

# HIPAA Product-Team Cheat Sheet

The three rules, the role test, the 2026 penalties, and the 60-day clock - on one page.

## THE THREE RULES (45 CFR 160, 164)

### Privacy Rule (2003) - who may see PHI

Default deny (s.164.502). Minimum-necessary access. Patient rights: export records within 30 days (s.164.524). For a BA, the BAA sets the permitted uses.

### Security Rule (2005) - how ePHI is protected

Documented risk analysis (s.164.308). Admin + physical + technical safeguards (s.164.312): access control, audit logs, integrity, authentication, transmission security. Technology-neutral.

### Breach Rule (2009) - when protection fails

Breach presumed unless a documented 4-factor assessment shows low probability of compromise. Encrypted data whose key did not leak = not reportable.

## 2026 CIVIL PENALTIES (eff. 2026-01-28)

### Tier 1 - no knowledge

\$145 - \$73,011 per violation

### Tier 2 - reasonable cause

\$1,461 - \$73,011 per violation

### Tier 3 - willful neglect, corrected <=30d

\$14,602 - \$73,011 per violation

### Tier 4 - willful neglect, uncorrected

\$73,011 - \$2,190,294 per violation

Annual cap \$2,190,294 per provision. Criminal track (42 U.S.C. 1320d-6): up to \$250,000 and 10 years. OCR's Risk Analysis Initiative: the first artifact requested is your risk analysis.

## WHICH ONE ARE YOU? (s.160.103)

### Business associate (most product teams)

You create, receive, maintain, or transmit PHI for a provider, plan, or clearinghouse - or for their vendor (subcontractor BA). BAA required; direct liability since 2013.

### Covered entity

You deliver or pay for care: the medical group of a DTC telehealth service, a clinic, a plan. All three rules in full.

### Neither - FTC territory

Consumers picked your app independently; no covered entity directs you. FTC Health Breach Notification Rule (16 CFR 318) applies instead.

## THE EIGHT STEPS

### Classify yourself

covered entity, business associate, or neither

### Map the PHI

every system, vendor, log, and backup it can reach

### Risk analysis, documented

s.164.308(a)(1)(ii)(A) - keep it current

### Close the BAA chain

signed BAA on every hop; no BAA = no PHI

### Implement safeguards

encryption in transit + at rest, MFA, RBAC, audit log, timeouts

### Privacy Rule surface

min-necessary access, 30-day export, authorizations beyond TPO

### Breach playbook

4-factor template + notice drafts; 60-day clock marked

### Train and document

policies, training, sanctions; keep records 6 years (s.164.316)

*Remember: encrypted is not compliant, available is not configured, and a 'HIPAA Certified' badge has no legal meaning. Engineering guidance, not legal advice.*

## THE 60-DAY BREACH CLOCK

### Discovery Mar 3 -> notices by May 2

28 days left in March + 30 in April + 2 in May = day 60. Individuals: within 60 days (s.164.404). 500+: HHS + media at once (s.164.406-408). BA -> CE: 60-day max, BAAs often say 5-10 days (s.164.410).

### Pre-write the runbook

Four-factor assessment template, notice templates, contact tree - before launch, not after discovery.