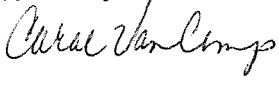


 HAWAII HEALTH SYSTEMS C O R P O R A T I O N "Quality Healthcare For All" POLICY	Department: Quality Through Compliance	Policy No.: CMP 0019A
	Issued by: Audit and Compliance Committee	Revision No.: 1
Subject: Minimum Necessary	Approved by:  HHSC Board of Directors By: Carol VanCamp Its: Secretary/Treasurer	Effective Date: September 19, 2013 Supersedes Policy: CMP 019A (8/16/12) Page: 1 of 3

Last Reviewed: August 19, 2013. Next Review: August 19, 2016

I. **PURPOSE:** This Policy establishes that, when using or disclosing protected health information (PHI), or when requesting PHI from another covered entity, Hawaii Health Systems Corporation (HHSC) will make reasonable efforts to limit PHI to the **minimum necessary** to accomplish the intended purpose of the use, disclosure, or request.

II. **DEFINITIONS:**

Minimum Necessary: The least amount of information or PHI needed to accomplish the task, request, or medical service.

Public Official: An elected official, a head of a State, federal, or local agency, other officials as approved by the Regional Chief Executive Officer, the President and Chief Executive Officer, and/or General Counsel.

Professional: A physician or medical care provider, department head, member of a facility's management team, Corporate Office staff who oversee specific areas of responsibility, compliance officers, and other staff deemed appropriate by the the Regional Chief Executive Officer, the President and Chief Executive Officer, and/or General Counsel.

III. **POLICY:** HHSC will identify the persons or classes of persons in its workforce who need access to PHI to carry out their duties, and will take 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 establish any conditions appropriate to such access.

A. This policy does not apply to the following uses and disclosures:

1. Disclosures to or requests by a provider for treatment ;
2. Uses or disclosures made to the individual who is the subject of the information;
3. Uses or disclosures pursuant to a valid authorization signed by the individual, or valid personal representative, who is the subject of the information;
4. Disclosures made to the Secretary of the Department of Health and Human Services;
5. Uses and Disclosures required by law;

6. Uses or disclosures required for compliance with applicable laws and regulations.
- B. Use of PHI
1. *Identification of Individual Requiring Access to PHI:* Each individual must be evaluated to determine whether access to PHI is required in order for the individual to perform his/her job functions. Access to PHI should not be granted to any individual that does not need access to perform its job function.
 2. *Identification of Positions Requiring Access to PHI:* Each job position that is determined to require access to PHI must be evaluated in order to determine whether access to PHI is required in order for the person to perform his/her job duties. Access to PHI should not be granted to those job positions that do not require PHI in order to perform the job duties of that position. It is the responsibility of compliance in conjunction with Human Resources to develop a list of job positions within HHSC that must have access to PHI to perform job duties.
 3. *Identification of Types of PHI to Which Certain Job Positions Should Have Access:* For each job description within HHSC that is determined as requiring access to PHI, HHSC will develop criteria that describes the PHI to which the person(s) should have access in order to perform his/her job duties along with any conditions appropriate to such access.
 4. *Limits on Access:* HHSC shall put in place reasonable processes to limit the access of personnel who are permitted to access PHI to that PHI which is necessary to perform their job functions.
 5. *Use of Entire Medical Record:* HHSC shall not use, disclose or request the entire medical record, 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.
- C. Disclosure of PHI
1. Routine and Recurring Disclosures: For any disclosure that HHSC makes on a routine and recurring basis, HHSC will follow protocol that establishes the minimum necessary amount of PHI that may be disclosed in order to achieve the purpose of the disclosure:
 - a) Review the type of information disclosed against the purpose of the disclosure (for example, programmatic requirements, statutory requirements, and public health activities).
 - b) Determine whether the information disclosed is the minimum necessary for the intended purpose.
 - c) Determine whether the purpose can be achieved with either de-identified data or with a limited subset of the information.
 - d) In the internal operating procedures, define the process by which the routine disclosure occurs, who discloses the information, and the frequency of the disclosure and who has authorized the routine, recurring disclosure.
 - e) Ensure that the standards for the routine disclosure are reviewed with staff to ensure that they do not disclose more information than is minimally necessary.
 2. Non-Routine and Non-Recurring Disclosures: For any disclosure that HHSC makes on a non-routine and non-recurring basis, HHSC will

implement criteria that are designed to limit the PHI disclosed to the minimum amount reasonably necessary to accomplish the purpose of the disclosure. All requests for non-routine, non-recurring disclosures shall then be reviewed under these criteria.

3. Reliance on Requestor's Position or Status as Establishing the Minimum Necessary: HHSC may rely on a request for disclosure of PHI as being limited to the PHI that is minimally necessary, if:
 - a) Disclosure is requested by a public official who represents that the request is for the minimum necessary information and HHSC can verify the identity of the public official and validate the content of the information being requested;
 - b) The request is from another HIPAA covered health care component;
 - c) The request is from a professional within HHSC, from a business associate, or from a public health partner and the professional represents that the request is for the minimum necessary information and HHSC can verify the identity and professional standing of the requestor. ;
 - d) The requestor provides appropriate HIPAA-compliant documentation that the disclosure is for research purposes;
4. HHSC Request for PHI:
 - a) Request to Another Covered Entity: When HHSC requests PHI from another covered entity, it must limit its request to the amount of PHI that is reasonably necessary to accomplish the purpose for which the request is made.
 - b) Routine/Recurring Requests: For requests that HHSC makes to another covered entity on a routine and recurring basis, HHSC must establish policies that limit the PHI that is requested to the amount reasonably necessary to accomplish the purpose for which the request is made.
 - c) Non-Routine Requests: For requests that are not made on a routine and recurring basis, HHSC will limit, where applicable, the request for PHI to the information reasonably necessary to accomplish the purpose for which the PHI is being requested; implement criteria to ensure that this is done; and review each such non-routine request on an individual basis using this criteria.
 - d) Request for Entire Medical Record: HHSC may not request an Individual's entire medical record except when the entire medical record is specifically justified as the amount of PHI that is reasonably necessary to perform the purpose for which the PHI was requested (e.g., use for treatment purposes).

D. HHSC Facilities shall adopt operational procedures to implement this Policy.

IV. APPLICABILITY: This Policy applies to all HHSC Facilities.

V. REFERENCE: Standards for Privacy of Individually Identifiable Health Information, 45 CFR, Subtitle A, Subchapter C, Section, 164.502(b); 164.514(d).

VI. ATTACHMENTS: None.