TITLE: **MINIMUM NECESSARY**

POLICY:

When using or disclosing Protected Health Information (PHI), or when requesting PHI, Columbia University Medical Center will make reasonable efforts to limit the PHI used, disclosed, or requested, to the minimum necessary.

PURPOSE :

To provide guidance with the identification of the persons or class offers or within the organization that need access to PHI to perform their job. Only the information needed to deliver the healthcare service required shall be used for that business service

PROCEDURES:

1. **When the Minimum Necessary Standard Does Not Apply** The use and disclose of patient PHI minimum necessary standard does not apply in the following circumstances:
    a. the PHI is for use by or a disclosure to a healthcare provider for treatment purposes;

    b. the disclosure is to the patient or the patient's legally authorized representative,

    c. the disclosure is pursuant to a valid authorization, in which case, the disclosure will be limited to the PHI specified on the authorization;

    d. the disclosure is to the Secretary of Health and Human Services; or

    e. the disclosure is required by law. (See HIPAA/Disclosures of Protected Health Information Required by Law Policy.)

2. **Accessibility by Workforce Members to PHI**

. Each Department is responsible for identifying those individuals in the Department who need access to PHI in order to carry out their duties and the PHI or types of PHI to which access is needed.

    a. Each Department is responsible for identifying any conditions that would have an impact on a workforce members ability to access and/or disclose the PHI is authorized to access.

    b. Each Department is responsible for making reasonable efforts to limit the access to PHI to that necessary to carry out the job duties, functions, and/or responsibilities.

    c. Questions about PHI and its access by workforce members of Columbia University Medical Center should be directed to the HIPAA Privacy Officer.

3. **Requests for PHI**

. Each Department is responsible for reviewing *requests for PHI from internal and/or external sources* to determine whether the request is one to which the Minimum Necessary Standard applies.

1. If the request is made by another health care provider in order to obtain PHI necessary to treat the patient, the Minimum Necessary Standard <u>does not</u> apply, and the PHI that is requested will be released as quickly as possible.

2. If the request is not made for purposes of providing treatment to the patient, but it is also a type of request to which the Minimum Necessary Standard does not apply, the Department will release the PHI in accordance with the policies of Columbia University Medical Center.

3. If the request is not made for purposes of providing treatment to the patient, and it is a type of request to which the Minimum Necessary Standard applies, the Department will:
    a. Evaluate to determine that the request includes a statement of purpose and release only the minimum amount of information necessary to meet the purpose of the request; or

    b. if the request does not include a statement of purpose, contact the requester to obtain the purpose for the request, document the contact, and take the appropriate action.

a. If the request for PHI is one that occurs on a routine or recurring basis, the Department is responsible for reviewing the request to determine if the Minimum Necessary Standard applies. Routine or recurring requests should be reviewed to determine whether the Minimum Necessary Standard applies only the first time received and after each time the request is modified.

b. Columbia University Medical Center will request only the minimum amount of PHI necessary to accomplish the purpose for which the request is made.

1. Any questions about how to limit a request for PHI to request for only the minimum amount necessary should be directed to the HIPAA Privacy Officer.

2. The HIPAA Privacy Officer is responsible for conducting audits on an "as needed" basis to confirm Columbia University Medical Center is in compliance with the Minimum Necessary Policy.

c. Columbia University Medical Center will rely on requests for PHI as requesting only that PHI that is minimally necessary to meet the purpose of the request if:

1. the request is from a public official and the public official represents that the information requested is the minimum necessary for the

stated purpose(s); or

2. the information is requested by another covered entity (health care provider, health care clearinghouse, or health plan); or

3. the information is requested by an employee or a business associate of Columbia University Medical Center and the individual represents that the information requested is the minimum necessary for the stated purpose(s); or

4. the information is for research purposes and is requested in accordance with and in the required legal format specified by law and has been approved by the IRB.

4. **Responses to Requests for PHI**
If a request for PHI is reviewed to determine whether the Minimum Necessary Standard applies to it, but it is then forwarded to someone else at Columbia University Medical Center for processing, the individual forwarding the request is responsible for advising the individual who will respond to the request whether the Minimum Necessary Standard applies.

   a. The person who responds to a request for PHI to which the Minimum Necessary Standard applies is responsible to determine that the PHI disclosed is limited to the minimum amount of information necessary to meet the stated purpose of the request.

5. **Definitions**

Protected Health Information is information about a patient, including demographic information that may identify a patient, that relates to the patient's past, present or future physical or mental health or condition, related health care services or payment for health care services.

Covered Entity means a health plan, a healthcare clearinghouse, and a health care provider who transmits any PHI in electronic form in connection with one of the HIPAA standard transactions.

RESPONSIBILITY: Departments, HIPAA Privacy Officer

ISSUED:	**December 2003**
REVIEWED:	**October 2007**
REVISED:	**December 2009**