

TITLE: HIPAA MINIMUM NECESSARY STANDARD

POLICY AND PURPOSE:

NewYork-Presbyterian Hospital is committed to protecting patient privacy including all records that may reveal a patient's Protected Health Information (PHI). In addition, the Hospital is committed to releasing information only in situations in which it is necessary and appropriate. All Hospital Staff and Medical Staff shall limit their uses, disclosures and requests of PHI to the minimum amount of information necessary to accomplish their duties at the Hospital. The Hospital Staff and Medical Staff should not, however, restrict exchanges of information required to treat patients quickly and effectively. Any staff member who is involved in the treatment, including registration, admission and discharge, may access a patient's medical record as necessary to provide health care that conforms to the Hospital's mission, goals and standards of excellence.

The purpose of this policy is to describe the Hospital's standard in determining who may access PHI, under what circumstances such access is available and what PHI may be disclosed in response to requests from persons outside the Hospital. This Policy is required under the Privacy Regulations implementing the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

APPLICABILITY:

All Hospital Staff and Medical Staff

PROCEDURES:

1. Minimum Necessary Standard

- A. When using or disclosing PHI or when requesting PHI from another provider, the Hospital shall make reasonable efforts to limit the PHI to the minimum necessary to accomplish the intended purpose.
- B. The Minimum Necessary Standard does not apply to the following:
 - 1. Uses or disclosures made to the patient or his/her duly authorized representative;
 - 2. Uses or disclosures made pursuant to an authorization;
 - 3. Disclosures made to the Secretary of Health and Human Services; and

4. Uses or disclosures that are required by law, including the HIPAA Privacy Regulations.

2. Uses of PHI for Treatment

- A. The Minimum Necessary Standard does apply to uses of PHI for treatment.
- B. Clinical staff including residents with a treatment relationship to a patient may access the entire medical record of that patient in order to provide appropriate and necessary care and treatment.
- C. Students may access an entire medical record only in those specific instances when their teacher or supervisor deems it appropriate for educational and training purposes.
- D. Other Hospital staff may access an entire medical record only if such access is necessary for the performance of their duties.

3. Identification of Persons with Access to PHI

- A. Each Vice President or his/her designee shall develop, on a departmental basis, a procedure for determining by category of persons within the department, the access needs to PHI.
- B. For each category of persons so identified, the Vice President or his/her designee shall determine what access is needed and under what conditions such access is appropriate. The Privacy Officer should be consulted if assistance is needed to make this determination.

4. Routine Uses, Disclosures and Requests

- A. Each Vice President or his/her designee shall ensure that uses, disclosures and requests of PHI are limited to the minimum necessary to accomplish the stated purpose.
- B. If a Vice President determines that reliance is reasonable, the Hospital may rely on a requested disclosure as the minimum necessary for the stated purpose in the following circumstances:
 1. Making permitted disclosures to public officials, if the public official represents that the information requested is the minimum necessary for the official purpose;

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2. The information is requested by another provider, a clearinghouse or a health plan;
3. The information is requested by a Hospital Staff member or Medical Staff member or by a business associate of the Hospital for the purposes of providing professional services to the Hospital, if the person making the request represents that the information requested is the minimum necessary for the stated purpose; or
4. Responding to a person who provides documentation or representations that comply with the research policies of the Hospital, New York Weill Cornell Medical College, or Columbia University Division of Health Sciences.

Definitions

Protected Health Information is information about a patient, including demographic information that may identify a patient, that relates to the patient's past, present or future physical or mental health or condition, related health care services or payment for health care services.

RESPONSIBILITY:

Vice Presidents, Privacy Officer

REFERENCES:

Health Insurance Portability and Accountability Act of 1996, 45 C.F.R. 164.502(b) and 164.514(d)

REVIEW/REVISION DATE:

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