Effective Date: 7/17/2013; 4/14/2003 Motion #03-013

Revised Date: 2/27/2018 Review Date: 2/27/2018

North Sound Behavioral Health Organization

Section 2500 – Privacy: Minimum Necessary

Authorizing Source: 45 CFR 164 (HIPAA); 42 CFR Part 2 (Part 2); RCW 70.02

Cancels: Approved by: Board of Directors

See Also: Motion #: 03-013 Date: 4/14/2003

Responsible Staff: Privacy Officer Executive Director's Signature:

POLICY #2509.00

SUBJECT: MINIMUM NECESSARY

PURPOSE

In compliance with Health Insurance Portability and Accountability Act (HIPAA), Part 2 and Washington law, this policy sets out the process for applying the "minimum necessary" standards to uses of, disclosures of and requests for Protected Health Information (PHI).

Capitalized terms have special meanings. Defined terms in this policy include Designated Record Set, Limited Data Sets, PHI and Required by Law. See Policy 2502.00: Definitions for Policies Governing PHI.

POLICY

Workforce will make reasonable efforts to use, disclose and request only the minimum PHI necessary to accomplish the permissible purpose of the use, disclosure, or request. Workforce must have a "need to know" for permissible job-related purposes to access, use, or disclose any particular PHI. North Sound Behavioral Health Organization (North Sound BHO) recognizes the minimum necessary requirement is particularly important for the sensitive type of PHI that it regularly creates, receives, uses and discloses, including Part 2 Information and information relating to behavioral health and sexually transmitted diseases (STD).

PROCEDURE

- 1. **General Requirement.** Each Workforce member will make reasonable efforts to limit his or her uses, disclosures and requests of PHI to the minimum necessary to accomplish the intended and permissible purpose of the use, disclosure, or request, as required under this policy.
- 2. <u>Exceptions</u>. North Sound BHO will apply the minimum necessary standards to all uses, disclosures and requests for PHI, *except* for:
 - 2.1 Disclosures to, or requests by, a Health Care Provider for the purpose of Treatment;
 - 2.2 Disclosures to the Individual or the Individual's Authorized Representative, as part of the right to access PHI maintained in a Designated Record Set;

Date: 3/6/2018

- 2.3 Disclosures made pursuant to an authorization by or on behalf of the Individual;
- 2.4 Disclosures required to legally comply with HIPAA;
- 2.5 Uses and disclosures Required by Law, to the extent the use or disclosure complies with and is limited to, the relevant requirements of the Law; and
- 2.6 Disclosures to the Secretary of the Department of Health and Human Services (DHHS) for HIPAA compliance enforcement.
- 3. <u>Limitations on Use and Access by Workforce</u>. Only Workforce who are authorized to access and use PHI may do so. Authorized Workforce who have a job-related need-to-know may access or use PHI. Workforce may access or use PHI in accordance with the matrix of classes of persons, categories of access and conditions appropriate to the access, which is maintained by the Privacy Officer. Changes to the matrix will require notification of Human Resources for inclusion in subsequent training of Workforce with access to PHI.
- 4. Routine and Recurring Disclosures. For routine and recurring disclosures of PHI, Workforce will disclose PHI in accordance with any designations of routine uses, disclosures and requests and the matrix based on the type of PHI, types of persons eligible to receive PHI and the conditions that would apply to access. The designations of routine use, disclosures and requests and the matrix shall be maintained by the Privacy Officer. Changes to the matrix and designations will require notification of Human Resources for inclusion in subsequent training of direct service personnel.
- 5. **Non-Routine and Non-Recurring Disclosures.** Non-routine, non-recurring disclosures of PHI will be reviewed, prior to any disclosure of PHI, by the Privacy Officer or other Workforce member designated by the Privacy Officer. The Privacy Officer will make the determination the minimum necessary PHI is being disclosed.
- 6. **Limitations on Requests**
 - 6.1 **Routine Requests.** When requesting PHI from other Covered Entities, Workforce will limit any request for PHI to that which is reasonably necessary to accomplish the permissible purpose of the request. For example, Workforce should limit any requests for entire medical records, other than for Treatment purposes.
 - 6.2 **Non-Routine Requests.** Workforce will obtain the approval of the Privacy Officer for non-routine requests of PHI.
- 7. Preference for De-Identified Information and Limited Data Sets. When North Sound BHO receives requests for PHI from external sources, including Business Associates, if practicable, North Sound BHO will limit disclosures to: (a) De-Identified Data; or (b) Limited Data Sets (information that has been partially de-identified), coupled with Data Use Agreement from the recipient. See Policy 2503.00: De-Identification and Limited Data Sets. If De-Identified Data or Limited Data Sets are not practicable, then disclosures of PHI will be the minimum necessary to accomplish the intended permissible purposes of the disclosure.

- 8. <u>Documentation</u>. Documentation retention shall be retained for at least six (6) years. Documentation requirements include:
 - 8.1 Policies and procedures for minimum necessary;
 - 8.2 Role-Based Access Matrix, including previous and current versions; and
 - 8.3 Designations of routine uses, disclosures and requests.
- 9. **Related Policies.** Other policies and procedures to review that are related to this policy:
 - 9.1 Policy 2501.00: Privacy and Confidentiality;
 - 9.2 **Policy 2502.00: Definitions for Policies Governing PHI**;
 - 9.3 Policy 2507.00: Business Associates and Qualified Services Organizations;
 - 9.4 Policy 2503.00: De-Identification and Limited Data Sets;
 - 9.5 **Policy 2506.00: Documentation;**
 - 9.6 Policy 2514.00: Right of access to PHI; and
 - 9.7 Policy 2522.00: Uses and disclosures of PHI.

FORMS

None