

CONNECTICUT VALLEY HOSPITAL OPERATIONAL PROCEDURE MANUAL

SECTION II:	Organization Focused Functions
CHAPTER 9:	Management of Information/HIPAA
PROCEDURE 9.24:	Use and Disclosure of Protected Health Information, Minimum Necessary
REVISED:	02/24/03; 12/13/10; 08/02/13; 3/8/16; Reviewed 4/25/18; 11/16/18
Governing Body Approval:	11/19/18(<i>electronic vote</i>)

PURPOSE: To inform staff that they need to make every effort to limit the use, disclosure and requests for patient Protected Health Information (PHI), to the minimum necessary in order to accomplish the intended purpose. The “Minimum Necessary Standard” applies to both external disclosures and internal communications of patient PHI.

SCOPE: All Clinical Staff and HIM

POLICY:

It is the policy of Connecticut Valley Hospital (CVH) to make efforts that shall limit the use, disclosure, and all requests for patient Protected Health Information (PHI), to the minimum necessary in order to accomplish the intended purpose. CVH shall apply the “Minimum Necessary Standard” to both external disclosures and internal communications of patient PHI.

Definitions:

1. *Disclosure*: The release, transfer, provision of access to, or the divulging in any other manner of information outside the agency holding the information.
2. *Individually Identifiable Health Information*: Information that is a subset of health information, including demographic information collected from an individual, and that: (1) is created or received by a health care provider, health plan, employer, or health care clearinghouse; and (2) relates to the past, present, or future physical or mental health or condition of an individual, the provision of health care to an individual, or the past, present, or future payment for the provision of health care to an individual, and (3) which identifies the individual, or (4) with respect to which there is a reasonable basis to believe that the information can be used to identify the individual. *Note*: Individually identifiable health information is to be treated as protected health information.
3. *Protected Health Information (PHI)*: Individually identifiable information relating to past, present or future physical or mental health or condition of an individual, provision of health care to an individual, or the past, present or future payment for health care provided to an individual.
4. *Treatment, Payment, and Health Care Operations (TPO)*: Includes all the following:
 - A. Treatment – The provision, coordination, or management of health care and related services, consultation between providers relating to an individual, or referral of an individual to another provider for health care.
 - B. Payment – Activities undertaken to obtain or provide reimbursement for health care, including determinations of eligibility or coverage, billing, collections activities, medical necessity determinations and utilization review.

- C. Health Care Operations – Includes functions such as quality assessment and improvement activities, reviewing competence or qualifications of health care professionals, conducting or arranging for medical review, legal services and auditing functions, business planning and development, and general business and administrative activities.
5. Use: With respect to individually identifiable health information, the sharing, employment, application, utilization, examination, or analysis of such information within an entity that maintains such information.

PROCEDURE:

1. External Disclosures

- A. Connecticut Valley Hospital (CVH) utilizes criteria designed to limit the PHI disclosed to the information reasonably necessary to accomplish the intended purpose. Criteria includes the purpose for which the disclosure or use is requested, what should be disclosed, who is requesting disclosure, and how long a time period is granted for use of PHI.
- B. CVH has designated the Director of Health Information Management/designee to oversee or review all requests on an individual basis in accordance with such criteria.
- C. CVH limits requests for PHI from other facilities or covered entities to that which is reasonably necessary to accomplish the purpose for which the request is made.

2. Internal Communications

- A. CVH does not permit individually identifiable health information to be displayed in common settings or public areas, such as on white boards or rosters in hallways where the public or other patients would have ready access.
- B. CVH only permits oral communication in public areas that is necessary to carry out treatment, but encourages that this communication be kept to a minimum. CVH staff makes reasonable efforts to prevent others from intercepting PHI, in whatever medium (e.g. fax, written documents).
- C. CVH identifies and makes reasonable efforts to limit access of those persons, or classes of persons in its workforce, who need access to PHI to carry out their duties and to identify the categories of PHI to which access is needed and any conditions appropriate to such access.
- D. At CVH, there are various functions performed by multiple workforce members, with different job titles. In the performance of these functions, staff is provided with access to only the minimum necessary PHI in order to fulfill their duties. For example, in the performance of one function, a workforce member is provided access to the entire medical record of an individual. In the performance of a second function, this same workforce member will only have access to a portion of the medical record. Please refer to the sample table below.

Function	Access
<u>Clinical Functions:</u> (Treatment) Treatment Team: Physicians, Nursing Staff (APRN, RN, LPN, MHA), Psychologists, Social Workers, Forensic Treatment Specialists, Clinical Case Managers, Unit Directors, Program Managers Pharmacists, Dietitians, Dental Staff, Physical Therapy, etc.	Access to the entire medical record of patients for whom direct care is provided or supervised. Access limited to portions of the medical record necessary to perform duties as determined using professional judgment and standards, up to and including the entire medical record.
<u>Monitoring Activities:</u> (Health Care Operations) Peer Review Performance Improvement Utilization Review/Management Compliance Reviews	Access limited to the portion(s) of the medical record(s) necessary to accomplish the specific monitoring requirements.
Health Information Management	Access to portions of the medical record needed to perform the specific duties as relate to the record.
Disposition/Transfer/Referral Meetings	Access limited to the portions of the medical record that directly relate to the disposition planning.
Information Technology Staff	Access to databases and IT resources for systems management.
Billing	Access limited to the minimum necessary administrative, clinical and payment information provided from the medical record.
Students (Health Care Operations)	Access to entire medical record of patients for whom they are involved in the provision of care.