## Purpose

To ensure [COVERED ENTITY]’s uses and disclosures of Protected Health Information (“PHI”) are limited to the minimum necessary to accomplish the intended purpose.

## Policy

It is the policy of [COVERED ENTITY] to make a reasonable effort to use or disclose, or to request from another health care provider, the minimum amount of PHI required to achieve the purpose(s) of the particular use or disclosure, unless an exception applies.

[COVERED ENTITY] will identify people or classes of people in its work force who need access to PHI to carry out their duties, the category or categories of PHI to which access is needed, and any conditions appropriate to such access.

## Procedure

1. [COVERED ENTITY] will identify role based access to PHI per job description, including:
   1. People or classes of people in its workforce who need access to PHI to carry out their duties, and
   2. The category or categories of PHI to which access is needed, including any conditions that may be relevant to such access.
2. For disclosures of or requests for PHI that are made on a routine and recurring basis, [COVERED ENTITY] will establish standard protocols that limit the PHI disclosed or requested to that which is the minimum necessary for that particular type of disclosure or request. Individual review of each disclosure or request is not required.
3. For disclosures of or requests for PHI that are made on a routine and recurring basis (non-routine disclosures and requests), [COVERED ENTITY] will develop reasonable criteria for determining and limiting the disclosure or request to only the minimum amount of protected health information necessary to accomplish the purpose of a non-routine disclosure or request. Non-routine disclosures and requests must be reviewed on an individual basis in accordance with these criteria and limited accordingly. These criteria include:
   1. The specificity of the request.
   2. The purpose/importance of the request.
   3. The impact to the patient.
   4. Impact to [COVERED ENTITY].
   5. Extent to which disclosure would extend number of individuals or entities with access to PHI
   6. Likelihood of re-disclosure
   7. Ability to achieve the same purpose with de-identified information
   8. Technology available to limit disclosure of PHI
4. Exceptions. [COVERED ENTITY] is not required to comply with the minimum necessary standard when:
   1. Disclosing PHI to or requesting PHI from a health care provider for treatment of the individual.
   2. Disclosing PHI to the individual who is the subject of the PHI.
   3. Using of disclosing PHI pursuant to an authorization signed by the individual.
   4. Disclosing PHI to the Secretary of the U.S. Department of Health and Human Services.
   5. Disclosing PHI as required by law; and
   6. Using and disclosing PHI as required for compliance with the HIPAA Privacy Rule.
5. [COVERED ENTITY] may use or disclose an individual’s entire Medical Record only when such use or disclosure is specifically justified as the amount that is reasonably necessary to accomplish the intended purpose or one of the exceptions noted above applies.
6. Reasonable Reliance. [COVERED ENTITY] may rely on a requested disclosure as the minimum necessary for the stated purpose(s) when:
   1. Making disclosures to public officials, if the official represents that the information is the minimum necessary for the stated purpose(s).
   2. The information is requested by another covered entity (health care provider, clearinghouse or health plan).
   3. The information is requested by a professional who is a member of [COVERED ENTITY]’s workforce or is a Business Associate of [COVERED ENTITY] for the purpose of providing professional services to [COVERED ENTITY], if the professional represents that the information requested is the minimum necessary for the stated purpose(s).
   4. The information is requested for research purposes and the person requesting the information has provided documentation or representations to [COVERED ENTITY] that meet the HIPAA Privacy Rule. Contact the Privacy Officer to assist in the determination of whether such requirements have been met. (See Policy “Uses and Disclosures of Protected Health Information for Research.”)
7. Requests for PHI from Another Covered Entity. When requesting PHI from another Covered Entity, [COVERED ENTITY] must limit its request for PHI to the amount reasonably necessary to accomplish the purpose for which the request is made.