

<p>POLICY TITLE HIPAA Privacy - Minimum Necessary</p>	
<p>POLICY SPONSOR TITLE & DEPARTMENT Assistant Privacy Officer; Office of Healthcare Compliance & Privacy (OHCP) ohcp@uchc.edu</p>	
<p>APPLICABILITY</p> <p><input checked="" type="checkbox"/> All UConn Health, including John Dempsey Hospital</p> <p>Or Select All That Apply:</p> <p><input type="checkbox"/> UConn John Dempsey Hospital <input type="checkbox"/> School of Dental Medicine <input type="checkbox"/> UConn Medical Group <input type="checkbox"/> School of Medicine <input type="checkbox"/> UConn Health Pharmacy Services, Inc. <input type="checkbox"/> Research <input type="checkbox"/> Dental Clinics <input type="checkbox"/> Department or Entity <input type="checkbox"/> Graduate School</p> <p><i>Provide Department or Entity Name(s):</i> Click or tap here to enter text.</p>	<p>POLICY CATEGORY</p> <p>Select All That Apply:</p> <p><input type="checkbox"/> Academic <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Clinical <input type="checkbox"/> Research</p> <p>REVIEW CYCLE</p> <p><input checked="" type="checkbox"/> 1 year <input type="checkbox"/> 2 years <input type="checkbox"/> 3 years</p>

SCOPE

UConn Health Workforce

PURPOSE

This document outlines requirements for compliance with the minimum necessary standard set forth in the Health Insurance Portability and Accountability Act of 1996, the Health Information Technology for Economic and Clinical Health Act, and the associated regulations (collectively “HIPAA”).

POLICY STATEMENT(S)

1. Minimum Necessary
 - 1.1. When using or disclosing protected health information (PHI), or when requesting PHI, Workforce Members shall make reasonable efforts to limit the PHI used, disclosed, or requested to the minimum amount necessary to accomplish the intended purpose. Workforce Members shall only use and disclose PHI in accordance with UConn Health policy governing the use and disclosure of PHI (see UConn Health policy [2023-05 Use and Disclosure of PHI](#)).
 - 1.2. UConn Health shall not impose the minimum necessary standard for PHI to the following:
 - a. Disclosures to or requests by a healthcare provider for treatment purposes;
 - b. Disclosures to a patient or a patient’s legally authorized representative, as permitted or required under the HIPAA Privacy Rule;

- c. Uses or disclosures pursuant to a valid authorization, in which case, the use or disclosure is limited to the PHI specified on the authorization;
 - d. Disclosures to the U.S. Department of Health and Human Services (HHS) when disclosure of information is required under the Privacy Rule for enforcement purposes; or
 - e. Uses or disclosures required by law.
- 1.3. Workforce Members shall not use, disclose, or request a patient's entire medical record unless the entire record is specifically justified as the amount needed to accomplish the purpose of the use, disclosure or request, or the minimum necessary standard does not apply as indicated in Section 1.2. above.
- 2. Accessibility of Workforce Members to PHI
 - 2.1. An appropriate leader, such as a department director, shall be responsible for identifying those individuals in the department who need access to PHI in order to carry out their duties and for determining the PHI or types of PHI to which access is needed.
 - 2.2. Workforce Members shall not access the PHI of an individual with whom the Workforce Member does not have a UConn Health-related treatment, payment, or healthcare operation responsibility including, but not limited to, using work-issued access credentials to view or access:
 - a. Their own medical records; or
 - b. The medical records of family members, including the Workforce Member's own minor children, unless the Workforce Member has a UConn Health-related treatment, payment, or healthcare operation responsibility to do so.
- 3. Requests for PHI
 - 3.1. Workforce Members shall request only the minimum amount of PHI necessary to accomplish the purpose for which the request is made.
 - 3.2. Workforce Members shall rely on a request for disclosure of PHI as the minimum necessary to meet its stated purpose provided:
 - a. The requestor is a person authorized to access the PHI (see UConn Health policy, [2023-03 Identification and Protection of PHI](#)).
 - b. The requestor is another covered entity required to comply with HIPAA, such as a health plan, a healthcare clearing house, or a healthcare provider.
 - c. The requestor is a business associate who provides professional services to UConn Health and who represents that the PHI requested is the minimum necessary (see UConn Health policy, [2003-04 Business Associate Agreements](#)).
 - d. The requestor is a public official who represents that the PHI requested is the minimum necessary for official purposes (see UConn Health policy, [2023-05 Use and Disclosure of PHI](#)).
 - e. The requestor seeks the PHI for research purposes, and the disclosure meets UConn Health's requirement for research (see UConn Health policy, [2023-05 Use and Disclosure of PHI](#)).

DEFINITIONS

Protected Health Information (PHI): Any information, including payment information, whether oral or recorded, transmitted, or retained in any form or medium, including demographic information collected from an individual, that:

- Is created or received by UConn Health;
- 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
- Identifies the individual, or with respect to which there is a reasonable basis to believe the information can be used to identify the individual.

Protected Health Information excludes information in education records covered by the Family Educational Right and Privacy Act (FERPA), records described in 20 USC 1232g(a)(4)(B)(iv), employment records held by UConn Health in its role as an employer, or healthcare records related to individuals who have been deceased for more than 50 years.

Workforce Member: Employees, volunteers, trainees, and other persons whose conduct, in the performance of work for UConn Health, is under the direct control of UConn Health, whether or not they are paid by UConn Health.

ENFORCEMENT

All Policies must include the following statement:

Violations of this policy or procedures may result in appropriate disciplinary measures in accordance with By-Laws, Rules of Conduct, applicable collective bargaining agreements, other applicable Policies, student and/or resident/fellow codes of conduct, or as outlined in any procedures document related to this policy.

PROCEDURES

None.

RELATED DOCUMENTS

[2003-04 Business Associate Agreements](#)

[2023-03 Identification and Protection of PHI](#)

[2023-05 Use and Disclosure of PHI](#)

REFERENCES

HIPAA Privacy Rule, §164.502 Uses and disclosures of protected health information: General rules. January 25, 2013.

HIPAA Privacy Rule, §164.514 Other requirements relating to uses and disclosures of protected health information. June 7, 2013.

APPROVAL:

Bruce Liang (Signed)
Bruce Liang, MD, FACC
Interim Chief Executive Officer, UConn Health
Executive Vice President for Health Affairs

12/13/2023
Date

Elle Box (Signed)
Elle Box
Chief Healthcare Compliance & Privacy Officer
Administrative Policy Committee Co-Chair

12/12/2023
Date

Janel Simpson (Signed)
Janel Simpson
Chief Administrative Officer
Administrative Policy Committee Co-Chair

12/11/2023
Date

POLICY HISTORY

Created On: 04/14/2003

Revised: 06/15/2005, 10/08/2013, 01/04/2021, 12/13/2023 (Approved by CEO)

Reviewed:

REPLACES *(If applicable)*

Title:

Date Retired: