults (18–64 years)	7 to 9 hours
Older Adults (65 years and over)	7 to 8 hours

Role of science

[\[edit\]](#)

Main articles: **Health science** and **Health care**

The Dutch Public Health Service provides medical care for the natives of the **Dutch East Indies**, May 1946.

Health science is the branch of science focused on health. There are two main approaches to health science: the study and **research** of the **body** and health-related issues to understand how humans (and animals) function, and the application of that knowledge to improve health and to prevent and cure diseases and other physical and mental impairments. The science builds on many sub-fields, including **biology**, **biochemistry**, **physics**, **epidemiology**, **pharmacology**, **medical sociology**. Applied health sciences endeavor to better understand and improve human health through applications in areas such as **health education**, **biomedical engineering**, **biotechnology** and **public health**.^[*citation needed*]

Organized interventions to improve health based on the principles and procedures developed through the health sciences are provided by practitioners trained in **medicine**, **nursing**, **nutrition**, **pharmacy**, **social work**, **psychology**, **occupational therapy**, **physical therapy** and other **health care professions**. Clinical practitioners focus mainly on the health of individuals, while public health practitioners consider the overall health of communities and populations. **Workplace wellness** programs are increasingly being adopted by companies for their value in improving the health and well-being of their employees, as are **school health services** to improve the health and well-being of children.^[*citation needed*]

Role of medicine and medical science

[**edit**]

Main article: **Medicine**

Contemporary medicine is in general conducted within **health care systems**. Legal, **credentialing** and financing frameworks are established by individual governments, augmented on occasion by international organizations, such as churches. The characteristics of any given health care system have significant impact on the way medical care is provided.

From ancient times, Christian emphasis on practical charity gave rise to the development of systematic nursing and hospitals and the **Catholic Church** today remains the largest non-government provider of medical services in the world.^[54] Advanced industrial countries (with the exception of the **United States**)^[55] and many **developing countries** provide medical services through a system of **universal health care** that aims to guarantee care for all through a **single-payer health care** system, or compulsory private or co-operative **health insurance**. This is intended to ensure that the

entire population has access to medical care on the basis of need rather than ability to pay. Delivery may be via private medical practices or by state-owned hospitals and clinics, or by charities, most commonly by a combination of all three.

Most **tribal** societies provide no guarantee of healthcare for the population as a whole. [56] In such societies, healthcare is available to those that can afford to pay for it or have self-insured it (either directly or as part of an employment contract) or who may be covered by care financed by the government or tribe directly.

collection of glass bottles of different sizes

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Modern drug **ampoules**

Transparency of information is another factor defining a delivery system. Access to information on conditions, treatments, quality, and pricing greatly affects the choice by patients/consumers and, therefore, the incentives of medical professionals. While the US healthcare system has come under fire for lack of openness, [57] new legislation may encourage greater openness. There is a perceived tension between the need for transparency on the one hand and such issues as patient confidentiality and the possible exploitation of information for commercial gain on the other.

Delivery

[edit]

See also: **Health care**, **clinic**, **hospital**, and **hospice**

Provision of medical care is classified into primary, secondary, and tertiary care categories. [58]

photograph of three nurses

Nurses in **Kokopo, East New Britain, Papua New Guinea**

Primary care medical services are provided by **physicians, physician assistants, nurse practitioners**, or other health professionals who have first contact with a patient seeking medical treatment or care.^[59] These occur in physician offices, **clinics, nursing homes**, schools, home visits, and other places close to patients. About 90% of medical visits can be treated by the primary care provider. These include treatment of acute and chronic illnesses, **preventive care** and **health education** for all ages and both sexes.

Secondary care medical services are provided by **medical specialists** in their offices or clinics or at local community hospitals for a patient referred by a primary care provider who first diagnosed or treated the patient.^[60] Referrals are made for those patients who required the expertise or procedures performed by specialists. These include both **ambulatory care** and **inpatient** services, **Emergency departments, intensive care medicine**, surgery services, **physical therapy, labor and delivery, endoscopy** units, diagnostic **laboratory** and **medical imaging** services, **hospice** centers, etc. Some primary care providers may also take care of hospitalized patients and deliver babies in a secondary care setting.

Tertiary care medical services are provided by specialist hospitals or regional centers equipped with diagnostic and treatment facilities not generally available at local hospitals. These include **trauma centers, burn** treatment centers, advanced **neonatology** unit services, **organ transplants**, high-risk pregnancy, **radiation oncology**, etc.

Modern medical care also depends on information – still delivered in many health care settings on paper records, but increasingly nowadays by **electronic means**.

In low-income countries, modern healthcare is often too expensive for the average person. International healthcare policy researchers have advocated that "user fees" be removed in these areas to ensure access, although even after removal, significant costs and barriers remain.^[61]

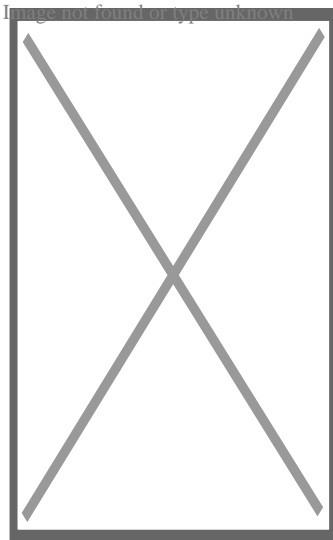
Separation of prescribing and dispensing is a practice in medicine and pharmacy in which the **physician** who provides a **medical prescription** is independent from the **pharmacist** who provides the **prescription drug**. In the **Western world** there are centuries of tradition for separating pharmacists from physicians. In Asian countries, it is traditional for physicians to also provide drugs.^[62]

Role of public health

[**edit**]

Main article: **Public health**

See also: **Global health**



Postage stamp, **New Zealand**, 1933. Public health has been promoted – and depicted – in a wide variety of ways.

Public health has been described as "the science and art of preventing disease, prolonging life and promoting health through the organized efforts and informed choices of society, organizations, public and private, communities and individuals." [63] It is concerned with threats to the overall health of a community based on **population health** analysis. The population in question can be as small as a handful of people or as large as all the inhabitants of several continents (for instance, in the case of a **pandemic**). Public health has many sub-fields, but typically includes the interdisciplinary categories of **epidemiology**, **biostatistics** and **health services**. **environmental health**, **community health**, **behavioral health**, and **occupational health** are also important areas of public health.

The focus of public health interventions is to prevent and manage diseases, injuries and other health conditions through surveillance of cases and the **promotion of healthy behavior, communities**, and (in aspects relevant to human health) **environments**. Its aim is to prevent health problems from happening or re-occurring by implementing **educational programs**, developing **policies**, administering services and conducting **research**. [64] In many cases, treating a disease or controlling a **pathogen** can be vital to preventing it in others, such as during an **outbreak**. **Vaccination** programs and distribution of **condoms** to prevent the spread of **communicable diseases** are examples of common preventive public health measures, as are educational campaigns to promote vaccination and the use of condoms (including overcoming resistance to such).

Public health also takes various actions to limit the health disparities between different areas of the **country** and, in some cases, the **continent** or **world**. One issue is the

access of individuals and communities to health care in terms of financial, geographical or socio-cultural constraints.[65] Applications of the public **health system** include the areas of **maternal** and child health, health services administration, emergency response, and prevention and control of **infectious** and **chronic diseases**.

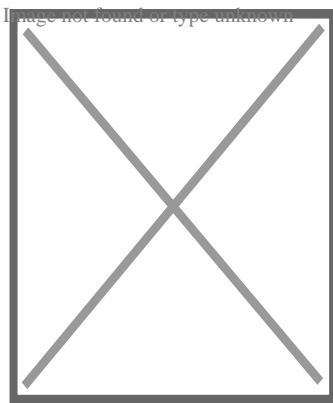
The great positive impact of public health programs is widely acknowledged. Due in part to the policies and actions developed through public health, the 20th century registered a decrease in the mortality rates for **infants** and **children** and a continual increase in **life expectancy** in most parts of the world. For example, it is estimated that life expectancy has increased for Americans by thirty years since 1900,[66] and worldwide by six years since 1990.[67]

Self-care strategies

[edit]

Main article: **Self care**

See also: **Chronic care management**, **Social relation**, and **Stress management**



A lady washing her hands c. 1655

Personal health depends partially on the active, passive, and assisted cues people observe and adopt about their own health. These include personal actions for preventing or minimizing the effects of a disease, usually a chronic condition, through **integrative care**. They also include personal **hygiene** practices to prevent infection and illness, such as **bathing** and **washing hands** with soap; **brushing and flossing teeth**; storing, preparing and handling **food safely**; and many others. The information gleaned from personal **observations of daily living** – such as about sleep patterns, exercise behavior, nutritional intake and environmental features – may be used to inform personal decisions and actions (e.g., "I feel tired in the morning so I am going to try sleeping on a different pillow"), as well as clinical decisions and treatment plans (e.g., a patient who notices his or her shoes are tighter than usual may be having exacerbation of left-sided heart failure, and may require diuretic medication to reduce fluid overload).[68]

Personal health also depends partially on the social structure of a person's life. The maintenance of strong **social relationships**, **volunteering**, and other social activities have been linked to positive mental health and also increased longevity. One American study among **seniors** over age 70, found that frequent volunteering was associated with reduced risk of dying compared with older persons who did not volunteer, regardless of physical health status.[69] Another study from Singapore reported that volunteering retirees had significantly better **cognitive performance** scores, fewer **depressive symptoms**, and better mental well-being and **life satisfaction** than non-volunteering retirees.[70]

Prolonged **psychological stress** may negatively impact health, and has been cited as a factor in **cognitive impairment** with aging, depressive illness, and expression of disease.[71] **Stress management** is the application of methods to either reduce stress or increase tolerance to stress. **Relaxation techniques** are physical methods used to relieve stress. Psychological methods include **cognitive therapy**, **meditation**, and **positive thinking**, which work by reducing response to stress. Improving relevant skills, such as **problem solving** and **time management** skills, reduces uncertainty and builds confidence, which also reduces the reaction to stress-causing situations where those skills are applicable.

Occupational

[edit]

Main article: **Occupational safety and health**

In addition to **safety** risks, many jobs also present risks of disease, illness and other long-term health problems. Among the most common **occupational diseases** are various forms of **pneumoconiosis**, including **silicosis** and **coal worker's pneumoconiosis (black lung disease)**. **Asthma** is another **respiratory illness** that many workers are vulnerable to. Workers may also be vulnerable to skin diseases, including **eczema**, **dermatitis**, **urticaria**, **sunburn**, and **skin cancer**. [72] Other occupational diseases of concern include **carpal tunnel syndrome** and **lead poisoning**.

As the number of **service sector** jobs has risen in developed countries, more and more jobs have become **sedentary**, presenting a different array of health problems than those associated with **manufacturing** and the **primary sector**. Contemporary problems, such as the growing rate of **obesity** and issues relating to **stress** and **overwork** in many countries, have further complicated the interaction between work and health.

Many governments view occupational health as a social challenge and have formed public organizations to ensure the health and safety of workers. Examples of these include the British **Health and Safety Executive** and in the **United States**, the **National Institute for Occupational Safety and Health**, which conducts research on

occupational health and safety, and the **Occupational Safety and Health Administration**, which handles regulation and policy relating to worker safety and health.^[73]

See also

[edit]

- **Disease burden** – Impact of diseases
- **Environmental health** – Public health branch focused on environmental impacts on human health
- **Healing** – Process of the restoration of health
- **Health equity** – Study and causes of differences in the quality of health and healthcare
- **Human enhancement** – Natural, artificial, or technological alteration of the human body
- **List of health and wellness podcasts**
- **Men's health** – Broad subject that encompasses all facets of men's health
- **One Health** – Collaborative global initiative
- **Population health** – Health outcomes of a group of individuals
- **Women's health** – Broad subject that encompasses all facets of women's health
- **Youth health** – range of approaches to preventing, detecting or treating young people's health risks and issues

References

[edit]

1. [^] **"Benefits of Physical Activity"**. *Centers for Disease Control and Prevention*. 5 April 2021. Retrieved 11 September 2021.
2. [^] Stokes, J.; Noren, J.; Shindell, S. (1 January 1982). "Definition of terms and concepts applicable to clinical preventive medicine". *Journal of Community Health*. **8** (1): 33–41. doi:10.1007/bf01324395. ISSN 0094-5145. PMID 6764783. S2CID 1748896.
3. [^] World Health Organization (1958). *The first ten years of the World Health Organization*. Geneva: WHO. ISBN 9789241560146.
4. [^] a b **"Part 1 – Theory: Thinking About Health Chapter 1 Concepts of Health and Illness"**. *phprimer.afmc.ca*. Archived from *the original* on 12 August 2016. Retrieved 22 June 2016.
5. [^] World Health Organization. Regional Office for Europe (1984). *Health promotion : a discussion document on the concept and principles : summary report of the Working Group on Concept and Principles of Health Promotion, Copenhagen, 9–13 July 1984 (ICP/HSR 602(m01)5 p)*. Copenhagen: WHO Regional Office for Europe.
6. [^] **Federal Prevention Initiatives Archived** 15 June 2016 at the **Wayback Machine**. U.S. Department of Health and Human Services

Benz, J; Blakey, C; Oppenheimer, C.C; Scherer, H; Robinson, W.T (2013). "The healthy people initiative: Understanding the user's perspective". *Journal of Public Health Management and Practice*. **19** (2): 103–09. doi: [10.1097/PHH.0b013e318254cc31](https://doi.org/10.1097/PHH.0b013e318254cc31). ISSN 1078-4659. PMID 23358287.

7. ^ **History & Development of Healthy People**. U.S. Department of Health and Human Services
8. ^ Jonathan, E. Fielding; Shiriki, Kumanyika; Ronald, W. Manderscheid (2013). "**A Perspective on the Development of the Healthy People 2020 Framework for Improving U.S. Population Health**" (PDF). *Public Health Reviews*. **35**. Archived from [the original](#) (PDF) on 2 April 2014.
9. ^ "**How stressed are you?**". BBC News. 6 November 2013. Retrieved 1 March 2014.
10. ^ Jadad, Alejandro R. (1 November 2016). "**Creating a pandemic of health: What is the role of digital technologies?**". *Journal of Public Health Policy*. **37** (2): 260–68. doi:[10.1057/s41271-016-0016-1](https://doi.org/10.1057/s41271-016-0016-1). ISSN 0197-5897. PMID [27899800](https://pubmed.ncbi.nlm.nih.gov/27899800/).
11. ^ "**Creating a Pandemic of Health: Opportunities and Lessons for a University Initiative at the Intersection of Health, Equity, and Innovation | Harvard Public Health Review: A Student Publication**". harvardpublichealthreview.org. Archived from [the original](#) on 7 March 2019. Retrieved 20 January 2018.
12. ^ **a b c** World Health Organization. **The determinants of health**. Geneva. Accessed 12 May 2011.
13. ^ Public Health Agency of Canada. **What Determines Health?** Ottawa. Accessed 12 May 2011.
14. ^ **a b c** Lalonde, Marc (1974). "**A New Perspective on the Health of Canadians.**" Ottawa: Minister of Supply and Services. Archived 28 October 2014 at the [Wayback Machine](#)
15. ^ Andreyeva, Tatiana; Chaloupka, Frank J.; Brownell, Kelly D. (2011). "Estimating the potential of taxes on sugar-sweetened beverages to reduce consumption and generate revenue". *Preventive Medicine*. **52** (6): 413–16. doi: [10.1016/j.ypmed.2011.03.013](https://doi.org/10.1016/j.ypmed.2011.03.013). PMID [21443899](https://pubmed.ncbi.nlm.nih.gov/21443899/).
16. ^ Housman, Jeff; Dorman, Steve (September–October 2005). "**The Alameda County Study: A Systematic, Chronological Review**" (PDF). *American Journal of Health Education*. **36** (5): 302–08. doi: [10.1080/19325037.2005.10608200](https://doi.org/10.1080/19325037.2005.10608200). ISSN 1055-6699. S2CID [39133965](https://pubmed.ncbi.nlm.nih.gov/39133965/). ERIC document number EJ792845. Retrieved 27 December 2011.
17. ^ World Health Organization. **The world health report**. Geneva.
18. ^ Georgia State University. 1998. **Health Triangle Slides Archived** 11 August 2019 at the [Wayback Machine](#)
Nutter S. (2003) *The Health Triangle*. Anchor Points, Inc., ISBN 0-9748760-0-3

19. ^ World Health Organization. **The Ottawa Charter for Health Promotion**. Adopted at the First International Conference on Health Promotion, Ottawa, 21 November 1986 – WHO/HPR/HEP/95.1.
20. ^ **Housman & Dorman 2005**, pp. 303–04. "The linear model supported previous findings, including regular exercise, limited alcohol consumption, abstinence from smoking, sleeping 7–8 hours a night, and maintenance of a healthy weight play an important role in promoting longevity and delaying illness and death." Citing *Wingard DL, Berkman LF, Brand RJ (1982). "A multivariate analysis of health-related practices: a nine-year mortality follow-up of the Alameda County Study". Am J Epidemiol. 116 (5): 765–75. doi:10.1093/oxfordjournals.aje.a113466. PMID 7148802.*
21. ^ **Jadad, A.R. (2013). "On Living a Long, Healthy, and Happy Life, Full of Love, and with no Regrets, until Our Last Breath". Verhaltenstherapie. 23 (4): 287–89. doi:10.1159/000357490.**
22. ^ **"Environment & Health – Kids Environment Kids Health NIEHS".**
23. ^ **"Environmental Health – Geological Survey Ireland".**
24. ^ UNESCO. **The UN World Water Development Report: Facts and Figures – Meeting basic needs**. Accessed 12 May 2011.
25. ^ **Björk J, Albin M, Grahn P, Jacobsson H, Ardö J, Wadbro J, Ostergren PO (2008). "Recreational Values of the Natural Environment in Relation to Neighborhood Satisfaction, Physical Activity, Obesity and Well being" (PDF). Journal of Epidemiology & Community Health. 62 (4): e2. doi: 10.1136/jech.2007.062414. PMID 18365329. S2CID 13859588.**
26. ^ **White, Mathew P.; Alcock, Ian; Grellier, James; Wheeler, Benedict W.; Hartig, Terry; Warber, Sara L.; Depledge, Michael H.; Fleming, Lora E. (13 June 2019). "Spending at least 120 minutes a week in nature is associated with good health and wellbeing". Scientific Reports. 9 (1): 7730. Bibcode: 2019NatSR...9.7730W. doi:10.1038/s41598-019-44097-3. ISSN 2045-2322. PMC 6565732. PMID 31197192.**
27. ^ **Kantola, Jussi Ilari; Barath, Tibor; Nazir, Salman; Andre, Terence (2017). Advances in Human Factors, Business Management, Training and Education. Advances in Intelligent Systems and Computing. Vol. 498. doi:10.1007/978-3-319-42070-7. ISBN 978-3-319-42069-1.**
28. ^ **a b c d e Shah, Anup (5 January 2014). "Health Issues." Global Issues.**
29. ^ **"What are the different ways a genetic condition can be inherited?: MedlinePlus Genetics". medlineplus.gov. Retrieved 2024-07-17.**
30. ^ **"Genetic Disorders". Cleveland Clinic. August 20, 2021. Retrieved July 17, 2024.**
31. ^ **"United Nations Global Issues". Un.org. Archived from the original on 8 June 2016.**
"The Top 10 Global Health Issues to Watch in 2013". Intrahealth.org. 15 January 2013. Retrieved 1 March 2014.

32. ^ World Health Organization (2005). Promoting Mental Health: Concepts, Emerging evidence, Practice: A report of the World Health Organization, Department of Mental Health and Substance Abuse in collaboration with the Victorian Health Promotion Foundation and the University of Melbourne. World Health Organization. Geneva.
33. ^ Bos, E.H.; Snippe, E.; de Jonge, P.; Jeronimus, B.F. (2016). **"Preserving Subjective Wellbeing in the Face of Psychopathology: Buffering Effects of Personal Strengths and Resources"**. PLOS ONE. **11** (3): e0150867. **Bibcode:2016PLoSO..1150867B. doi:10.1371/journal.pone.0150867. PMC 4786317. PMID 26963923.**
34. ^ **"Mental disorders"**. www.who.int. Retrieved 30 January 2024.
35. ^ Long, Steven W. **Lifestyle Management: Achieving & Maintaining Good Health**. niu.edu.tw
36. ^ **The numbers count: Mental disorders in America Archived** 28 July 2014 at the **Wayback Machine**. nih.gov
37. ^ **"What Is Mental Health?"** (5 April 2019). MentalHealth.gov. Retrieved 16 November 2019.
38. ^ **a b "OECD Statistics"**. stats.oecd.org.
39. ^ **"Health, Non-Medical Determinants of Health, Body weight, Overweight or obese population, self-reported and measured, Total population"** (Online Statistics). OECD's iLibrary. 2013. Retrieved 12 December 2013.
40. ^ **"Health, Non-Medical Determinants of Health, Body weight, Obese population, self-reported and measured, Total population"** (Online Statistics). OECD's iLibrary. 2013. Retrieved 13 December 2013.
41. ^ **"Healthy diet"**. www.who.int. Retrieved 30 January 2024.
42. ^ Alexander, Heather. **"What are macronutrients?"**. MD Anderson Cancer Center. Retrieved 30 January 2024.
43. ^ **"Nutrients"**. WHO. Archived from **the original** on 26 September 2011. Retrieved 24 September 2019.
44. ^ **"Healthy Eating: Why should I make healthy food choices?"**. Livelifewell.nsw.gov.au. Archived from **the original** on 27 February 2014. Retrieved 1 March 2014.
45. ^ Garrido M; González-Flores D; Marchena AM; Propr E; García-Parra J; Barriga C; Rodríguez A.B. (2013). "A lycopene-enriched virgin olive oil enhances antioxidant status in humans". *Journal of the Science of Food and Agriculture*. **93** (8): 1820–26. **Bibcode:2013JSFA...93.1820G. doi:10.1002/jsfa.5972. PMID 23225211.**
46. ^ **"4 Types of Exercise"**. Go4Life, National Institute on Aging, US National Institutes of Health. 15 May 2014. Archived from **the original** on 1 July 2018. Retrieved 7 October 2017.
47. ^ **"Physical Activity Facts"**. Centers for Disease Control and Prevention. 21 April 2020. Retrieved 30 May 2021.
48. ^ **"Health Risks of an Inactive Lifestyle"**. medlineplus.gov. Retrieved 30 May 2021.

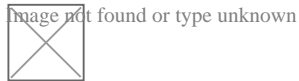
49. ^ Pilkington, Stephanie (7 August 2013). "Causes and consequences of sleep deprivation in hospitalized patients". *Nursing Standard*. **27** (49): 35–42. doi: [10.7748/ns2013.08.27.49.35.e7649](https://doi.org/10.7748/ns2013.08.27.49.35.e7649). PMID [23924135](https://pubmed.ncbi.nlm.nih.gov/23924135/).
50. ^ Shilo Rea (31 August 2015). "**New Research Confirms Lack of Sleep Connected to Getting Sick**". *cmu.edu*. Retrieved 25 November 2015.
51. ^ Patel, Sanjay R.; Hu, Frank B. (17 January 2008). "**Short sleep duration and weight gain: a systematic review**". *Obesity (Silver Spring)*. **16** (3): 643–53. doi: [10.1038/oby.2007.118](https://doi.org/10.1038/oby.2007.118). PMC [2723045](https://pubmed.ncbi.nlm.nih.gov/2723045/). PMID [18239586](https://pubmed.ncbi.nlm.nih.gov/18239586/).
52. ^ "**IARC Monographs Programme finds cancer hazards associated with shiftwork, painting and firefighting**". International Agency for Research on Cancer. 5 December 2007. Archived from [the original](#) on 21 July 2011. Retrieved 25 November 2015.
53. ^ Hirshkowitz, Max; Whiton, Kaitlyn; et al. (14 January 2015). "**National Sleep Foundation's sleep time duration recommendations: methodology and results summary**". *Sleep Health*. **1** (1): 40–43. doi: [10.1016/j.sleh.2014.12.010](https://doi.org/10.1016/j.sleh.2014.12.010). PMID [29073412](https://pubmed.ncbi.nlm.nih.gov/29073412/). S2CID [205190733](https://pubmed.ncbi.nlm.nih.gov/205190733/). Retrieved 25 November 2015.
54. ^ Blainey G (2011). **A Short History of Christianity**. Penguin Viking. OCLC [793902685](https://oclc.org/number/793902685/).^[page needed]
55. ^ "**Insuring America's Health: Principles and Recommendations**". Institute of Medicine at the National Academies of Science. 14 January 2004. Archived from [the original](#) on 19 October 2009.

"**The Case For Single Payer, Universal Health Care for the United States**". *Cthealth.server101.com*. Archived from [the original](#) on 23 April 2018. Retrieved 4 May 2009.
56. ^ Sonowal, C.J. (April 2010). "**Factors Affecting the Nutritional Health of Tribal Children in Maharashtra**". *Studies on Ethno-Medicine*. **4** (1): 21–36. doi: [10.1080/09735070.2010.11886359](https://doi.org/10.1080/09735070.2010.11886359). ISSN [0973-5070](https://issn.org/0973-5070).
57. ^ Sipkoff M (January 2004). "**Transparency called key to uniting cost control, quality improvement**". *Managed Care*. **13** (1): 38–42. PMID [14763279](https://pubmed.ncbi.nlm.nih.gov/14763279/). Archived from the original on 17 February 2004. Retrieved 16 April 2006.
58. ^ "**Primary, Secondary and Tertiary HealthCare – Arthapedia**". *www.arthapedia.in*. Archived from the original on 28 January 2021. Retrieved 19 January 2021.
59. ^ "**Types of health care providers: MedlinePlus Medical Encyclopedia**". *medlineplus.gov*. Archived from the original on 23 January 2021. Retrieved 19 January 2021.
60. ^ "**Secondary Health Care**". International Medical Corps. Archived from the original on 17 January 2021. Retrieved 19 January 2021.
61. ^ Laokri S, Weil O, Drabo KM, Dembelé SM, Kafando B, Dujardin B (April 2013). "**Removal of user fees no guarantee of universal health coverage: observations from Burkina Faso**". *Bulletin of the World Health Organization*. **91** (4): 277–82. doi: [10.2471/BLT.12.110015](https://doi.org/10.2471/BLT.12.110015) (inactive 5 December 2024). PMC

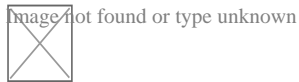
- 3629451. PMID 23599551.cite journal**: CS1 maint: DOI inactive as of December 2024 ([link](#))
62. ^ Chou YJ, Yip WC, Lee CH, Huang N, Sun YP, Chang HJ (September 2003). **"Impact of separating drug prescribing and dispensing on provider behaviour: Taiwan's experience"**. *Health Policy and Planning*. **18** (3): 316–29. doi:[10.1093/heapol/czg038](#). PMID [12917273](#).
63. ^ Winslow CE (1920). **"The Untilled Fields of Public Health"**. *Science*. **51** (1306): 23–33. Bibcode:[1920Sci....51...23W](#). doi:[10.1126/science.51.1306.23](#). PMID [17838891](#).
64. ^ Association of Schools of Public Health. **What is Public Health?** Retrieved 24 June 2010
65. ^ Hispanics and the Future of America. **Access to and Quality of Health Care**
66. ^ Association of Schools of Public Health. **Impact of Public Health**. Retrieved 24 June 2010.
67. ^ World Health Organization. **Life expectancy at birth**, accessed 20 April 2011.
68. ^ **Robert Wood Johnson Foundation**. (2008). **Health in Everyday Living**.
69. ^ Harris AH, Thoresen CE (2005). **"Volunteering is Associated with Delayed Mortality in Older People: Analysis of the Longitudinal Study of Aging"** (PDF). *Journal of Health Psychology*. **10** (6): 739–52. doi:[10.1177/1359105305057310](#). PMID [16176953](#). S2CID [23314208](#). Archived from the original (PDF) on 22 July 2011.
70. ^ Schwingel A, Niti MM, Tang C, Ng TP (2009). **"Continued work employment and volunteerism and mental well-being of older adults: Singapore longitudinal ageing studies"**. *Age and Ageing*. **38** (5): 531–37. doi:[10.1093/ageing/afp089](#). PMID [19474036](#).
71. ^ McEwen BS (2006). **"Protective and damaging effects of stress mediators: central role of the brain"**. *Dialogues Clin Neurosci*. **8** (4): 367–81. doi:[10.31887/DCNS.2006.8.4/bmcewen](#). PMC [3181832](#). PMID [17290796](#). [Open access to this article](#)
72. ^ **HSE (Health and Safety Executive of Great Britain) Skin at work** Retrieved on 20 June 2009
- "Skin Exposure & Effects"**. NIOSH Topics. National Institute for Occupational Safety and Health. Retrieved 7 August 2012.
73. ^ **"The National Institute for Occupational Safety and Health"**. Centers for Disease Control and Prevention. Retrieved 7 August 2012.
- "Occupational Safety and Health Administration"**. U.S. Department of Labor. Retrieved 7 August 2012.
- "Health and Safety Executive"**. U.K. Health and Safety Executive. Retrieved 7 August 2012.

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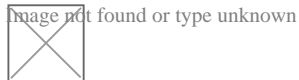
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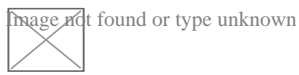
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Frequently Asked Questions

What are the key privacy standards required by HIPAA for medical billing and coding?

HIPAA requires that all Protected Health Information (PHI) is handled with strict confidentiality. This includes implementing safeguards such as secure electronic access to data, ensuring only authorized personnel have access to PHI, and using encryption when transmitting patient information electronically.

How does HIPAA impact the process of sharing patient data in medical coding?

HIPAA mandates that any sharing of patient data must be done under strict compliance rules. This means obtaining patients consent where necessary, ensuring data minimization by sharing only what is essential for the task, and maintaining audit trails to track who accessed or shared sensitive information.

What security measures should be in place to ensure HIPAA compliance in medical billing systems?

Medical billing systems should employ strong authentication protocols, regularly update software to protect against vulnerabilities, conduct regular risk assessments and audits, implement physical safeguards like secured workstations, and ensure staff is trained on recognizing phishing attempts or other security threats related to PHI.

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