

UC Riverside, School of Medicine Policies and Procedures**Policy Title:** Application of the Minimum Necessary Standard to Uses, Disclosures and Requests for Protected Health Information**Policy Number:** 950-02-013

Responsible Officer:	Compliance Officer
Responsible Office:	Compliance Office
Origination Date:	06/2013
Date of Revision:	12/2019
Scope:	All workforce members (employees and non-employees), including employed faculty, management, and others who have direct or indirect access to patient protected health information (PHI) created, held or maintained by any UCR School of Medicine entity or Faculty Practice Location.

I. Policy Summary

UCR Health will take reasonable steps to limit the use of, access to, or disclosure of Protected Health Information (PHI) to the minimum necessary standard in order to accomplish the intended work task or satisfy a request for information.

UCR Health will identify the persons or classes of persons in its workforce who need access to PHI in order to carry out their duties, and will make reasonable efforts to limit the access of such persons or classes of persons to a category or categories of PHI to which access is needed and will establish any appropriate practices for granting such access.

UCR Health's covered components will use, disclose, or request the PHI that is reasonably necessary to accomplish the purpose of the use, disclosure, or request, except with respect to the following uses and disclosures:

- A. Disclosures to or requests by a health care provider for treatment.
- B. Uses or disclosures made to the individual or the individual's authorized personal representative.
- C. Uses or disclosures made pursuant to an authorization signed by the individual or the individual's personal representative.
- D. Disclosures made to the Secretary of Health and Human Services to determine compliance with the Privacy Rule.
- E. Uses or disclosures that are required by law.
- F. Uses or disclosures that are required for compliance with Health Insurance Portability and Accountability Act (HIPAA) regulations.

II. Definitions

Refer to Standard Definitions Guide.

III. Policy Text

This policy describes the appropriate application of the minimum necessary standard described in, and required by HIPAA and other applicable federal, state, and/or local laws

and regulations for access, use and disclosure of PHI by members of UCR Health workforce.

- A. UCR Health will take reasonable steps to limit the use of, access to, or disclosure of, PHI to the minimum necessary standard in order to accomplish the intended work task or satisfy a request for information.
- B. The minimum necessary standard does not apply to the following:
 - 1. Disclosures to, or requests by, a health care provider for treatment purposes.
 - 2. Disclosures to the individual who is the subject of the information.
 - 3. Uses or disclosures made pursuant to an individual's written authorization.
 - 4. Uses or disclosures required for compliance with the HIPAA Administrative Simplification Rules.
 - 5. Disclosures to the Department of Health and Human Services (HHS) when disclosure of information is required under the Privacy Rule for enforcement purposes.
 - 6. Uses or disclosures that are required by other law.
- C. Uses or disclosures of PHI that are required by law will be limited to the amount of information that is required to be disclosed under the specific regulation, for example for disclosures for worker's compensation purposes, pursuant to a subpoena, or other disclosures required under California State law.
- D. The health care provider team, including physicians, nurses, house staff and other workforce members involved in the treatment may use the individual's full medical record without limitation only in the performance of their official duties for privileged purposes.
- E. Job Title/Category Permitted Access
 - 1. Physicians: Entire patient record for treatment and operations, as needed (e.g., patient care, quality, peer review, billing, and related activities).
 - 2. Nursing Staff: Entire medical record for treatment and operations, as needed (e.g., patient care, quality, peer review, and related activities).
 - 3. Allied Health Professionals: Entire medical record for treatment and operations as needed (e.g., patient care, quality, peer review, and related activities).
 - 4. Billing Analysts: Entire medical record for operations, as needed.
 - 5. Clinical Affairs Analysts: Entire medical record for operations, as needed.
 - 6. Risk Management, Compliance and Legal Staff: Entire medical record and, when at issue, the billing records and other records containing PHI for health care operations, as needed (e.g., investigating incidents, patient complaints, defending the Facility or workforce members in litigation). All portions of the medical record, up to the entire record, as required under the specific circumstances for operational purposes.
- F. The minimum necessary standard applies to the use of PHI for payment and health care operations by all workforce members, including the clinical teaching of healthcare

professionals.

- G. An entire medical record will not be disclosed, except when the entire medical record is specifically justified as the amount that is reasonably necessary to accomplish the purpose of the use, disclosure or request. For purposes of achieving and sustaining its academic mission, the use of the individual's full medical record is only permitted when such access is necessary to the teaching program and after individuals engaged in those teaching activities have completed the required privacy training program.
- H. When a workforce member requires access to use or disclose PHI beyond their routine job responsibilities, a supervisor or similarly responsible individual must approve the non-routine access, use or disclosure.

IV. Responsibilities (Not Applicable)

V. Procedures

A. Determining Minimum Necessary Standard

1. Reasonable Reliance

UCR Health will rely on the judgement of the party requesting PHI disclosure as requesting only that PHI that is minimally necessary to meet the purpose of the request. This reliance will be permitted when the request is made by:

- a. A public official and the public official represents that the information requested is the minimum necessary for the stated purpose(s);
- b. Another covered entity (health care provider, health care clearinghouse, or health plan);
- c. An employee or a business associate of UCR Health, and the individual represents that the information requested is the minimum necessary standard for the stated purpose(s); or
- d. The information is for research purposes and is requested in accordance with, and in the required legal format specified by, law, and it has been approved by an IRB.

2. Routine or Recurring

Routine or recurring requests need be reviewed to determine whether the minimum necessary standard applies the first time they are received and after each time they are modified. The following process will be followed in reviewing the requests:

- a. If the request is made by another health care provider in order to obtain PHI necessary to treat a patient, the minimum necessary standard does not apply, the PHI that is requested will be released promptly.
- b. If the request is not made for purposes of providing treatment to a patient and the minimum necessary standard does not apply under this Policy, the department will release the PHI in accordance with UCR Health policies.
- c. If the request is not made for purposes of providing treatment to the patient and the minimum necessary standard does apply, then UCR will, in accordance with this Policy:

- Assure that the request states the purpose and release only the minimum amount of information necessary to meet the purpose of the request; or
- If the request does not state the purpose, call the requester to obtain a statement of purpose for the request, document the call, and take the appropriate action.
- The Chief Compliance and Privacy Officer should be consulted if there are any questions regarding a request for PHI where the UCR Health personnel intend to rely on the judgment of a party who is requesting disclosure in determining the minimum amount of information that is needed, under the UCR Minimum Necessary Standard Policy.

3. Non-Routine Disclosures

Non-routine disclosures of PHI require review on a case-by-case basis in accordance with the standards and criteria described above and limited accordingly. Questions regarding the minimum necessary standard requirements should be directed to the Compliance and Privacy Officer.

VI. Forms/Attachments (Not Applicable)

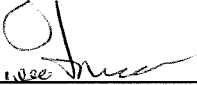
VIII. Related Information (Not Applicable)

IX. Revision History

6/2016


12/2019

Approval(s):



PAUL HACKMAN, J.D., L.L.M.
CHIEF COMPLIANCE AND PRIVACY OFFICER,
SCHOOL OF MEDICINE

2-10-2020
DATE



DEBORAH DEAS, M.D., M.P.H.
VICE CHANCELLOR, HEALTH SCIENCES
DEAN, SCHOOL OF MEDICINE

2-10-2020
DATE