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USF Health Care

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Internal Guideline and Procedure Name:	Minimum Necessary Uses & Disclosures of Protected Health Information		
Responsible Office:	Privacy and Healthcare Civil Rights Compliance Program (PHCR)		
Submitted By:	Barbara Wolodzko	Title:	Privacy Officer

Review/Approvals:	Committee Name and/or CEO Name:	Date Approved:
Oversight Committee <i>(if applicable):</i>		
Sr. Assoc. Vice President, USF Health Chief Operating Officer, USF Health CEO, UMSA	Renee Dubault	
USFHC Finance, EMC or CLB <i>(if applicable):</i>		

OBJECTIVES AND PURPOSES

The purpose is to provide guidance in complying with the minimum necessary standard for the use and disclosure of protected health information (PHI), as required by 45 CFR 164.502(b). A covered entity must make reasonable effort to limit the scope of PHI it uses, discloses or requests to the minimum necessary to accomplish the intended purpose of the use, disclosure, or request. See definitions below.

STATEMENT OF INTERNAL GUIDELINES

USF workforce members shall employ professional judgment and comply with related USF Health standards and the HIPAA rules to access, use, disclose, and/or request only the PHI that is the minimum necessary to accomplish the designated tasks. USF Health will make reasonable efforts to limit the access of persons or classes of persons to the category or categories of protected health information to which access is needed and any conditions appropriate to such access.

AREAS OF RESPONSIBILITY FOR IMPLEMENTATION

1. Uses of PHI and Role-Based Access to the Electronic Health Record:

Information system security access assignments are based on role (job descriptions/assigned duties) and based upon each person or class of person, the category or categories of PHI to which access is needed and any conditions appropriate to such access. Temporary access may be assigned, if needed, for an employee/temporary employee for a "special project". Once the special assignment has ended, it is the manager's responsibility to immediately cancel system access. Once employment terminates, it is the manager's responsibility to immediately cancel system access.

2. Disclosure and Requests for Disclosure of PHI:

For any type of disclosure made on a routine and recurring basis, only the minimum necessary PHI will be disclosed as reasonably necessary to achieve the purpose of the disclosure in accordance with USF Health HIPAA Privacy Standards. For all other disclosures, the applicable USF Health Privacy Standards must be followed in order to limit the PHI disclosed to that reasonably necessary to achieve the purpose of the

disclosure. The request can be reviewed by verifying the requestor's identity and authority to receive PHI, and a review of the minimum necessary criteria. Any questionable requests for access to either the electronic health record or other records containing patient PHI should be referred to the Privacy Officer for review and approval, modification or disapproval. Requests for release of individually identifiable information for research purposes are referred to the appropriate USF research office for verification of compliance with HIPAA applicable to research.

3. Disclosure of an Individual's Entire Medical Record:

USF Health will not disclose an individual's entire medical record unless such disclosure is specially justified as the amount that is minimally necessary to accomplish the intended purpose of use, disclosure or request as identified in one of the exceptions noted above. Disclosure of the entire medical record, absent authorization, documented justification, or identification of an applicable exception will be a presumptive violation of USF Health policies and procedures.

4. Reliance Upon Request of Disclosure:

USF Health may rely on a request for disclosure as the minimum necessary for the stated purpose when:

- Making permitted disclosures to public officials; if the public official represents that the information is the minimum necessary for the stated purpose(s);
- The information is requested by another covered entity;
- The information is requested by a professional who is a member of USF Health workforce or is a business associate of USF Health for the purpose of providing professional services to USF Health, if the professional represents that the information requested is the minimum necessary for the stated purpose(s); or
- The information is requested for research purposes and the person requesting the information has provided documentation or representations to USF Health verifying the justification for the information.

DEFINITIONS

Disclosure is the release, transfer, provision of access to, or divulging in any other manner of PHI outside the USF HIPAA Covered Component.

Use is the review, examination, utilization, sharing, employing, applying, or analyzing of individually identifiable health information or PHI within the USF HIPAA Covered Component.

Treatment means the provision, coordination, or management of health care and related services by one or more health care providers, including the coordination or management of health care by a health care provider with a third party; consultation between health care providers relating to a patient; or the referral of a patient for health care from one health care provider to another.

When the minimum necessary standard applies:

- When using PHI internally, except for purposes of treatment;
- When requesting or disclosing PHI from or to an outside party in response to a request (except for treatment related disclosures); and
- When requesting or disclosing PHI from or to a business associate or another covered entity, such as USF affiliated hospitals.

When the minimum necessary standard does not apply:

- Disclosures to or requests by a health care practice or provider for purposes of treatment;
- Disclosures to a health plan or covered health care provider for care coordination and case management for individuals;
- Uses or disclosures made to the individual of their own PHI (other laws apply to the release of medical records and requests for such are to be routed to Medical Records for appropriate handling);
- Uses or disclosures made pursuant to a valid authorization;
- Disclosures to the Secretary of the Department of Health and Human Services for purposes of compliance and enforcement of HIPAA;
- Uses or disclosures that are required by law; and
- Uses or disclosures required for compliance under HIPAA, including compliance with the implementation specifications for conducting standard data transactions.

RESPONSIBLE OFFICE: The preceding was developed by the Privacy Officer, USF Privacy and Healthcare Civil Rights Compliance Program (PHCR). Any questions or concerns should be directed to the PHCR via privacy@usf.edu or (813) 974-2222.

Prior approval: Revised for name change and contact updates 02/27/24, COO 07/12/16, AVP 07/06/16, USF Health PSAC 12/15/15.