

Title: HIPAA PRIVACY COMPLIANCE – MINIMUM NECESSARY REQUIREMENTS

Scope:

All MHS affiliated hospitals, clinics, support departments, information systems and MHS employees, contracted providers, and volunteers who access, use, disclose, modify, transmit, store, or otherwise handle patient, employee, or financial information in any form, paper or electronic.

Policy Statement:

To establish the MultiCare Health System (MHS) process for complying with the appropriate uses and disclosures of protected health information (PHI) defined in the Health Insurance Portability & Accountability Act of 1996 (HIPAA) and the Health Information Technology for Economic and Clinical Health Act of 2009 (HITECH).

Special Instructions:

1. MHS personnel shall not access the PHI of any patient, including themselves, a coworker, a relative or friend that they do not have a job related need to know. For non job related access to PHI, MHS personnel shall request access to PHI through the use of MyChart or the HIM department by completing an appropriate authorization for disclosure form.
2. MHS shall implement reasonable safeguards (physical, technical and administrative) to limit an employee’s access to only that PHI which is necessary for the employee to perform their job functions.
3. MHS personnel shall report knowledge of a violation or potential violation of this policy in accordance with the Protected Health Information Breach Notification Policy.

I. Minimum Necessary Requirements

- A. MHS personnel will take all necessary steps to reasonably ensure that only the minimum necessary amount of PHI is used, disclosed or requested for the specific purpose of the use, disclosure or request.
- B. This policy does not apply to the following:
 1. Disclosures to or requests by health care providers for treatment;
 2. Disclosures to the patient or patient representative of their own PHI;
 3. Uses and disclosures pursuant to patient authorization;
 4. Uses and disclosures required by law;

5. Uses and disclosures required for compliance with applicable laws and regulations, including to the Secretary of Department of Health and Human Services (DHHS) for investigations; and
 6. Disclosures of required or situational data elements specified in the Implementation Guides for the HIPAA Administrative Simplification Transactions and Code Sets Standards.
- C. The Minimum Necessity Standard is to be applied in the following situations:
1. Appropriate Access to PHI:
 - a. Access to PHI is role based and is limited to the information needed to perform the employee's job function.
 2. Routine Uses of PHI:
 - a. Chart Review: The entire medical record may be used to conduct concurrent and closed chart review.
 - b. Facility Coding: The entire inpatient record may be used to code the stay for payment purposes.
 - c. Professional Coding: The entire outpatient record may be used to code a visit or series of visits for payment purposes.
 3. Routine Disclosures of PHI:
 - a. MHS personnel will limit the disclosure of the information necessary to in the following situations:
 - 1.)Disclosures Required by Law
 - 2.)Disclosures to Health Plans
 - 3.)Disclosures to Workers' Compensation or Similar Programs
 - 4.)Disclosures to Collection Agencies
 - 5.)Disclosures for Research
 4. Non Routine Uses of PHI:
 - a. The minimum necessary PHI allowed for use is determined by the following criteria:
 - 1.)The purpose for which the PHI is needed;
 - 2.)The portions of the record needed for the use;
 - 3.)Whether less PHI would satisfy the use; and
 - 4.)Whether de-identified data would satisfy the use.
 5. Non Routine Disclosures of PHI:
 - a. The minimum necessary allowed to disclose is determined by the following criteria:
 - 1.)The requestor's purpose in seeking PHI;

- 2.) The specific sections of the medical record being requested;
- 3.) Whether less PHI would satisfy the purpose of the requestor;
- 4.) Whether de-identified data would satisfy the purpose of the requestor;
- 5.) The identity of the requestor and if they are an entity upon which MHS may rely on as requesting the minimum necessary information;
- 6.) As set forth below, unless MHS personnel have independent knowledge that the request would not meet the minimum necessary standard;
- 7.) The requestor is a public official that is permitted under the Privacy Rule access to PHI without patient authorization and represents that the PHI requested is the minimum necessary for the official's purpose;
- 8.) The requestor is another covered entity required to comply with HIPAA, such as a health plan, a health care clearinghouse, or a health care provider;
- 9.) The requestor is a business associate who provides professional services to MHS and who represents that the PHI requested is the minimum necessary; or
- 10.) The requestor is a researcher and provides documentation from the Institutional Review Board (IRB) that represents what information is necessary for the research purposes.

6. MHS Personnel Requests for PHI:

- a. MHS personnel will not request more PHI than is necessary for the purpose. If the request for PHI is for the purpose of treating a patient, MHS personnel may request the entire medical record.

7. Entire Medical Record Must Be Justified:

- a. If MHS personnel determine that it is necessary to use, disclose, or request an entire medical record for any purpose (except treatment); the individual must specifically justify the release of the entire medical record.

Related Policies:

MHS P & P "HIPAA Privacy Compliance – Administrative"

MHS P & P "HIPAA Privacy Compliance – Patient Rights"

MHS P & P "HIPAA Privacy Compliance – Use & Disclosure of PHI"

MHS P & P "HIPAA Privacy Compliance – Disclosures to Law Enforcement"

MHS P & P "HIPAA Privacy Compliance – ID Verification of Individuals Requesting PHI"

	MHS P & P " <i>Protected Health Information Breach Notification</i> "
	References: 45 CFR 164.502(b) 45 CFR 164.514(d)
	Point of Contact: HIPAA Privacy Office 459-8300
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