

St. Joseph's/ Candler Health System	<p style="text-align: center;">Administrative Policy</p> <p>Title: Medical Record – Minimum Necessary Access</p>	Policy Number: 1169-A Effective Date: 01/21/2022 Page 1 of 3
--	--	---

Policy Statement

It shall be the policy of St. Joseph's/Candler Health System ("SJ/C") to make reasonable efforts to limit the PHI used, accessed, disclosed or requested to the minimum necessary to accomplish the intended purpose in accordance with the Health Insurance Portability and Accountability Act of 1996 ("HIPAA").

Definitions

Protected Health Information (PHI) – is individually identifiable health information that is transmitted by electronic media; maintained in any medium or transmitted or maintained in any other form or medium. Protected Health Information excludes education records covered by the Family Educational Rights and Privacy Act, records described at 20 U.S.C. 1232g(a)(4)(B)(iv), employment records held by SJ/C in its role as employer, and records regarding a person who has been deceased for more than fifty (50) years.

Individually Identifiable Health Information – is information, including demographic data that relates to:

- The individual's past, present or future physical or mental health or condition, the provision of health care to the individual, or the past, present, or future payment for the provision of health care to the individual; and
- That identifies the individual, or for which there is a reasonable basis to believe can be used to identify the individual.

Authorized User - includes co-workers, consultants, contractors, students, physicians and their employees, volunteers and all other persons working on behalf of the SJ/C who have a legitimate need to access SJ/C computer systems, have executed the appropriate confidentiality agreement, have executed a Business Associate Agreement where applicable, and have been trained on the computer systems for which access is being provided.

Procedure

A. Minimum Necessary Rule:

1. Only Authorized Users with a legitimate 'need to know' may access, use or disclose Protected Health Information. This includes all activities related to treatment, payment and health care operations of SJ/C. Each Authorized User may only access, use or disclose the minimum information necessary to perform

his or her designated role regardless of the extent of access provided to him or her.

2. The minimum necessary requirement does not apply to the following: (i) requests by another covered entity; (ii) disclosures or requests by a health care provider for treatment; (iii) uses or disclosures made to the individual who is subject of the PHI; (iv) uses or disclosures made pursuant to a HIPAA compliant authorization; (v) disclosures to the Secretary of the Department of Health and Human Services (the “Secretary”) when required by the Secretary to investigate or determine SJ/C’s compliance with the HIPAA Privacy Standards; (vi) uses and disclosures required by law; and (vii) limited data sets and de-identified information.

B. Authorized User Access of SJ/C Information Systems:

1. Authorized Users of SJ/C information systems, including but not limited to Meditech, will be restricted to the access necessary for those individuals or classes of individuals to carry out their job functions. The categories of Protected Health Information needed to successfully perform their job functions will be defined by agreement or the job description associated with the position. Authorized Users access to SJ/C information systems will be further defined and restricted as follows:
 - a. The applicable job code will have restrictions to SJ/C information systems.
 - b. Each agreement or job description, as applicable, will define appropriate access of SJ/C information systems and Protected Health Information.
 - c. The SJ/C Information Systems Department will maintain job codes in correlation with applicable job descriptions.
 - d. Authorized Users will be trained to those SJ/C information systems for which information for their job or job function is maintained.
 - e. Authorized Users will be bound by the confidentiality provisions and policies of SJ/C, as well as applicable law.
 - f. Authorized Users will execute a confidentiality agreement, and where applicable, a Business Associate Agreement, prior to obtaining access to Protected Health Information.

C. Disclosures and Requests Made on Non-Routine Basis:

1. For disclosures and requests made on a non-routine basis, criteria will be developed and maintained to limit Protected Health Information to the information reasonably necessary to accomplish the purpose of the disclosure and each request must be reviewed on an individual basis in accordance with such criteria.

D. Disclosures and Requests Made on Routine and Recurring Basis:

1. For disclosures and requests made on a routine and recurring basis, standard policies, procedures or protocols will be created, implemented and maintained to limit the Protected Health Information to the amount reasonably necessary to achieve the purpose of the disclosure.

E. Limitation of PHI Requests:

1. SJ/C will limit any and all requests for Protected Health Information to the amount reasonably necessary to accomplish the purpose of the request.

F. Reasonable Reliance:

1. SJ/C may reasonably rely on a requested disclosure as being the minimum necessary when:
 - a. Making disclosures to a public official or agency if the public official or agency represents that the information requested is the minimum necessary for a permitted purpose under 45 C.F.R. § 164.512;
 - b. Making disclosures to another covered entity;
 - c. Making disclosures to a professional who is a member of SJ/C's workforce or is a business associate of SJ/C for the purpose of providing professional services to SJ/C, and the professional represents the information requested as the minimum necessary; and
 - d. Making disclosures to a researcher with appropriate documentation from an Institutional Review Board or Privacy Board.

G. Compliance:

1. All Authorized Users who obtain or access Protected Health Information will comply with this Policy and all other policies and procedures of SJ/C concerning Protected Health Information. Any failure to comply will be subject to appropriate action including disciplinary action for co-workers up to and including termination.

Approved:



Signature

Original Implementation Date: 04/09/2003
Next Review Date: 01/21/2025
Originating Department/Committee: HIM/Legal Services Dept.
Reviewed: 8/06; 06/09; 06/12, 06/15, 09/18, 01/22
Revised: 8/06, 06/09, 06/12, 01/22
Rescinded:
Former Policy Number(s):

Printed copies are for reference only. Please refer to the electronic copy for the latest version.

Policy Number: 1169-A
Effective Date: 01/21/2022