



## Oklahoma State University

<b>Title: Minimum Necessary</b>	<b>Policy #: PRV-01.05</b>
<b>Category: HIPAA Compliance</b>	<b>Authority: 45 CFR § HIPAA SECTION: 164.502(b)</b>
<b>Standard: Minimum Necessary</b>	<b>Responsibility: Health Care Components</b>
<b>Effective Date: 4/14/2003</b>	<b>Page 1 of 2</b>
<b>Approved By: OSU Legal Counsel</b>	<b>Revised: 7/1/2013</b>

### **PURPOSE:**

To identify what is the Minimum Necessary and when it applies.

### **POLICY:**

When using or disclosing protected health information or when requesting protected health information from another covered entity or business associate, OSU must make reasonable efforts to limit protected health information to the minimum necessary to accomplish the intended purpose of the use, disclosure, or request. §164.502(b)

(2) *Minimum necessary does not apply.* This requirement does not apply to: §164.502(b)(2)

- (i) Disclosures to or requests by a health care provider for treatment; §164.502(b)(2)(i)
- (ii) Uses or disclosures made to the individual, as permitted under the General Rules of this section or as required the Required Disclosures section PRV-01.02; §164.502(b)(2)(ii)
- (iii) Uses or disclosures made pursuant to an authorization under § 164.508 Uses and Disclosures for Which an Authorization is Required; §164.502(b)(2)(iii)
- (iv) Disclosures made to the Secretary in accordance with the Enforcement Rule; §164.502(b)(2)(iv)
- (v) Uses or disclosures that are required by law, as described by § 164.512(a) Uses and Disclosures Required by Law; and §164.502(b)(2)(v)
- (vi) Uses or disclosures that are required for compliance with applicable requirements of the Privacy Rule. §164.502(b)(2)(vi)

### **PROCEDURE:**

OSU, its employees, agents, or any other person acting for or on behalf of OSU shall use within reason, the Minimum Necessary information to accomplish the intended purpose of the use, disclosure or request when PHI is involved.



## Oklahoma State University

<b>Title: Minimum Necessary</b>	<b>Policy #: PRV-01.05</b>
<b>Category: HIPAA Compliance</b>	<b>Authority: 45 CFR § HIPAA SECTION: 164.502(b)</b>
<b>Standard: Minimum Necessary</b>	<b>Responsibility: Health Care Components</b>
<b>Effective Date: 4/14/2003</b>	<b>Page 2 of 2</b>
<b>Approved By: OSU Legal Counsel</b>	<b>Revised: 7/1/2013</b>

Employees will be trained to use the Minimum Necessary in the required yearly training.

Employees of OSU who abuse this and use more than necessary to accomplish the intended purpose will face sanctions.

OSU employees are to use the Minimum Necessary information when emailing other employees about a patient, as long as the intended purpose falls within Treatment, Payment or Operations. Emails containing PHI should not be sent outside of TPO.

Emails sent to patients are to be sent securely, unless the patient requests the email be sent unsecure. If the patient requests that emails be sent unsecure, the employee should document in the patient's chart of such a request.

### **REFERENCE:**

PRV-07.03 Minimum Necessary Uses of Protected Health Information