



Policy: HH.3002  
Title: **Minimum Necessary Uses and Disclosure of Protected Health Information and Document Controls**

Department: Office of Compliance  
Section: Privacy

CEO Approval: /s/ Michael Hunn 11/19/2024

Effective Date: 04/01/2003

Revised Date: 11/07/2024

Applicable to: ☒ Medi-Cal  
☒ OneCare  
☒ PACE  
☐ Administrative

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## I. PURPOSE

This policy describes the conditions under which CalOptima Health shall control access to, request of, Use of, or Disclosure of Protected Health Information (PHI) and Personally Identifiable Information (PII) to ensure that the data Used is the Minimum Necessary to fulfill the request or carry out the required function.

## II. POLICY

- A. CalOptima Health employees shall make every reasonable effort to control unauthorized access to, and to only request, Disclose, or Use the Minimum Necessary data to carry out the required function or to fulfill any request for Member health-related information related to those activities which are for purposes directly connected with the administration of CalOptima Health programs.
- B. Minimum Necessary shall apply to all PHI/PII that CalOptima Health receives or creates.
- C. Minimum Necessary shall include race, ethnicity, language, gender identity, sexual orientation information, and reproductive health care.
- D. Minimum Necessary policy shall not apply to:
  - 1. Disclosures to, or requests by, a health care Provider for Treatment;
  - 2. Disclosures made to the Member who is the subject of the PHI/PII, including for the Member's right to access and right to an accounting;
  - 3. Disclosures made pursuant to authorization by the Member;
  - 4. Disclosures to the Department of Health and Human Services (HHS), when Disclosure of information is required under the Privacy Rule for enforcement purposes;
  - 5. Uses or Disclosures that are required for compliance with the Health Insurance Portability and Accountability Act (HIPAA) regulatory requirements; and

6. Other Uses or Disclosures that are Required by Law.

### **III. PROCEDURE**

#### **A. Minimum Necessary Use of PHI/PII**

1. CalOptima Health shall limit staff access to a Member's PHI/PII to those employees who need to Use the data to carry out their specific job-related duties, including those related to Treatment, Payment, and Health Care Operations.
2. The respective department directors, or their Designee, shall determine access to electronic and paper data files. The department director shall assign an employee specific access level for computer systems. The CalOptima Health Information Technology Services-Application Management Department shall manage password control.
3. Within CalOptima Health, internal departments shall require and maintain limited levels of access to PHI to appropriately accomplish their duties and responsibilities:
4. The respective department director, or Designee, may grant access to other job categories on a specific "need-to-know" basis, and shall restrict access to Minimum Necessary data to complete the work activity pursuant to CalOptima Health Policy ITS.1201: Technical Safeguards – Access Controls.

#### **B. Minimum Disclosure of PHI and Requests for PHI/PII**

1. All routine Disclosures for purposes of Treatment, Payment and Health Care Operations shall contain only the PHI/PII data necessary to achieve the purpose of the disclosure.
2. For external entities, inclusive of other covered entities, Business Associates, or public officials, CalOptima Health shall review requests for disclosure on an individual basis to ensure requests are reasonably necessary.
3. CalOptima Health shall limit the use or disclosure of reproductive health care. Reproductive health care may include (but is not limited to): contraception, management of pregnancy and pregnancy-related conditions, miscarriage management, pregnancy termination, fertility or infertility diagnosis and treatment, assistive reproductive technology, and other diagnoses, treatment and care that is lawfully obtained which affect the reproductive system.
4. CalOptima Health will restrict the circumstances of the use or disclosure of reproductive health care information if the disclosure may be related to a prohibited purpose. Any investigations against persons seeking, obtaining, providing or facilitating lawful reproductive health care may be such circumstances. Prohibited purposes may include: investigations (criminal, civil, or administrative), imposition of criminal, civil or administrative liability when it is reasonably determined that one or more of the following scenarios exists:
  - a. The reproductive health care is lawful in California under the circumstances the health care is provided.
  - b. The reproductive health care is protected, required or authorized by Federal law.

- c. The reproductive health care is presumed lawful in the absence of contrary evidence.
5. Any request that involves reproductive health care Records from a requesting person for non-prohibited purposes, as defined in 45 CFR § 164.512 can only be disclosed if the requestor completes an Attestation Form indicating that the use of the disclosure is not for a prohibited purpose. Non-prohibited purposes may include health oversight activities, judicial or administrative proceedings, disclosures for law enforcement, and disclosures about decedents to coroners and medical examiners.
- a. CalOptima Health shall cease any use or disclosure of reproductive health care if it is discovered that any representation on the attestation was false.
6. CalOptima Health shall control unauthorized access to PHI/PII in paper form as follows:
- a. CalOptima Health employees shall not leave PHI/PII in paper form unattended at any time, unless it is locked in a file cabinet, file room, desk, or office. Unattended means that the information is not under observation by an employee authorized to access such information.
  - b. An authorized CalOptima Health employee shall escort a visitor through an area where PHI/PII is contained and shall keep PHI/PII out of sight while a visitor is in the area, unless the visitor is authorized to view the PHI/PII.
  - c. CalOptima Health employees shall dispose of PHI/PII through a Business Associate by shredding, or pulverizing.
  - d. CalOptima Health employees shall not remove PHI/PII from the CalOptima Health premises, except for routine business purposes, or with the express written permission of DHCS or CMS.
  - e. Facsimile containing PHI/PII
    - i. CalOptima Health employees shall not leave an incoming, or outgoing, facsimile containing PHI/PII unattended.
    - ii. CalOptima Health shall house facsimile machines in a secure area.
    - iii. An outgoing facsimile shall contain a confidentiality statement notifying an individual receiving a facsimile in error to destroy the facsimile.
    - iv. CalOptima Health employees shall verify a facsimile number prior to sending the facsimile.
  - f. Mail containing PHI/PII
    - i. CalOptima Health employees shall send mail that contains PHI/PII only by a secure method(s).
    - ii. CalOptima Health shall send a mailing that contains PHI/PII of two thousand five hundred (2,500) Members, or more, by a secure, bonded courier with signature required on the receipt.

- iii. CalOptima Health employees shall encrypt all electronic media sent by mail in accordance with CalOptima Health Policy ITS.1202: Technical Safeguards – Data Control.
  - 7. CalOptima Health shall control unauthorized access to PHI/PII in oral form, in accordance with CalOptima Health Policy GA.8050: Confidentiality, and as follows:
    - a. CalOptima Health employees shall not discuss PHI/PII in public areas.
    - b. CalOptima Health employees shall not discuss PHI/PII with unauthorized person(s).
  - 8. CalOptima Health shall control unauthorized access to PHI in electronic form (i.e., EPHI) in accordance with CalOptima Health Policy ITS.1000: Information Security Program. Electronic media forms may include devices, hardware, mobile applications, laptops, secure portals, and data storage, such as diskettes, USBs, CDs, and tapes.
  - 9. Routine recurring Disclosures, or requests for PHI/PII, include:
    - a. Membership, Capitation Payments, and Encounter reporting with contracted Health Networks.
    - b. Payment of claims for services provided to Members.
    - c. Coordination of care between CalOptima Health and the Health Care Agency (HCA), Regional Center of Orange County (RCOC), Health Networks, and Providers.
    - d. Complying with regulatory reporting requirements and oversight activities.
    - e. Requests for PHI to carry out peer review or other Quality Improvement (QI) activities.
    - f. Business owners responsible for recurring Disclosures or requests for PHI pertaining to the above activities should ensure such PHI/PII requested is limited to the information reasonably necessary to accomplish the stated purpose for which the request is made.
- C. Review of Non-Routine Disclosures or Requests for PHI/PII
  - 1. All requests for non-routine Disclosures of PHI/PII shall be routed to the Privacy Officer, or Designee, for review.
  - 2. The Privacy Officer, or Designee, shall review all non-routine Disclosures or requests on an individual basis to determine if the PHI/PII requested is limited to the information reasonably necessary to accomplish the stated purpose for which the request is made. Details on the permissible and impermissible uses of PHI/PII data are found in CalOptima Health Policy HH.3000: Notice of Privacy Practice. Criteria to determine PHI/PII which may be provided in a non-routine Disclosure or request for PHI/PII is detailed in CalOptima Health Policy HH.3006: Tracking and Reporting Disclosures of Protected Health Information.
- D. Criteria for Reviewing Non-Routine Requests for PHI/PII Disclosures
  - 1. The requestor(s) clearly states the purpose for which the PHI/PII is requested.
  - 2. All requested information is reasonably necessary to meet the need stated on the request.

3. When applicable, the requestor(s) submits valid authorization with the request for the PHI/PII, in accordance with CalOptima Health Policy HH.3015: Authorization for Release of Protected Health Information.
  4. The Disclosure is consistent with CalOptima Health Policy HH.3000: Notice of Privacy Practices.
  5. Requests may be accepted as the Minimum Necessary for the stated purpose when requested under the following conditions:
    - a. A professional who is a member of the CalOptima Health Workforce, or Business Associate, requests the information in order to provide a professional service to CalOptima Health, and the requestor represents that the request is the Minimum Necessary information for the stated purpose; or
    - b. Another Covered Entity requests the information.
- E. The Privacy Officer or Designee shall make a determination on the request and authorize, or deny, the request for the release of the PHI/PII, in whole or part, based on the above criteria and relevant Federal and California law including, but not limited to, those related to:
1. Elder abuse;
  2. Persons with Human Immunodeficiency Virus (HIV)/Acquired Immunodeficiency Syndrome (AIDS);
  3. Family planning;
  4. Immunization status;
  5. Reproductive health care;
  6. Substance Use Disorder (SUD) Patient Records;
  7. Child Health and Disability Prevention Program (CHDP) screening, including blood, lead, substance abuse, mental health, and developmental disabilities; or
  8. Other sensitive health information, as needed.
- F. Knowledge of a violation or potential violation of this policy shall be reported directly to the Privacy Officer, or the CalOptima Health Compliance and Ethics Hotline at 1-855-507-1805.
- G. Documentation:
1. CalOptima Health shall record all Disclosures pursuant to the standard Disclosure tracking procedure, in accordance with CalOptima Health Policy HH.3006: Tracking and Reporting Disclosures of Protected Health Information (PHI).

#### **IV. ATTACHMENT(S)**

Not Applicable

## V. REFERENCE(S)

- A. CalOptima Health Contract with the Centers for Medicare & Medicaid Services (CMS) for Medicare Advantage
- B. CalOptima Health Contract with the Department of Health Care Services (DHCS) for Medi-Cal
- C. CalOptima Health PACE Program Agreement
- D. CalOptima Health Policy HH.3000: Notice of Privacy Practices
- E. CalOptima Health Policy HH.3006: Tracking and Reporting Disclosures of Protected Health Information (PHI)
- F. CalOptima Health Policy HH.3014: Use of Electronic Mail with Protected Health Information
- G. CalOptima Health Policy HH.3015: Authorization for Release of Protected Health Information
- H. CalOptima Health Policy ITS.1000: Information Security Program
- I. CalOptima Health Policy ITS.1201: Technical Safeguards – Access Controls
- J. CalOptima Health Policy ITS.1202 Technical Safeguards – Data Control
- K. NCQA Standard MED4 Privacy and Confidentiality
- L. Title 45, Code of Federal Regulations, §164.501
- M. Title 45, Code of Federal Regulations, §164.502(b)
- N. Title 45, Code of Federal Regulations, §164.514(d)

## VI. REGULATORY AGENCY APPROVAL(S)

Date	Regulatory Agency	Response
06/12/2014	Department of Health Care Services (DHCS)	Approved as Submitted
01/26/2022	Department of Health Care Services (DHCS)	Approved as Submitted

## VII. BOARD ACTION(S)

Date	Meeting
12/01/2016	Regular Meeting of the CalOptima Board of Directors
12/07/2017	Regular Meeting of the CalOptima Board of Directors
12/06/2018	Regular Meeting of the CalOptima Board of Directors
12/05/2019	Regular Meeting of the CalOptima Board of Directors
12/03/2020	Regular Meeting of the CalOptima Board of Directors
12/20/2021	Special Meeting of the CalOptima Board of Directors
11/07/2024	Regular Meeting of the CalOptima Health Board of Directors

## VIII. REVISION HISTORY

Action	Date	Policy	Policy Title	Program(s)
Effective	04/01/2003	HH.3002	Minimum Necessary Uses and Disclosure of Protected Health Information	Medi-Cal
Revised	04/01/2007	HH.3002	Minimum Necessary Uses and Disclosure of Protected Health Information and Document Controls	Medi-Cal
Revised	01/01/2009	HH.3002	Minimum Necessary Uses and Disclosure of Protected Health Information and Document Controls	Medi-Cal
Revised	07/01/2011	HH.3002	Minimum Necessary Uses and Disclosure of Protected Health Information and Document Controls	Medi-Cal

<b>Action</b>	<b>Date</b>	<b>Policy</b>	<b>Policy Title</b>	<b>Program(s)</b>
Revised	01/01/2013	HH.3002	Minimum Necessary Uses and Disclosure of Protected Health Information and Document Controls	Medi-Cal OneCare
Revised	01/01/2014	HH.3002	Minimum Necessary Uses and Disclosure of Protected Health Information and Document Controls	Medi-Cal OneCare
Revised	04/01/2014	HH.3002	Minimum Necessary Uses and Disclosure of Protected Health Information and Document Controls	Medi-Cal
Revised	11/01/2014	HH.3002	Minimum Necessary Uses and Disclosure of Protected Health Information and Document Controls	Medi-Cal
Revised	09/01/2015	HH.3002	Minimum Necessary Uses and Disclosure of Protected Health Information and Document Controls	Medi-Cal
Revised	12/01/2016	HH.3002	Minimum Necessary Uses and Disclosure of Protected Health Information and Document Controls	Medi-Cal OneCare OneCare Connect PACE
Revised	12/07/2017	HH.3002	Minimum Necessary Uses and Disclosure of Protected Health Information and Document Controls	Medi-Cal OneCare OneCare Connect PACE
Revised	12/06/2018	HH.3002	Minimum Necessary Uses and Disclosure of Protected Health Information and Document Controls	Medi-Cal OneCare OneCare Connect PACE
Revised	12/05/2019	HH.3002	Minimum Necessary Uses and Disclosure of Protected Health Information and Document Controls	Medi-Cal OneCare OneCare Connect PACE
Revised	12/03/2020	HH.3002	Minimum Necessary Uses and Disclosure of Protected Health Information and Document Controls	Medi-Cal OneCare OneCare Connect PACE
Revised	12/20/2021	HH.3002	Minimum Necessary Uses and Disclosure of Protected Health Information and Document Controls	Medi-Cal OneCare OneCare Connect PACE
Revised	12/31/2022	HH.3002	Minimum Necessary Uses and Disclosure of Protected Health Information and Document Controls	Medi-Cal OneCare PACE
Revised	09/01/2023	HH.3002	Minimum Necessary Uses and Disclosure of Protected Health Information and Document Controls	Medi-Cal OneCare PACE
Revised	11/07/2024	HH.3002	Minimum Necessary Uses and Disclosure of Protected Health Information and Document Controls	Medi-Cal OneCare PACE

## IX. GLOSSARY

Term	Definition
Aid Code	The two (2) character code, defined by the State of California, which identifies the aid category under which a Member is eligible to receive Medi-Cal Covered Services.
Business Associate	<p>Has the meaning given such term in Section 160.103 of Title 45, Code of Federal Regulations. A person or entity who:</p> <ol style="list-style-type: none"> <li>1. On behalf of such Covered Entity or of an organized health care arrangement (as defined in this section) in which the Covered Entity participates, but other than in the capacity of a Member of the workforce of such Covered Entity or arrangement, creates, receives, maintains, or transmits protected health information for a function or activity regulated by this subchapter, including claims processing or administration, data analysis, processing or administration, utilization review, quality assurance, patient safety activities listed at 42 CFR 3.20, billing, benefit management, practice management, and repricing; or</li> <li>2. Provides, other than in the capacity of a Member of the workforce of such Covered Entity, legal, actuarial, accounting, consulting, data aggregation (as defined in §164.501 of this subchapter), management, administrative, accreditation, or financial services to or for such Covered Entity, or to or for an organized health care arrangement in which the Covered Entity participates, where the provision of the service involves the Disclosure of protected health information from such Covered Entity or arrangement, or from another Business Associate of such Covered Entity or arrangement, to the person.</li> </ol> <p>A Covered Entity may be a Business Associate of another Covered Entity.</p> <p>Business Associate includes:</p> <ol style="list-style-type: none"> <li>1. A Health Information Organization, E-prescribing Gateway, or other person that provides data transmission services with respect to protected health information to a Covered Entity and that requires access on a routine basis to such protected health information.</li> <li>2. A person that offers a personal health record to one or more individuals on behalf of a Covered Entity.</li> <li>3. A subcontractor that creates, receives, maintains, or transmits protected health information on behalf of the Business Associate.</li> </ol>
CalOptima Health Workforce	This includes any and all employees of CalOptima Health, including all senior management, officers, managers, supervisors and other employed personnel, as well as temporary employees and volunteers.
Capitation Payments	<p><u>Medi-Cal</u>: The monthly amount paid to a Health Network by CalOptima Health for the delivery of Covered Services to Members, which is determined by multiplying the applicable Capitation Rate by a Health Network's monthly enrollment based upon Aid Code, age, and gender.</p> <p><u>OneCare</u>: The monthly amount paid to a Health Network by CalOptima Health for the delivery of Covered Services to Members in that Health Network.</p>



<b>Term</b>	<b>Definition</b>
Capitation Rate	<p><u>Medi-Cal</u>: The per capita rate set by CalOptima Health for the delivery of Covered Services to Members based upon Aid Code, age, and gender.</p> <p><u>OneCare</u>: The percent of the gross Capitation Payment and any applicable premiums that CalOptima Health receives from Centers of Medicare &amp; Medicaid Services (CMS) or Members on behalf of Members enrolled in a Health Network that is allocated to the Health Network for the delivery of Covered Services.</p>
Centers for Medicare & Medicaid Services (CMS)	The federal agency under the United States Department of Health and Human Services responsible for administering the Medicare and Medicaid programs.
Covered Entity	A health plan, a health care clearinghouse, or a health care Provider who transmits any health information in electronic form in connection with a transaction covered by Title 45, Code of Federal Regulations, Part 160.
Covered Services	<p><u>Medi-Cal</u>: Those services provided in the Fee-For-Service Medi-Cal program (as set forth in Title 22, CCR, Division 3, Subdivision 1, Chapter 3, beginning with Section 51301), the Child Health and Disability Prevention program (as set forth in Title 17, CCR, Division 1, Chapter 4, Subchapter 13, Article 4, beginning with section 6842), and the California Children's Services (as set forth in Title 22, CCR, Division 2, subdivision 7, and Welfare and Institutions Code, Division 9, Part 3, Chapter 7, Article 2.985, beginning with section 14094.4) under the Whole-Child Model program, to the extent those services are included as Covered Services under CalOptima Health's Medi-Cal Contract with DHCS and are Medically Necessary, along with chiropractic services (as defined in Section 51308 of Title 22, CCR), podiatry services (as defined in Section 51310 of Title 22, CCR), speech pathology services and audiology services (as defined in Section 51309 of Title 22, CCR), and Enhanced Care Management and Community Supports as part of the California Advancing and Innovating Medi-Cal (CalAIM) Initiative (as set forth in the CalAIM 1115 Demonstration &amp; 1915(b) Waiver, DHCS All Plan Letter (APL) 21-012: Enhanced Care Management Requirements and APL 21-017: Community Supports Requirements, and Welfare and Institutions Code, Division 9, Part 3, Chapter 7, Article 5.51, beginning with section 14184.100), or other services as authorized by the CalOptima Health Board of Directors, which shall be covered for Members notwithstanding whether such benefits are provided under the Fee-For-Service Medi-Cal program.</p> <p><u>OneCare</u>: Those medical services, equipment, or supplies that CalOptima Health is obligated to provide to Members under the Centers of Medicare &amp; Medicaid Services (CMS) Contract.</p> <p><u>PACE</u>: Those services set for the in California Code of Regulations, title 22, chapter 3, article 4, beginning with section 51301, and title 17, division 1, chapter 4, subchapter 13, beginning with Section 6840, unless otherwise specifically excluded under the terms of the DHCS PACE Contract with CalOptima Health, or other services as authorized by the CalOptima Health Board of Directors.</p>
Department of Health Care Services (DHCS)	The California Department of Health Care Services, the State agency that oversees California's Medicaid program, known as Medi-Cal.

<b>Term</b>	<b>Definition</b>
Designee	A person selected or designated to carry out a duty or role. The assigned Designee is required to be in management or hold the appropriate qualifications or certifications related to the duty or role.
Disclosure	Has the meaning in in 45, Code of Federal Regulations Section 160.103 including the following: the release, transfer, provision of access to, or divulging in any manner of information outside of the entity holding the information.
Encounter	<p><u>Medi-Cal</u>: Any unit of Covered Services provided to a Member by a Health Network regardless of Health Network reimbursement methodology. Such Covered Services include any service provided to a Member, regardless of the service location or Provider, including out-of-network services and sub-capitated and delegated Covered Services.</p> <p><u>OneCare</u>: Any unit of Covered Service provided to a Member by a Health Network regardless of Health Network reimbursement methodology. These services include any Covered Services provided to a Member, regardless of the service location or Provider, including out-of-network Covered Services and sub-capitated and delegated Covered Services. Encounter data submitted to CalOptima Health should not include denied, adjusted, or duplicate claims.</p>
FACETS™	Licensed software product that supports administrative, claims processing and adjudication, Membership data, and other information needs of managed care organizations.
Health Care Operations	Has the meaning given such term in Section 164.501 of Title 45, Code of Federal Regulations including: activities including quality assessment and improvement activities, care management, professional review, compliance and audits, health insurance underwriting, premium rating and other activities related to a contract and health benefits, management and administration activities, customer services, resolution of internal grievances, business planning, and development and activities related to compliance with the privacy rule.
Health Insurance Portability and Accountability Act (HIPAA)	The Health Insurance Portability and Accountability Act of 1996, Public Law 104-191, was enacted on August 21, 1996. Sections 261 through 264 of HIPAA require the Secretary of the U.S. Department of Health and Human Services (HHS) to publicize standards for the electronic exchange, privacy and security of health information, and as subsequently amended.
Health Network	A Physician Hospital Consortium (PHC), physician group under a shared risk contract, or health care service plan, such as a Health Maintenance Organization (HMO) that contracts with CalOptima Health to provide Covered Services to Members assigned to that Health Network.
Member	A beneficiary enrolled in a CalOptima Health program.
Minimum Necessary	The principle that a Covered Entity must make reasonable efforts to Use, disclose, and request only the minimum amount of protected health information needed to accomplish the intended purpose of the Use, Disclosure, or request

<b>Term</b>	<b>Definition</b>
Payment	<p>Has the meaning in 42 Code of Federal Regulations Section 164.501, including: activities carried out by CalOptima Health including:</p> <ol style="list-style-type: none"> <li>1. Determination of eligibility, risk adjustments based on Member health status and demographics, billing claims management, and collection activities;</li> <li>2. Review of health care services regarding medical necessity, coverage under a health plan, appropriateness of care, or justification of charges; and</li> <li>3. Utilization review activities including pre-certification, preauthorization, concurrent, or retrospective review of services.</li> </ol>
Personally Identifiable Information (PII)	<p>PII is —any information about an individual maintained by an agency, including (1) any information that can be Used to distinguish or trace an individual’s identity, such as name, social security number, date and place of birth, mother’s maiden name, biometric records, race, ethnicity, language (REL), sexual orientation and gender identity (SOGI); and (2) any other information that is linked or linkable to an individual, such as medical, educational, financial, and employment information.</p>
Protected Health Information (PHI)	<p>Has the meaning in 45, Code of Federal Regulations Section 160.103, including the following: individually identifiable health information transmitted by electronic media, maintained in electronic media, or transmitted or maintained in any other form or medium.</p> <p>This information identifies the individual or there is reasonable basis to believe the information can be Used to identify the individual. The information was created or received by Cal Optima or Business Associates and relates to:</p> <ol style="list-style-type: none"> <li>1. The past, present, or future physical or mental health or condition of a Member;</li> <li>2. The provision of health care to a Member; or</li> <li>3. Past, present, or future Payment for the provision of health care to a Member.</li> </ol>
Provider	<p><u>Medi-Cal</u>: A physician, nurse, nurse mid-wife, nurse practitioner, medical technician, physician assistant, hospital, laboratory, ancillary provider, or other person or institution that furnishes Covered Services.</p> <p><u>OneCare</u>: Any Medicare provider (e.g., hospital, skilled nursing facility, home health agency, outpatient physical therapy, comprehensive outpatient rehabilitation facility, end-stage renal disease facility, hospice, physician, non-physician provider, laboratory, supplier, etc.) providing Covered Services under Medicare Part B. Any organization, institution, or individual that provides Covered Services to Medicare members. Physicians, ambulatory surgical centers, and outpatient clinics are some of the providers of Covered Services under Medicare Part B.</p>
Required by Law	<p>Has the meaning in 45 Code of Federal Regulations (CFR) Section 164.103 which specifies a mandate contained in law that compels an entity to make a Use or Disclosure of PHI and that is enforceable in a court of law and which are permissible grounds for a Covered Entity to Use or Disclose PHI under 45 CFR Section 164.512(a) when relevant requirements are met.</p>

<b>Term</b>	<b>Definition</b>
Treatment	Has the meaning in 42 Code of Federal Regulations Section 164.501, including: activities undertaken on behalf of a Member including the provision, coordination, or management of health care and related services; the referral to, and consultation between, health care Providers; and coordination with third parties for services related to the management of the Member's health care benefits.
Use	Has the meaning in 45, Code of Federal Regulations Section 160.103, including the following: the sharing, employment, application, utilization, examination, or analysis of the PHI within an entity that maintains such information.