

UNIVERSITY OF UTAH HEALTH SCIENCES CENTER POLICY MANUAL

HIPAA: MINIMUM NECESSARY, INCIDENTAL USE OR DISCLOSURE, AND SAFEGUARDS

No: 1-6

Chapter: HIPAA Administrative Policies

I. PURPOSE

A. This policy will establish guidelines for the appropriate use and disclosure of protected health information (PHI) under the HIPAA minimum necessary standard. The minimum necessary standard is not intended to impede the delivery of quality health care.

II. DEFINITIONS

- A. Incidental Use or Disclose means a minor use or disclosure of protected health information that would otherwise constitute a HIPAA violation that occurred during the course of a legitimate use or disclosure.
- B. See UUHSC Policy 1-2: HIPAA Definitions.

III. POLICY

- A. For purposes other than treatment (i.e. obtaining insurance/payment info), when using or disclosing protected health information or when requesting health information from another covered entity, the UUHSC will request or disclose only the information that is necessary and appropriate to accomplish the purpose for which the information is sought.
- B. The minimum necessary requirement does not apply to:
1. Uses or disclosures by or among health care providers for treatment purposes;
 2. Disclosures made to the individual who is the subject of the information;
 3. Uses or disclosures made pursuant to an individual's authorization;
 4. Uses or disclosures that are required by law.
- C. Limitation to the use and disclosure of Protected Health Information
1. Each department within the UUHSC is responsible for defining and documenting the minimum necessary amount of protected health information that each individual person (or classes of persons) needs to carry out their job duties, the categories or types of protected health information needed, and the conditions appropriate to the access. Access to the entire medical record is acceptable as long as an appropriate justification is documented.
 2. Documentation will be maintained in the departmental files, and made available to the HIPAA Privacy Office for audit purposes.
 3. When disclosing protected health information, each department shall develop standard protocols or procedures to ensure that disclosures are limited to the minimum necessary required to accomplish the task.
 4. The UUHSC may rely on a requested disclosure as being the minimum necessary when:
 - a) The request is from a public official or agency who states that the information requested is the minimum necessary for public health purposes.
 - b) Requested by another covered entity.
 - c) Requested by a professional who is a workforce member or business associate who documents the information requested is the minimum necessary.
 - d) A researcher has appropriate documentation from an Institutional Review Board (IRB) or Privacy Board.
- D. Incidental Uses or Disclosure. Each UUHSC department will take reasonable steps to limit incidental uses or disclosures. Incidental uses or disclosures include communication of protected health information at a nursing station or in a semi-private room.
- E. Safeguards
1. The UUHSC will take reasonable steps to protect protected health information in any form (paper, electronic, etc.) from unauthorized use, access or disclosure.
 2. The UUHSC will take reasonable precautions to protect paper records that contain protected health information from inadvertent disclosure. The following are examples departments should implement:

- a) Files and documents should be stored in secure areas or in reasonably protective containers such as locked cabinets, locked draws or locked files.
 - b) Files and documents that are to be discarded should be placed in designated containers for shredding or shredded.
 - c) Files and documents should be promptly removed from printers and fax machines and should not be left on counter tops and desktops in insecure areas.
 - d) Printers and facsimile machines should be located in areas that minimize exposure of protected health information to unauthorized persons.
3. The UUHSC will take reasonable steps to protect the privacy of all verbal exchanges and conversations that contain protected health information.
 4. The UUHSC will make reasonable efforts to ensure that visual protected health information is protected from unauthorized disclosure. This should include reasonable positioning of computer screens, whiteboards and other devices which display protected health information to limit unauthorized view.
 5. The UUHSC will take reasonable measures to protect the confidentiality, integrity and availability of protected health information in electronic form. When the UUHSC transmits protected health information over public or open networks it will take reasonable precautions, such as data encryption, to ensure the confidentiality and integrity of the transmitted information.
- F. A violation of any provision of this policy may result in disciplinary action, up to and including the termination of employment, suspension of privileges, or imposition of academic sanctions consistent with applicable University policy and procedure. A violation of this policy can result in civil and/or criminal penalties. See UUHSC Policy 1-10: HIPAA Violations, Sanctions, and Mitigation.

IV. SCOPE

- A. This policy affects all areas and workforce members of the Health Sciences Center that are part of the covered entity (see UUHSC Policy 1-2: HIPAA Definitions policy).
- B. This policy is effective April 14, 2003.

APPROVAL BODY: Vice President s Senior Leadership Council
APPROVAL DATE: April 1, 2003
POLICY OWNER: HIPAA Privacy Office
ORIGIN DATE: November 25, 2002

REFERENCES:

1. 45 C.F.R. § 164.502(b): Health Insurance Portability and Accountability Act: Minimum Necessary
2. 45 C.F.R. § 164.530(c): Health Insurance Portability and Accountability Act: Safeguards
3. <http://uuhsc.utah.edu/privacy/>