PROCEDURE STATEMENT:
The information that Health Quest Systems, Inc. and its affiliates (“HQ”) Workforce Members will utilize in their daily business will be the least amount necessary to complete the specific request or assignment.

PROCEDURE:
A. Minimum Necessary Access/Use

1. HQ will identify the classes of persons in its Workforce who need access to protected health information (“PHI”) to carry out their duties. HQ will make reasonable efforts to limit the access of such persons to those categories of PHI that they require and shall establish conditions appropriate to such access.

2. Role-based access policies will be applied to electronic records to ensure that Workforce members’ access is limited to only PHI which is required to carry out their duties.

3. Role-based access controls will support minimum necessary use with access permitted when justified, e.g. a treatment relationship.

4. Healthcare professionals including medical staff may access the PHI only of those individual patients for whom they are assigned care either as a caregiver or as a consultant.

5. Other members of the Workforce will be granted access based on their roles and the need for information related to their job functions.

6. Department management is responsible for identifying those individuals requiring access to PHI in order to carry out their duties and the PHI to which access is needed.

7. Workforce Members or medical staff who access PHI for personal interest or other reasons not directly related to their authorized use are subject to disciplinary action up to and including termination pursuant to relevant Human Resources policies or medical staff bylaws.
8. Minimum necessary designations must be documented for a person or group of workforce members. Changes or updates must be periodically reviewed for possible re-designation or designation of a new person or group of workplace members.

B. Minimum Necessary Disclosures

1. When disclosing PHI to another Covered Entity or Business Associate, HQ will limit the PHI disclosed to the amount reasonably necessary to achieve the purpose of the disclosure.

2. Disclosures made on a Routine and Recurring Basis
   a. For routine or recurring disclosures, authorization, verification of identity, and other legal requirements for release of information will be obtained.
   b. For routine or recurring disclosures, the PHI disclosed will be limited to the minimum amount necessary to accomplish the purpose of the disclosure.

3. Non-Routine Disclosures – Review of Individual Criteria
   a. For non-routine disclosures, HQ will limit the PHI disclosed to the minimum necessary by reviewing each Disclosure on an individual basis. Authorization, verification of identity, and other legal requirements for release of information will be obtained.
   b. When reviewing a non-routine disclosure, the designated HQ employee will apply the criteria provided below to limit the PHI Disclosed to the information reasonably necessary to accomplish the purpose for which Disclosure is sought. The factors to be considered include:
      i. Specificity of request.
      ii. Purpose or importance of request.
      iii. Impact to the patient or the patient’s family members:
        1. Positively in terms of patient care
        2. Negatively in terms of privacy
      iv. Impact to other Covered Entity:
        1. Positively in terms of ability to provide quality care.
2. Negatively in terms of compliance.

   v. Extent to which Disclosure would extend number of individuals or entities with access to PHI.

   vi. Likelihood of re-disclosure.

   vii. Ability to achieve the same purpose with de-identified information.

   viii. Technology available to limit disclosure of PHI.

   ix. Cost of limiting Disclosure of PHI.

   x. If the Disclosure of PHI is required by law, whether all of the information being released is required by law.

   xi. Any other factors believed relevant to the determination.

c. These factors shall be assessed by relevant HQ staff who may consult with the Legal Services and the Compliance Departments as necessary.

4. For disclosures made upon the request of another Covered Entity, HQ may rely upon the requested Disclosure as the minimum necessary for the stated purpose of the request. However, HQ retains the right to assess each request for compliance with this policy.

5. For Disclosures made upon the request of a law enforcement agency or health oversight agency official, a professional member of the HQ Workforce, or a Business Associate providing professional services for HQ, the entity may rely upon the requested Disclosure as the minimum necessary for the stated purpose of the request if such person represents that the information requested is the minimum necessary for the stated purpose. However, HQ retains the right to assess each request for compliance with HQ’s minimum necessary policy.

6. See the Accounting of Disclosures policy (HQ 5.2.01) for disclosure accounting requirements.

C. Minimum Necessary Requests
1. When requesting PHI from other providers or other covered entities, HQ staff shall limit the request to that which is reasonably necessary to accomplish the purpose for which the request is made.

2. For routine or recurring disclosures, the PHI requested will be limited to the minimum amount necessary to accomplish the purpose of the disclosure.

3. For non-routine requests, HQ staff will limit the PHI requested to the minimum necessary by reviewing each request on an individual basis, based upon the criteria outline in Section B.3.b of this Minimum Necessary policy.

Department administrators are responsible for identifying those individuals requiring access to PHI in order to carry out their duties and the PHI to which access is needed.

REFERENCES:
45 CFR Section 164.502(b)
45 CFR Section 164.514(d)
5.2.08 Minimum Necessary for Use and Disclosure Policy

POLICY HISTORY:
Supersedes: 2/13/2019
Original Implementation Date: 2/27/2014
Date Reviewed: 2/28/2020
Date Revised: 2/27/2014, 2/13/2019, 2/28/2020

APPROVAL:

Procedure Owner: [Signature]
Date: 2/28/20