



Policy & Procedure

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Owner: SHS Compliance	Authorized by: Corporate Operations
Minimum Necessary Standard	

APPLICATION

All SHS employees, contractors or affiliates having access to any SHS medical or financial records containing protected health information via any media – electronic, paper, or oral.

POLICY

It is the policy of SHS and SHS facilities to take reasonable steps to limit use, disclosure of, or requests for protected health information (PHI) to the minimum necessary to accomplish the intended purpose of the use, disclosure, or request as is required under the Privacy Rule.

PROCEDURE

1. DEFINITIONS:

- **Business Associate** – an entity that conducts business involving PHI on behalf of the Covered Entity.
- **Covered Entity** – a health care provider/organization, a health plan, or a health clearing house.
- **Minimum Necessary Standard** is based on sound presently accepted practice that protected health information should not be used or disclosed when it is not necessary to satisfy a particular purpose or carry out a function. The minimum necessary standard does not apply to:
 - Disclosures to or requested by a health care provider for treatment purposes.
 - Disclosures to the individual who is the subject of the information or use and disclosures made pursuant to that individual's authorization.
 - Uses or disclosures that are required by other law.
- **Individually identifiable health information** is information, including demographic data, that relates to:
 - the individual's past, present or future physical or mental health or condition;
 - the provision of health care to the individual, or the past, present, or future payment for the provision of health care to the individual;
 - identifies the individual or for which there is a reasonable basis to believe it can be used to identify the individual;
 - common identifiers (e.g., name, address, birth date, Social Security Number, diagnosis, etc.).
- **Protected health information (PHI)** includes all individually identifiable health information held or transmitted in any form or media, whether electronic (also known as ePHI – electronic protected health information), paper, or oral.

2. IMPLEMENTATION:

- **Regular and recurring disclosures**
 - SHS has identified disclosures of PHI which are made on a regular and recurring basis which may be necessary for treatment, payment or health care operations.



- Appropriate access permissions and process are in place to ensure only the minimum PHI necessary to accomplish the purpose for which the disclosures are being made is disclosed.
- **Non-regular or non-routine disclosures**
 - Guidelines are in place to ensure that any disclosure of PHI which is not regular or routine will include only the minimum necessary PHI.
 - The judgment of the requesting party, in certain circumstances, may be taken into account when determining minimum necessary PHI to disclose, such as:
 - Public health or health oversight activities, when approved by a public official or agency,
 - Another covered entity
 - An employee or Business Associate
 - A researcher with Institutional Review Board or Privacy Board documented approval.
 - The SHS Privacy Officer or designee will be consulted in circumstances when there is a question concerning the minimum necessary PHI to be disclosed.
- **Random monitoring**
 - The SHS Privacy Officer or designee will randomly monitor and review all types and methods of disclosures of PHI to ensure the effectiveness of this policy as well as ascertain compliance with appropriate minimum necessary standards of disclosure.
- **Identification and assignment of appropriate access**
 - SHS has identified job classifications or departments needing access to PHI for business and patient-care related duties including categories and types of PHI needed and the conditions appropriate to that access. Table I illustrates the base by which access by specific job classification or department are determined. Job specific access will be determined by the manager of the position being granted access.
 - All access to ePHI is granted through the SHS Information Systems Department upon request by:
 - An employee's department or clinic manager.
 - A contractor or Business Associate pursuant to contract language and/or Business Associate Agreement
 - A non-employed practitioner's clinic manager or Medical Staff Office through which they have SHS clinical privileges.
- **Limitations to access:**
 - All individuals having access to SHS PHI in any media are not permitted to access their own PHI unless through their facility's Health Information Management Department.
 - All access is limited to PHI for which the individual is responsible, as part of their job or contracted duties, for provision of patient care, processing payment for patient care, or execution of operational processes.
 - Individuals are not permitted to access PHI for which they have no job or contractual responsibility.



- Individuals seeking to access PHI for quality or educational purposes must seek approval through their supervisor or the facility’s Quality Manager/Director, VP Patient Care, or Executive Administrator.
- Individuals with restricted access to PHI must request authorization to access additional PHI as needed to accomplish their job duties or responsibilities through their supervisor or manager.
- **Notes:**
 - At its discretion, SHS may not use or disclose an entire medical record unless it is deemed the entire medical record is the minimum necessary to accomplish the task for which the record is being disclosed.
 - As permitted by the Privacy Rule and pursuant to minimum necessary standards, the complete medical record, including portions created by another health care provider, may be disclosed.
- **Sanctions:**
 - Anyone who violates this policy is subject to corrective action including possible termination as well as restrictions to, or loss of, continued access of PHI.

REFERENCES

- 45 CFR 164.502(b), 164.514(d)
- SHS Confidentiality, Privacy and HIPAA – Investigation and Corrective Action

REVIEW/REVISION HISTORY

Dates Reviewed	10/02; 3/07; 7/08; 4/11
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Rev #	Date	Changed By	Revision Description
1	07/08	Corporate Compliance	
2	05/11	Privacy Officer	Revision per recommendations of HIPAA Privacy & Security Workgroup

TABLE 1. – This list of job classifications or departments having access to PHI, and the categories or type of PHI needed to carry out job duties and responsibilities, is not all inclusive and is subject to periodic revision.

Job Class or Department	PHI Allowed to Access	Restricted or unrestricted	Reason for access
Administration, e.g., Accounting Compliance Executive Foundation Health Research Human Resources Information Services Legal Marketing/Public Relations Materials Management Quality Management Strategy and Planning	Aggregate or select medical record data as needed	Restricted	Health care operations
Admitting and clinic registration staff	Admission/registration information	Restricted	Health care operations; payment processing
Case Management	Entire Medical Record, as needed	Unrestricted	Treatment of patients; payment processing
Discharge Planning	Entire Medical Record, as needed	Unrestricted	Treatment of patients; coordination of health care
Housekeeping, Groundskeeping, Plant Engineering Services	None	Not applicable	Not applicable
Health Information Management	Entire Medical Record, as needed	Unrestricted	Health Care Operations; Payment processing
Health Plans	Entire Medical Record, as needed	Unrestricted	Health Care Operations; Payment processing
Medical Education	Aggregate or select medical record data as needed	Restricted	Health Care Operations; Education
Nutrition/Dietary Staff	Dietary orders	Restricted	Treatment of patients
Patient Care and Support Services, e.g., Chaplains Clinical Engineering Clinical Laboratory Clinic Managers Medical Staff e.g., Physicians, Nurse Practitioners, Physician Assistants, Residents Nursing Nutrition/Dietary Clinicians, e.g., Dieticians Pharmacy Social Services Other Clinicians, e.g., Physical and Respiratory Therapists, Imaging Technicians, Certified Medical Assistants	Entire medical record, as needed	Unrestricted	Treatment of patients
Patient Financial Services	Admission/Registration information, patient financial services information, select medical record data, as needed	Restricted	Payment processing
Risk Management	Entire medical record, as needed	Unrestricted	Health care operations

NOTE: Volunteers' and Interns' access to protected health information shall be determined by the manager of the department to which they are assigned. Department managers are responsible for appropriate training for that access.