

Working Together to Serve the Community

This policy applicable to: **All Subsidiaries** **All Hospitals** **BMRH**
 All Acute Care Hospitals **Mirmont Treatment Center**

ADMINISTRATIVE POLICY AND PROCEDURE MANUAL

Subject: **HIPAA-Access to and Use of Patient Information (Minimum Necessary Rule) No. VII.8**

Policy: **It is the policy of Main Line Health that all employees access and use only the minimum amount of protected health information (PHI) necessary to perform his or her responsibilities, regardless of the extent of access to PHI available to the individual employee.**

Procedure:

I. Who can access PHI

Only individuals with a legitimate “need to know” may access, use or disclose patient information. This includes all activities related to treatment, payment and health care operations. For purposes of this and other privacy policies, protected health information (PHI) means any individually identifiable health information collected, stored and maintained by any MLH facility. This includes demographic information and any information that relates to a patient’s current, past or future medical condition.

II. Accessing patient information

The following procedures will apply to all MLH staff and employees when accessing patient information:

- Anyone accessing patient information may access and use only the minimum amount of information necessary to accomplish the intended purpose of the use, access or disclosure.
- All employees are responsible for attending on-going education on patient privacy and patient rights related to PHI.
- Enforcement of this policy will be consistent with the Main Line Health Standards of Conduct and all other applicable patient privacy policies.
- Random audits of an employee access to PHI will be conducted to ensure this policy is followed.

III. Employee access of PHI

Main Line Health staff and employees who are also patients are subject to the minimum necessary rule. That is, an employee can not access his or her PHI or that of a family member unless required to do so as part of their job. Any non-job related access is a violation of HIPAA and employees who violate this policy are subject to MLH disciplinary policies.

IV. Requesting PHI from another Covered Entity

When requesting protected health information from another covered entity, the following procedures apply:

- Request only that PHI which is necessary to accomplish the purpose for which the request is made.
- For requests of PHI that are made on a routine and recurring basis, departments must implement procedures designed to insure requests meet the minimum necessary standard.
- For all other requests, departments must implement policies to ensure the minimum necessary standard is applied to all requests for external PHI.

V. The Minimum Necessary Standard does not apply in the following circumstances:

- Disclosures or requests by healthcare providers for treatment purposes.
- Disclosures to the patient who is the subject of the information.
- Uses or disclosures made pursuant to an authorization request by the patient.
- Uses or disclosures required for compliance with the standardized HIPAA transactions regulations.
- Disclosures to the Department of Health and Human Services when such disclosure is required under the rule for enforcement purposes.
- Any use or disclosure required by law, including a valid subpoena.

References: Health Insurance Portability and Accountability Act, 1996, 45 CFR §§ 164.502(b); 164.514(d)

Origination Date: 1/03

Review Date: 3/04, 3/05, 3/06

Previous Revision Date: 11/06

Revision Date: 3/10

Key Contact: Compliance and Privacy Officer
(Coordinated with HIM)