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 Document Area HIPAA
 Applicability Blessing Health System
 Categories HIPAA

Minimum Necessary Uses and Disclosures of and Requests for Protected Health Information

Policy Statement:

When protected health information (PHI) is used or disclosed for a particular purpose, reasonable efforts will be made to assure only the minimum amount of information, needed to satisfy the request, will be released. Professional judgment will determine the amount of information to be released or requested. The minimum necessary standard is not intended to impede the provision of quality health care.

Scope:

X	Blessing Corporate Services ("BCS")	X	Current Health Solutions ("CHS")
X	Blessing Foundation	X	Denman Services ("Denman")
X	Blessing Hospital ("BH")	X	Hannibal Clinic ("HC")
X	Blessing Physician Services ("BPS")	X	Illini Community Hospital ("Illini")
X	Crossriver Quality Health Partners ("CQHP")	X	Rivercross Diagnostics

Definitions:

See [HIPAA Glossary of Terms](#)

Procedure:

Use of or access to PHI by workforce members and authorized Organized

Health Care arrangement participants (identified in privacy notice).

1. The BHS has identified the persons or groups who require access to PHI to carry out their job duties and assigned role-based access to these individuals appropriate to their job functions. These persons may include, but are not limited to, the following:
 - a. Physicians who are employed by the covered entity, under contract and designated as members of the covered entities workforce or are participants in the organized health care arrangement. This category includes the residents, nurse practitioners, and physician assistants.
 - b. Nursing staff including students and contract workers in all patient care areas and administration.
 - c. Allied department staff including students and contract workers, including radiology, lab, cardiology, respiratory etc.
 - d. Support departments including students and contract workers. These areas include HIM, business office, billing, social services, utilization management, quality management, compliance, risk management, security, housekeeping, DME customer service, etc.
 - e. Volunteers
 - f. Business Associates (BA) acting within the limit of the Business Associate Agreement (BAA).

Routine Disclosures of PHI

1. For routine or recurring requests and disclosures, HIM has implemented reasonable policies and procedures. Examples of routine requests include:
 - a. Requests for PHI for registry purposes, such as Tumor/Cancer or Trauma Registries
 - b. Requests for PHI for payment purposes (which may be standard protocols) to limit the information disclosed or requested

Non-Routine Disclosures and Requests

1. All non-routine disclosures, those that do not occur on a day to day basis as part of treatment, payment or health care operation activities or which are required by law on a regular basis, must be made through HIM. HIM utilize criteria or protocols designed to limit the amount of PHI requested, determine the minimum amount of information necessary to achieve the purpose of the request, and limit the request to the minimum necessary amount.

Reasonable Reliance

1. In certain circumstances, the privacy rule permits a covered entity and a business associate to rely on the judgment of the party requesting the disclosure as to the minimum amount of information needed. Such reliance must be reasonable under the particular circumstances of the request. This reliance is permitted when the request is made by:
 - a. A public official or agency who states the information requested is the minimum necessary such as for public health purposes;
 - b. Another covered entity;

- c. A professional who is a workforce member or business associate of the covered entity holding the information and who states the information requested is the minimum necessary for the stated purpose; or
- d. A researcher with appropriate documentation from an Institutional Review Board (IRB) or Privacy Board.

The privacy rule does not require such reliance; however, the covered entity always retains discretion to make its own minimum necessary determination for disclosures to which the standard applies.

External Requests for Other Than Treatment Purposes or Exceptions

1. Requests shall only include the minimum amount of PHI reasonably required to accomplish the specific purpose for which the PHI is requested (i.e. payment, healthcare operations and research).
2. The HIM office and only designated staff in other locations inclusive of physician offices, DMEs, pharmacies, etc. will respond to requests for PHI from the patient's record.
3. The Billing office will respond to requests for PHI from the patient's billing records.

Business Associates

1. When a business associate of a Blessing Entity uses, discloses, or requests PHI from a Blessing Entity or from another business associate, the business associate will limit such use, disclosure, or request to the minimum necessary to accomplish the intended purpose of the use, disclosure, or request. The business associate is required to identify which of their workforce members need access to what kind of PHI to carry out their job functions. The same would apply to a subcontractor of the BAA and is the responsibility of the BA to ensure only the minimum necessary PHI is released.

Violations

1. Minimum necessary violations must be reported to the Privacy Officer for investigation or in the case of a BAA or subcontractor; the BA will investigate and notify the Privacy Officer.
2. If appropriate, the violation will be reported according to the breach notification rules.
3. Business associates will be directly liable for minimum necessary standard violations.

Reference(s):

Health Insurance Portability and Accountability Act, Standards for Privacy of Individually Identifiable Health Information, 45, CFR 164.502(b), 164.514(d)

[HHS.gov Disclosure FAQ](https://www.hhs.gov/privacy/disclosure/faq)

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Approval Signatures

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