



Office of Regulatory Compliance

HIPAA Policy 1.3

Title:	Minimum Necessary
Source:	Office of Regulatory Compliance
Prepared by:	Assistant Vice Chancellor for Regulatory Affairs
Approved by:	Vice Chancellor for Research
Effective Date:	July 1, 2013
Replaces:	02/26/03
Applies:	All UCD campuses

Introduction

Purpose

The purpose of this policy is to outline when a member of the UCD workforce may access protected health information and emphasizes that individuals are permitted to access only the minimum necessary amount of information to conduct their business.

Reference

45 C.F.R. § 164.502(b) and § 164.514(d)

Applicability

It is the responsibility of each member of the UCD workforce to abide by this policy. Questions may be directed to the UCD Privacy Officer.

The UCD is responsible for identifying and classifying each member of its workforce who needs access to PHI to carry out his or her job duties.

This policy applies to the use of and access to protected health (PHI) information by members of the UCD workforce, as defined in UCD HIPAA [Policy 1.1](#)

Policy

When using or disclosing protected health information or when requesting PHI from another covered entity, members of the UCD workforce will disclose the minimum amount of PHI necessary to satisfy the reason for which the PHI is disclosed..

Procedures

A. Minimum Necessary within the UCD:

1. The UCD is responsible for identifying and classifying each person in its workforce who needs access to PHI to carry out his/her job duties. This identification will be determined by the person's appointing authority and in the case of students or trainees, by the dean of each professional school.
2. For each person in the UCD workforce, the appointing authority or dean will identify the categories of protected health information to which access is needed and any conditions appropriate to the access.
3. The UCD appointing authorities and deans will make reasonable efforts to limit access by members of the workforce to the category of PHI they need appropriate with any classifications and/or conditions as provided above.

B. Minimum Necessary for disclosures:

1. For any type of recurring disclosure, the UCD workforce member will limit the PHI that is disclosed to the amount reasonably necessary to satisfy the reason for which the PHI is being disclosed.
2. For disclosures that are not made on a recurring basis, the workforce member will review requests for disclosure on an individual basis to make certain that the PHI disclosed is limited to the information that is reasonably necessary to satisfy the reason for which the PHI is being disclosed.

C. The UCD will assume that a requested disclosure is only requesting the minimum when:

1. Making a disclosure to a public official under a valid authorization or the opportunity for the individual to agree or object is not required if the public official represents that the information requested is the minimum necessary needed;
2. The information is requested by another covered entity;
3. The information is requested by a professional member of the UCD workforce or of a business associate of the UCD for the purpose of providing professional services to the UCD, if the professional represents that the information requested is the minimum necessary needed; or
4. Documentation that complies with the requirements for disclosures for research purposes is provided to the UCD.

E. For all uses, disclosures, or requests to which the minimum necessary requirements apply, the UCD shall not use, disclose or request an 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.

F. The minimum necessary standard does not apply:

1. To disclosures to or requests by a health care provider for treatment purposes;
2. To uses or disclosures made to the individual who is the subject of the protected health information;
3. Uses or disclosures made pursuant to a valid authorization;
4. Disclosures required by the Secretary of the Department of Health and Human Services; or
5. Uses or disclosures otherwise required by law (e.g., mandatory child abuse reporting required of health professionals in Colorado), or as required to comply with HIPAA.