

The Providence Center
Policy & Procedure Manual

Section: Information Services

Policy Number: 4.05

**Policy Name: Minimum Necessary Access of Protected
Health Information (PHI) by Staff**

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Board Approved Policy: 10/4/2007

Reviewed/Revised: 7/30/2007

Chief Medical Officer's Signature (when applicable): _____

President/CEO Signature: _____

Effective Date: 6/17/2003

A. Policy:

All employees, student, trainee, resident, volunteer and consultant/temporary employees shall make reasonable efforts to limit the use, disclosure of, and request for PHI to the minimum amount of information necessary to accomplish the intended purpose. The 'minimum necessary' guidelines should be followed when releasing or accessing information for internal or external use or disclosure.

B. Background:

C. Definitions:

“**TPO**” is defined as Treatment, Payment and healthcare Operations.

“**Treatment**” is defined as the different TPC programs that share information to coordinate the things a client needs, such as prescriptions or lab work. It also includes other healthcare providers that a client may see outside of TPC to coordinate care.

“**Payment**” is defined as the information needed to obtain authorizations for service, submit bills for payment and to obtain payment from the client, the client's insurance company, or the client's third party payer.

“**Healthcare Operations**” is defined as the PHI used to support the business operation of the

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Providence Center, such as quality improvement, employee review and other business related activities.

“Electronic information” is defined as any electronic file stored on any computer equipment or electronic media.

“Protected Health Information (PHI)” is defined as health information, oral or recorded in any form or medium that is created or received by a health care provider, health plan, public health authority, employer, life insurer, school or university, or health care clearing house. This includes past, present or future physical or mental health condition of an individual, provision of health care to the individual, or the past, present or future payment for the provision of health care.

D. Procedure:

1. The Providence Center uses the following criteria to define “minimum necessary” with respect to determining what is minimally necessary to accomplish the intended purpose of the disclosure:
 - a. What is the purpose of the disclosure?
 - b. List the data needed to support the purpose of the disclosure.
 - c. Release only the data as determined in Step 2.
2. Information shall only be released in accordance with Center policies on ROI (See Forms and References).

E. Statutes, Regulations, and Standards:

RI General Laws 5-37.3, the Confidentiality of Health Care Information Act, and Federal drug and alcohol regulations (Confidentiality of Alcohol and Drug Abuse Patient Records), 42 CFR Part 2, CARF Standard 1.C.11, MHRH 17.0.

F. Distribution, Staff Development, and Training Requirements:

All staff having a Policy and Procedure Manual will receive a copy of this policy. All other staff will access the Policy and Procedure Manual on the TPC Intranet.

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G. Monitoring Requirements:

Each program or department, who discloses PHI, shall periodically audit disclosures to ensure that the minimum necessary requirements were met where appropriate. The results will be sent to the Privacy Officer.

H. Forms and References: N/A

I. Originated By: The Privacy Officer