



Uses and Disclosures of Protected Health Information (PHI)

Policy # 2.1

Minimum Necessary Standard

Original
Effective Date:
6/21/2016

Revised Date:
3/28/2023

Purpose: To develop procedures to limit the PHI requested, used, or disclosed to the amount reasonably necessary to achieve the purpose of the request, use or disclosure.

Policy: Workforce members are granted access to the minimum amount of PHI necessary to perform their job functions. When requesting, using, or disclosing PHI, as allowed under these HIPAA Policies, workforce members use or disclose only the minimum PHI necessary to accomplish the purpose of the use, request, or disclosure. A workforce member does not use, disclose, or request an entire medical record unless the entire medical record is specifically justified as being reasonably necessary to accomplish the purpose of the use, disclosure, or request.

This policy **does not apply** to the following uses or disclosures:

- disclosures to or requests by a provider for treatment;
- uses or disclosures made to the Individual who is the subject of the information;
- uses or disclosures pursuant to an authorization;
- disclosures made to the United States Department of Health and Human Services;
- uses or disclosures required by law; and
- uses or disclosures required for compliance with applicable requirements of the HIPAA Privacy Rules.

Process:

Responding to requests for PHI

1. When responding to a request for PHI, Travis County workforce members must obtain a written request or release of information with proper identification of the requester or a personal representative. This procedure applies to **every** request, including requests that originate in departments that have been designated a Travis County "**Business Associate**" under the County's Hybrid Designation.
 - Travis County *Business Associate* Components (Departments) are:
 - **County Attorney**
 - **County Auditor**
 - **Records Management**
 - **Information Technology Services**

Using and Disclosing PHI

1. For any use or disclosure of PHI made on a routine and recurring basis, workforce members can rely on established and appropriately reviewed practices in determining the amount of information needed to perform the particular function and do not need to engage in a case-by-case review of whether the information used or disclosed conforms to the minimum necessary standard. Routine and recurring uses and disclosures shall include, **but are not limited to**, the following:
 - uses or disclosures of PHI for the purposes of conducting treatment, payment or health care operation functions or activities in relation to the Covered Component,
 - activities involving the coordination of benefits,
 - disclosure of enrollment/disenrollment status of an Individual under a Group Health Plan,
 - disclosures to an Individual or an Individual's family member or other person closely involved in the Individual's care.

Workforce members may also rely on an internal department memo that establishes the minimum amount of PHI necessary to disclose to *Business Associate* departments. A copy of internal department memos is provided to the HIPAA Compliance and Privacy Officer.

2. For any use or disclosure of PHI that is not made on a routine and recurring basis, workforce members review the request, and determine the minimum PHI necessary to accomplish its purpose.
3. When Federal or State law requires a disclosure of PHI, the minimum necessary information considered to be what is required to comply with the law.

Minimum Necessary Access

1. The HIPAA Compliance and Privacy Officer will assess whether various classifications of personnel have appropriate access to PHI, and will recommend access restrictions, **where appropriate**.
2. The HIPAA Compliance and Privacy Officer works with covered components, including Privacy Liaisons, program managers and others, to identify workforce members that may access PHI by position, job class, or any other mechanism most appropriate to the covered components.
3. Appropriate workforce members provide job functions, and level of access requirements to the HIPAA Compliance and Privacy Officer. The HIPAA Compliance and Privacy Officer reviews, and communicates concerns related to levels of access back to the covered component. Access is re-reviewed and justified, modified, or terminated by the covered component, in consultation with the HIPAA Compliance and Privacy Officer.
4. The HIPAA Compliance and Privacy Officer provides HIPAA Training List, by position number, to the Security Officer to facilitate implementation of TC-ITS- 102, entitled, "Access Control Policy."

5. Covered Components inform the HIPAA Compliance and Privacy Officer of new positions or reorganized positions or job functions that require access to PHI prior to allowing such access. The HIPAA Compliance and Privacy Officer and covered components review the justification for PHI access in accordance with these procedures. Anyone having access to PHI must have completed the mandatory HIPAA Training before being granted access.