

## **Minimum Necessary Uses Disclosures of PHI**

### **HIPAA Policy: Privacy 09**

**Summary:** Staff making required disclosures of PHI should limit the disclosure to the minimum amount of information necessary to achieve the intended purpose of the disclosure.

**Affected Individuals:** Staff at HIPAA covered entities

## **1.0 PURPOSE**

To guide University of Mississippi (UM) employees at HIPAA covered entities in making reasonable efforts to limit disclosure of protected health information (PHI) to the minimum necessary to accomplish the intended purpose of the use, disclosure or request and to comply with the Health Insurance Portability and Accountability Act (HIPAA) Privacy Regulations 45 CFR Part 164.502 and the Health Information Technology for Economic and Clinical Health (HITECH) Act.

## **2.0 SCOPE**

The UM Minimum Necessary Uses and Disclosures of Protected Health Information Policy applies to any UM employee who releases PHI.

## **3.1 STANDARDS**

When using or disclosing PHI or when requesting PHI from another healthcare provider, insurance plan or clearinghouse, UM will make reasonable efforts to limit PHI released or requested to the minimum necessary to accomplish the intended purpose, EXCEPT:

- Uses or disclosures made pursuant to an authorization are not subject to minimum necessary. However, the following types of authorizations are exceptions and are subject to minimum necessary:
  - Authorizations for UM's own uses
  - Authorizations for UM's request for use or disclosure by others
  - Authorizations for research related treatment
- Disclosures made to the Secretary of Health and Human Services as required by the HIPAA Privacy Regulation (are not subject to minimum necessary).
- Uses or disclosures that are required by law (are not subject to minimum necessary).

# Minimum Necessary Uses Disclosures of PHI

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- Uses or disclosures that are required for compliance with the HIPAA Privacy Regulation (are not subject to minimum necessary).

Disclosures, uses, and requests will be limited to a limited data set, as defined by HIPAA, to the extent practicable, and comply with any other regulations or guidance defining the “minimum necessary” issued by the secretary.

The following standards have been created with regards to disclosures, uses, and requests made to Business Associates and other covered entities for the purposes of treatment and payment:

### **Business Associates**

- PHI released to Business Associates will be held to the minimum necessary as stated in the Business Associate Contract.

### **Releases to Other Covered Entities for Treatment and Payment Purposes**

- *Treatment - Request from Provider*  
UM has deemed all patient records requested by the treating provider, limited to one year prior to the request date, as the “minimum necessary” for continued patient treatment by the requestor. A patient/patient representative signed authorization must accompany any request for patient records greater than one year from the request date.
- *Payment - Request from Insurance Company*  
UM has deemed any requested medical record documentation for the date of service for which payment is pending as the “minimum necessary” in order to receive payment.

*NOTE:* \*Restrictions – UM may not use or disclose PHI in violation of a restriction agreed to by UM. For more information on Restrictions, refer to Right to Request Restrictions Policy.

## **4.0 CONTACT INFORMATION**

For questions about the UM Minimum Necessary Uses and Disclosures of PHI Policy or for more information, call the Office of General Counsel at 662-915-7014.