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 Blessing Hospital
 Blessing Physician Services
 Denman Services, Inc.
 Illini Community Hospital

Minimum Necessary Uses and Disclosures of and Requests for Protected Health Information

Policy Statement:

When protected health information (PHI) is being used or disclosed for a particular purpose, reasonable efforts will be made to assure that only the minimum amount of information needed to satisfy the request will be released. Professional judgment will determine the amount of information to be released or requested. The minimum necessary standard is not intended to impede the provision of quality health care.

Scope:

All entities included now or hereafter on the organizational chart of Blessing Corporate Services, Inc., which individually may be referred to as a "Blessing Entity" or collectively as "Blessing Entities". Such entities presently include Blessing Corporate Services, Inc. ("BCS"), Blessing Hospital ("BH"), The Blessing Foundation, Inc. (the "Foundation"), BlessingCare Corporation d/b/a Illini Community Hospital ("Illini"), Denman Services, Inc. ("Denman"), Blessing Affiliates ("BA"), and Blessing Physician Services ("BPS"). For purposes of this document, the term "Blessing Entities" means all of these organizations. BCS is the parent entity of the other Blessing Entities. These policies are intended to apply to all Blessing Entities unless otherwise stated. "Blessing" or the "Blessing Health System" may be used to refer to these organizations collectively.

Definitions:

Minimum Necessary: The limits of information disclosed to achieve the specific goal.

A. When Minimum Necessary Standard applies:

1. Workforce members must make reasonable efforts to limit the scope of the PHI it uses, discloses, or requests to the minimum necessary to accomplish the intended purpose of the use, disclosure, or request.
2. The minimum necessary standard applies in three circumstances:
 - a. When using protected health information internally
 - b. When disclosing PHI to an external party in response to a request, except for treatment related disclosures; and

- c. When requesting PHI from another covered entity.
- B. When the Minimum Necessary Standard does not apply:
1. Disclosures to, or requests by, a health care provider for treatment purposes;
 2. Disclosures of requested specific information to the individual who is the subject of the information;
 3. Uses or disclosures made pursuant to an authorization requested by the individual patient;
 4. Uses or disclosures required for compliance with the HIPAA regulations.
 5. Disclosures to the Department of Health and Humans Services (HHS) when disclosure of information is required under the rule for enforcement purposes; or
 6. Uses or disclosures that are required by law:
 - a. Blessing entities allow all members of its workforce to have access to all Protected Health Information (PHI), as necessary for them to carry out their job functions. The organization limits access to PHI to that information necessary for a member of its workforce to carry out his/her job function. The amount and type of PHI necessary to carry out job functions varies depending on the specific task assigned to the member of the workforce each day depending on the needs of the organization.
 - b. Disclosures of PHI are limited to that necessary to meet the purpose of the disclosure. The organization reviews routine requests to ensure that they are reasonable and do not seek PHI beyond that reasonably required by the requester to complete the purpose of the request (see Exhibit A attached for guidance).
 - c. When Blessing entities need to request PHI from other entities, such as health care providers, the organization limits its request to that information that is "reasonably necessary" to accomplish the purpose of the request.
 - d. The organization limits the use, disclosure, or request for a medical record or financial information to what is specifically needed based on professional judgment.

Procedure:

1. Use of or Access to PHI by workforce members and authorized Organized Health Care arrangement participants (identified in privacy notice).
 - A. The BHS has identified the persons or groups who require access to PHI to carry out their job duties and assigned role-based access to these individuals appropriate to their job functions. Refer to policy on workforce clearance. These persons may include, but are not limited to, the following:
 1. Physicians who are employed by the covered entity, under contract and designated as members of the covered entities workforce or covered participants in the covered entity have organized health care arrangement. This category would include the residents, nurse practitioners, and physician assistants.
 2. Nursing staff which would include students and contract workers including those in all patient care areas and administration.
 3. Allied department staff including students and contract workers, including radiology, lab, cardiology, respiratory etc.
 4. Support departments including students and contract workers. These areas would include such areas as HIM, business office, billing, social services, utilization management, quality

management, compliance, risk management, security, housekeeping, DME customer service, etc.

5. Volunteers

6. Business Associates acting within the limit of the BAA agreement.

The directors are responsible for identifying what each position in their area requires access and what access is necessary.

2. Routine Disclosures of PHI

A. For routine or recurring requests and disclosures, the BHS entity HIM functions have implemented reasonable policies and procedures. Examples of routine requests include:

1. Requests for PHI for registry purposes, such as Tumor/Cancer or Trauma Registries
2. Requests for PHI for payment purposes (which may be standard protocols) to limit the information disclosed or requested

3. Non-Routine Disclosures and Requests

A. All non-routine disclosures, those that do not occur on a day to day basis as part of treatment, payment or health care operation activities or which are required by law on a regular basis, must be made through the HIM function. The HIM function must utilize criteria or protocols designed to limit the amount of PHI requested, determine the minimum amount of information necessary to achieve the purpose of the request, and limit the request to this minimum necessary amount.

4. Reasonable Reliance

A. In certain circumstances, the privacy rule permits a covered entity and a business associate to rely on the judgment of the party requesting the disclosure as to the minimum amount of information that is needed. Such reliance must be reasonable under the particular circumstances of the request. This reliance is permitted when the request is made by:

1. A public official or agency who states that the information requested is the minimum necessary such as for public health purposes;
2. Another covered entity;
3. A professional who is a workforce member or business associate of the covered entity holding the information and who states that the information requested is the minimum necessary for the stated purpose; or
4. A researcher with appropriate documentation from an Institutional Review Board (IRB) or Privacy Board.

The privacy rule does not require such reliance; however, the covered entity always retains discretion to make its own minimum necessary determination for disclosures to which the standard applies.

5. External Requests for Other Than Treatment Purposes or Exceptions

A. Requests shall only include the minimum amount of PHI that is reasonably required to accomplish the specific purpose for which the PHI is requested (i.e. payment, healthcare operations and research).

B. The HIM office in hospitals and only designated staff in other locations inclusive of physician offices, DMEs, pharmacies, etc. will respond to requests for PHI from the patient's record.

C. The Billing office will respond to requests for PHI from the patient's billing records.

6. Business Associates

- A. When a business associate of a Blessing Entity uses, discloses, or requests PHI from a Blessing Entity or from another business associate, the business associate will limit such use, disclosure, or request to the minimum necessary to accomplish the intended purpose of the use, disclosure, or request. The business associate is required to identify which of their workforce members need access to what kind of PHI to carry out their job functions. The same would apply to a subcontractor of the BAA and is the responsibility of the BA to ensure occurs.

7. Violations

- A. Minimum necessary violations must be reported to the Privacy Officer for investigation or in the case of a BAA or subcontractor; the BAA will investigate and notify the Privacy Officer.
- B. If appropriate, the violation will be reported according to the breach notification rules.
- C. Business associates will be directly liable for minimum necessary standard violations

Reference(s):

Health Insurance Portability and Accountability Act, Standards for Privacy of Individually Identifiable Health Information, 45, CFR Parts 160 and 164

All revision dates:

05/2016, 06/2015, 06/2014, 08/2013, 04/2010, 01/2003

Attachments:

[A: Guidelines for Disclosures of PHI](#)

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