



University of Connecticut Health Center

POLICY NUMBER 2003-21

June 15, 2005

**POLICY: MINIMUM NECESSARY DATA
(Privacy & Security of Protected Health Information (PHI))**

PURPOSE:

To provide guidance to UCHC staff, directing them how to limit the release of protected health information to the minimum necessary to accomplish the intended purpose of any use, disclosure, or request for PHI.

SCOPE:

Applies to all University of Connecticut Health Center (UCHC) workforce:

- Employees (including faculty and staff)
- Volunteers
- Students and residents
- Temporary staff
- Agency and contracted staff
- Credentialed staff
- Members of the Board of Directors

POLICY STATEMENT:

UCHC will make reasonable efforts to limit protected health information (PHI) when using or disclosing PHI, or when requesting PHI from another covered entity to the minimum necessary to accomplish the purpose of the use or disclosure or request.

Minimum necessary provisions do not apply to the following:

- Disclosures to or requests by a health care provider for treatment
- Disclosures to the individual who is subject of the information
- Uses and disclosures for which an authorization is required
- Uses and disclosures required for compliance with the standardized HIPAA transactions
- Disclosures to the U.S. Department of Health and Human Services (DHHS) regarding complaints related to privacy and security
- Uses or disclosures as required by other laws

It is important to remember that use of PHI to provide treatment and disclosure of PHI to coordinate follow up care or placement for a patient are exempted from this minimum necessary requirement, therefore:

- Any direct care provider involved in a specific patient's treatment/care is allowed full access to the patient's medical record information. These individuals will also have access to the PHI during rounds and for education/teaching.
- PHI may be accessed, used or disclosed by designated individuals in any patient care area when transfer to another health care provider/facility or discharge to follow up care is coordinated.

1. Minimum Necessary Use of PHI by UCHC Staff

- A. UCHC has identified persons or classes of persons in the workforce:
 - 1. who need access to PHI to carry out their duties
 - 2. by category or categories of PHI to which access is needed and
 - 3. any conditions appropriate to such access
- B. UCHC makes reasonable efforts to limit the workforce's access to that which is needed to carry out their duties.
- C. Computerized medical records information is password protected (sharing of passwords is prohibited) and employees utilizing computers to access PHI must follow all the directives in the following security policies: Information Security, Computer Use, Personal Computing Device and Data Classification.

2. Acting Upon Request for Disclosure:

- A. In the following situations, UCHC may rely on a person's requested disclosure as the minimum necessary for the stated purpose in order to disclose the patient's PHI.
 - 1. To public officials as required by other laws (if the official represents that the request is for minimum necessary information).
 - 2. To provide information to another health care provider.
 - 3. To a professional staff member of UCHC or a business associate of UCHC in order to provide professional services to UCHC (if this person represents that the request is for the minimum necessary information).
 - 4. To a person requesting information for research purposes if representations are made by the researcher that comply with IRB requirements under UCHC policy.
- B. For disclosures of PHI that UCHC provides on a routine and recurring basis, the departments involved have standard protocols which are followed that limit the PHI disclosed to the minimum necessary.

3. Making Requests

- A. UCHC staff must limit any request for PHI to that which is reasonably necessary to accomplish the purposes of the request when asking another health care provider for PHI.
- B. For requests for PHI that UCHC makes on a routine and recurring basis, the departments involved have standard protocols which are followed that limit the PHI requested to the minimum necessary.

- 4. UCHC staff may not use, disclose or request a patient's entire medical record except when the entire record is specifically justified or the amount needed to accomplish the purpose of the use, disclosure or request.

5. In some circumstances minimum necessary information cannot be determined by UCHC, but by some other entity such as in the case of federally mandated transactions, when a patient authorizes use or disclosure of more than the minimum necessary, or in the case of judicial warrant, court orders or subpoenas.
6. Whenever possible, UCHC will determine some method of limiting the information that is used or disclosed. This may involve the use of de-identified data, use of a limited data set, or only granting access to certain parts of the PHI for online viewing, or copying only pertinent parts of the record for disclosure.
7. Each department will monitor and audit disclosures of PHI periodically to ensure that the minimum necessary data is released appropriately.

Reference: § 164.514 Health Insurance Portability and Accountability Act of 1996
UCHC Information Security policy

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Replaces: Policy dated 4/14/03