



**Clinical Staff Executive Committee**

**MEDICAL CENTER POLICY NO. 0245**

A. SUBJECT: Minimum Necessary Use and Disclosure of Protected Health Information

B. EFFECTIVE DATE: July 1, 2013 (R)

C. POLICY:

When using patients' protected health information (PHI):

- within the University of Virginia Medical Center for treatment, payment or health care operations, or
- when disclosing it to persons outside the Medical Center, or
- when requesting protected health information from another covered entity

Medical Center personnel shall make reasonable efforts to limit the use, disclosure or request to the minimum necessary to accomplish the intended purpose of the use, disclosure or request.

D. EXCEPTIONS:

The minimum necessary standard does not apply to:

- Disclosures to or requests by a healthcare provider for treatment purposes;
- Disclosures made to the patient who is the subject of the information;
- Uses or disclosures made pursuant to an authorization signed by the patient;
- Uses and disclosures required by law provided only the information that the law in question requires is used or disclosed.

E. PROCEDURES:

1. Using or Disclosing Protected Health Information

Internal Uses:

The Health Information Management Subcommittee of the Quality Committee identifies workforce members by job roles of persons in the Medical Center who need access to electronic PHI, the category of PHI to which access is needed and any conditions appropriate to such access. This subcommittee also oversees and sets guidelines for requests for access and makes determinations regarding requests for access outside of usual job role descriptions.

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- a. Each Medical Center manager shall identify any special needs outside of normal job role titles and make reasonable efforts to limit staff access to PHI to that which is needed to carry out duties. Managers review access of staff to electronic medical records at least annually.
- b. System administrators of databases containing PHI shall implement a process for granting and terminating access based on need to perform one's role.
- c. Healthcare operations for use of PHI includes, but is not limited to quality review purposes, training, and risk management activities.

External Disclosures:

- a. All new requests for routine and recurring disclosures of PHI shall be referred to the Release of Medical Information Section of Health Information Services (HIS) 924-5136.
- b. See [Medical Center Policy No. 0092 "Release of Patients' Protected Health Information"](#), which delineates permitted disclosures to third parties.
- c. HIS will approve all departments permitted to routinely disclose patient information based on written protocols submitted for review. Each department shall develop and implement policies and procedures for existing routine and recurring disclosures, which limit the PHI disclosed to a limited data set to the extent practicable, and otherwise to the amount reasonably necessary to achieve the purpose of disclosure.
- d. All non-routine disclosure requests shall be evaluated by HIS using predetermined criteria on an individual case-by-case basis to determine what is minimally necessary to accomplish the intended purpose of the disclosure.

Representations by Requester:

The judgment of the party requesting the disclosure as to the minimum amount of information needed may be relied upon if the request is made by:

- a. Another covered entity (a health care provider such as a physician or hospital, or a health insurance plan);
- b. A researcher with appropriate documentation from an institutional review board; or
- c. A professional retained by the Medical Center as a Business Associate who states that the information requested is needed for the stated purpose, when providing services to the Medical Center (e.g., an attorney, auditor or consultant);
- d. A public health or other governmental official who states that the information requested is needed for the intended purpose, if a disclosure for such intended purpose is permitted under applicable law.

A form to document the professional's representations is available through HIS. The Medical Center retains the right to make its own minimum necessary determinations for disclosures to which the minimum necessary standard applies.

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2. Requests to Other Providers and Payors

When Medical Center staff are requesting PHI from other providers and from payors, requests for PHI shall be for a limited data set to the extent practicable and otherwise limited to that which is reasonably necessary to accomplish the purpose for which the request is made.

3. Entire Medical Record

The entire medical record may only be used, disclosed or requested when all of its contents are reasonably necessary to accomplish the purpose for which the use, disclosure or request is intended. Entire medical records are only released when authorized through HIS.

The Medical Center has determined that use and disclosure of the entire medical record is necessary for the following purposes:

- Patient care/treatment purposes, for continuity and quality of care;
- Quality improvement, risk management, and corporate compliance purposes, for support of quality improvement, risk reduction, liability defense, and compliance with federal regulations;
- Licensure, accreditation, certification, and health oversight purposes, as requested by authorized oversight and accreditation entities and as necessary to support these activities;
- Abuse and neglect investigation response, on request of authorized investigators;
- Training purposes, for the comprehensive education of medical and nursing students and other clinicians.

The above list is non-exclusive.

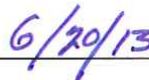
SIGNATURE:



Robert S. Gibson, M.D., President, Clinical Staff



R. Edward Howell, CEO, UVA Medical Center



DATE:

Medical Center Policy No.0245 (R)

Approved March 2003

Revised May 2006, June 2009, June 2013

Reviewed June 2012

Approved by Quality Committee and Health Information Management Subcommittee

Approved by Clinical Staff Executive Committee