



Policy & Procedure

HIPAA / PRIVACY MINIMUM NECESSARY USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

FUNCTION
NUMBER
PRIOR ISSUE
EFFECTIVE DATE

PURPOSE

To ensure the Facility’s uses and disclosures of Protected Health Information (“PHI”) are limited to the minimum necessary to accomplish the intended purpose.

POLICY

It is the policy of the Facility to make a reasonable effort to use or disclose, or to request from another health care provider, the minimum amount of PHI required to achieve the particular use or disclosure unless an exception applies.

The Facility will identify people or classes of people in its work force who need access to PHI to carry out their duties, the category or categories of PHI to which access is needed, and any conditions appropriate to such access.

For any non-routine request for disclosure of PHI that does not meet an exception, the Facility will review the request for disclosure on an individual basis.

Minimum necessary requirements do not apply to disclosures to health care providers for treatment purposes.

PROCEDURE

1. The Facility will identify role based access to PHI per job description, including:
 - a. People or classes of people in its workforce who need access to PHI to carry out their duties, and
 - b. The category or categories of PHI to which access is needed, including any conditions that may be relevant to such access.

(See Sample “Role Based Access to PHI” table following this Policy.)

2. The Facility, for any type of disclosure or request for disclosure that is made on a routine and recurring basis, will limit the disclosed PHI, or the request for disclosure, to that which is reasonably necessary to achieve the purpose of the disclosure or request. (See “Examples of Routine Requests and Disclosures” following this Policy.)
3. The Facility, for disclosures or requests for that are *not* made on a routine and recurring basis (non-routine disclosures), will review the request to verify that PHI disclosed or requested is the minimum necessary.

All requests for non-routine disclosures or requests that do not meet an exception will be reviewed using standard criteria.

4. Exceptions to minimum necessary requirements: The Facility will release information without concern for the minimum necessary standard as follows:
 - a. Disclosures to or requests by a health care provider for treatment.



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- b. Uses or disclosures made to the individual who is the subject of the PHI.
 - c. Uses or disclosures made pursuant to an authorization signed by the individual.
 - d. Disclosures made to the Secretary of the U.S. Department of Health and Human Services (federal government).
 - e. Disclosures that are required by law (such as for Department of Health state surveys, federal surveys, public health reportable events, FDA as related to product quality, safety, effectiveness or recalls etc.).
 - f. Uses and disclosures that are required for compliance with the HIPAA Privacy Rule.
5. The Facility may use or disclose an individual's entire Medical Record only when such use or disclosure is specifically justified as the amount that is reasonably necessary to accomplish the intended purpose or one of the exceptions noted above applies.
6. Requests for entire Medical Records that are not covered by an exception will be reviewed using standard criteria.
7. Reasonable Reliance: The Facility may rely on a requested disclosure as minimum necessary for the stated purpose(s) when:
- a. Making disclosures to public officials, if the official represents that the information is the minimum necessary for the stated purpose(s).
 - b. The information is requested by another covered entity (health care provider, clearinghouse or health plan).
 - c. The information is requested by a professional who is a member of the Facility's workforce or is a Business Associate of the Facility for the purpose of providing professional services to the Facility, if the professional represents that the information requested is the minimum necessary for the stated purpose(s).
 - d. The information is requested for research purposes and the person requesting the information has provided documentation or representations to the Facility that meet the HIPAA Privacy Rule. Contact the Privacy Officer to assist in the determination of whether such requirements have been met. (See Policy "Uses and Disclosures of Protected Health Information for Research.")
8. The Facility, upon determination that the use, disclosure or request for PHI is the minimum necessary or one of the above exceptions apply (see Items 4 and 6), will release the PHI to the requestor.
9. Facility Requests for PHI from Another Covered Entity: When requesting PHI from another Covered Entity, the Facility must limit its request for PHI to the amount reasonably necessary to accomplish the purpose for which the request is made. For requests that are made on a routine and recurring basis, the Facility shall take reasonable steps to insure that



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the request is limited to the amount of PHI reasonably necessary to accomplish the purpose for which the request is made.

For requests that are not on a routine or recurring basis, the Facility shall evaluate the request according to the following criteria:

- a. Is the purpose for the request stated with specificity?
- b. Is the amount of PHI to be disclosed limited to the intended purpose?
- c. Have the requirements for supporting documentation, statements, or representations been satisfied? (See policy "Uses and Disclosures of Protected Health Information" for specific requirements.)
- d. Have all applicable requirements of the HIPAA Privacy Rule been satisfied with respect to the request?

SAMPLE ROLE BASED ACCESS TO PHI

LEVEL 1: None – No Access to Designated Record Set (i.e. Volunteer)

LEVEL 2: May access minimum necessary PHI (not Designated Record Set) to complete assigned tasks and/or to document actions (i.e. PHI discussed)

LEVEL 3: Full access to the Medical Record subset of the Designated Record Set

LEVEL 4: Full access to the Business Office File subset of the Designated Record Set

Position	Access Level				Explanation/Duties Performed Requiring Access
	1	2	3	4	
Activities Aide		x			Treatment
Activities Director		x	x		Treatment
Administrator		x	x	x	Operations/Payment
Admissions/Marketing		x	x	x	Operations/Payment
Area/Regional Clinical Staff		x	x	x	Treatment/Payment/Operations
Area/Regional Financial Staff		x		x	Operations/Payment
Area/Regional Management Staff		x	x	x	Treatment/Payment/Operations
Assistant Administrator		x	x	x	Operations/Payment
Assistant Director of Nursing		x	x	x	Treatment/Payment/Operations
Beauty/Barber	x				
Business Office Manager		x	x	x	Operations/Payment
Business Office Staff		x		x	Operations/Payment
Central Supply Clerk		x	x	x	Operations/Payment
Certified Nursing Assistant		x			Treatment
Dietary Manager/Dietitian		x	x		Treatment/Operations
Dietary Staff		x			Treatment
Director of Nursing		x	x	x	Treatment/Payment/Operations
FRC		x	x	x	Treatment/Payment/Operations
Housekeeping, Laundry, Maintenance Staff		x			Operations
Housekeeping, Laundry, Maintenance Supervisors		x			Operations
LPN		x	x		Treatment/Operations
MDS Coordinator		x	x	x	Treatment/Payment/Operations
Medical Records Supervisor		x	x	x	Operations/Payment
Nurse Manager		x	x	x	Treatment/Operations
Privacy Official		x	x	x	Treatment/Payment/Operations
PT, OT, SLP, RT		x	x	x	Treatment/Payment/Operations
Receptionist	x				
Restorative Nursing Assistant		x			Treatment/Operations
RN		x	x		Treatment/Operations
Social Services Staff		x	x	x	Treatment/Payment/Operations
Staff Development Nurse		x	x		Treatment
Therapy Rehab Aides		x	x		Treatment/Payment
Volunteers	x				

Facility must customize grid based on position responsibilities/job descriptions

EXAMPLES OF ROUTINE REQUESTS AND DISCLOSURES

Requester	Purpose	Disclosures
Ambulance Co.	Obtain demographic and insurance information for billing	Face sheet with patient demographics, diagnoses and insurance information
Collection Agency	Obtain payment on past due accounts	File of patient names, addresses, dates of service and amount owed.
Coroner	Investigate a suspicious death	Specific information requested
Disability Determination	Evaluate individual's medical condition in support of disability benefits	Specific information requested
Insurance Co	Substantiate care provided for payment	Specific information requested in claims attachment request
Life Insurance	Evaluate individual's medical condition for issuance of a life insurance policy	Discharge summaries for specified period of time
Public Official	Investigate accidents or crimes	Specific information requested
Healthcare oversight agency	Investigate a complaint	Protected health information related to complaint
General Public	Locate resident (if asked for by name)	Directory information only: resident name, room number
Pharmacy	Obtain demographic and insurance information for billing	Face sheet with patient demographics, diagnoses and insurance information
Physician or other practitioner	Obtain demographic and insurance information for billing	Face sheet with patient demographics, diagnoses and insurance information
State data commission	Support a statewide registry	File of specific data elements requested
Law enforcement	To locate a fugitive, missing person, material witness or suspect of a crime	Per response to criteria and review committee decisions: <i>may include:</i> <ul style="list-style-type: none"> • Name and address • Date and place of birth • Social security # • ABO blood type • Type of injury • Date and time of treatment • Date and time of death • Description of physical characteristics **DO NOT DISCLOSE ANY DNA analysis, dental records or typing, sample of analysis of body fluids**
Organ/tissue donations	Qualify donation use (academic, transplant, etc.)	Per response to criteria and review committee decision

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