Name of Policy: **Minimum necessary guidelines for use/disclosure of protected health information** **Policy Number:** 3364-90-02 **Approving Officer:** President **Responsible Agent:** Privacy Officer and Health Information Management Director **Scope:** Hybrid and affiliate covered entity of the University of Toledo	 **Effective date**: August 14, 2023 **Original effective date:** April 14, 2003
Keywords: Do not capitalize unless a proper noun	

	New policy	X	Minor/technical revision of existing policy
	Major revision of existing policy		Reaffirmation of existing policy

(A) Policy statement

The university of Toledo (UToledo) will make reasonable efforts to limit the use and disclosure of individually identifiable protected health information to the minimum necessary to comply with any requests and make reasonable efforts to limit its own request to other organizations to similar minimum necessary request.

(B) Purpose of policy

To comply with the minimum necessary use and disclosure guidelines for protected health information (PHI) in accordance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA), Administrative Simplification Act Privacy Rule 45 CFR Parts 160, 162 and 164, Health Information Technology for Economic and Clinical Health (HITECH) Act, and 45 CFR Part 171 Information Blocking.

(C) Scope

This policy applies to the university of Toledo physicians (affiliate covered entity) and all UToledo covered components (hybrid) and their respective workforce members. Covered components are

determined by the privacy and security committee and documented on the hybrid list that can be located on the UToledo healthcare compliance and institutional privacy website located at https://www.utoledo.edu/offices/compliance/What_is_HIPAA.html.

(D) Definitions

(1) Continuity of care: continuation of care over time for an individual patient. Continuity of care for a patient refers to the coordination of actions by an integrated medical team that is actively managing care.

(2) Required by law: a mandate contained in law that compels an entity to make a use or disclosure of protected health information and that is enforceable in a court of law. Required by law includes, but is not limited to, court orders and court-ordered warrants; subpoenas or summons issued by a court, grand jury, a governmental or tribal inspector general, or an administrative body authorized to require the production of information; a civil or an authorized investigative demand; Medicare conditions of participation with respect to health care providers participating in the program; and statutes or regulations that require the production of information, including statutes or regulations that require such information if payment is sought under a government program providing public benefits.

(E) Procedure

(1) The exceptions to the minimum necessary restrictions set forth in this policy and under HIPAA, do not apply to the following uses and disclosures:

(a) A healthcare provider for treatment purposes, including for emergencies;
(b) The individual who is the subject of the information seeks access;
(c) Request is made pursuant to a valid authorization;
(d) Accounting of disclosures of PHI;
(e) Uses or disclosures required for compliance with HIPAA; and
(f) The secretary of the department of health and human services as may be required for compliance and enforcement purposes;
(g) Disclosures required by law.

(2) Access for treatment purposes

UToledo uses role-based access controls when allowing access to a patient's medical record, both paper and computerized, in order to provide appropriate and efficient treatment to a patient during the patient care episode.

(3) Minimum necessary requests for PHI must be limited to what is reasonably necessary to accomplish the purpose of the request. Requests made on a routine and recurring basis must be limited to the PHI necessary to accomplish the purpose of the request.

(a) Verbal communications: personnel will not engage in verbal communication of PHI in public areas if possible, and in cases where necessary, will use reasonable precautions to reduce the risk of being overheard by others such as using lowered tones.

(b) PHI listed on white boards or sign in sheets used in the provision of healthcare will be posted out of the public view to the extent possible and contain only those elements necessary to accomplish their purpose (i.e., diagnosis information would not be necessary on a sign in sheet).

(c) Requests for PHI from other healthcare providers for continuity of care is permitted.

(d) Requests for PHI made, other than for continuity of care, will be limited to that which is reasonably necessary to accomplish the purpose for which the request was made.

(e) Requests for PHI made from hybrid and affiliate covered entities from other healthcare providers, other than for treatment, will be reviewed by the health information management department or the privacy officer to determine the amount of PHI necessary to release to accomplish the purpose of the request.

(4) Health information management (HIM) is the office responsible for the full legal medical record. See Policy 3364-100-53-06, Legal medical record for more information. HIM, in conjunction with health information technology (HIT), will be responsible for granting direct access to the medical record system.

(a) A detailed matrix of access to PHI will be held by Health Information Management with input from Clinical Informatics. The minimum necessary PHI access matrix is based on the role of the individual and the "need to know criteria" in the performance of their job and in some cases their job location.

See Addendum A – Full Access, Addendum B- Limited Access. Addendum C – Outside Access

Approved by: /s/ Gregory Postel, MD President **Date:** August 14, 2023 **Review/revision completed by:** • *Chief Executive Officer UTMC* • *Dean, College of Medicine*	**Policies superseded by this policy**: • *None* **Original effective date:** *April 14, 2003* **Review/revision date:** *August 9, 2006* *October 12, 2010* *February 1, 2014* *September 1, 2016* *October 16, 2017*

• *Associate Vice President and Chief Assurance Officer* • *Healthcare Privacy and Security Committee*	*February 24, 2020* *August 14, 2023* **Next review date:** *August 14, 2026*