



Oklahoma State University

Title: Minimum Necessary Uses of Protected Health Information	Policy #: PRV-07.03
Category: HIPAA Compliance	Authority: 45 CFR § HIPAA SECTION: 164.514(d)(1)
Standard: Minimum Necessary Requirements	Responsibility: Health Care Components
Effective Date: 4/14/2003	Page 1 of 3
Approved By: OSU Legal Counsel	Revised: 7/1/2013

PURPOSE:

To identify what OSU needs to do to be compliant with the Minimum Necessary requirement.

POLICY:

In order to comply with PRV-01.05 *Minimum Necessary*, and this policy, OSU must meet the requirements of paragraphs (1) through (4) of this policy with respect to a request for, or the use and disclosure of, protected health information. §164.514(d)(1)

1. **Minimum Necessary Uses of Protected Health Information** – OSU must identify:
§164.514(d)(2)(i)
 - i. Those persons or classes of persons, as appropriate, in its workforce who need access to protected health information to carry out their duties; and §164.514(d)(2)(i)(A)
 - ii. For each such person or class of persons, the category or categories of protected health information to which access is needed and any conditions appropriate to such access. §164.514(d)(2)(i)(B)
 - a. OSU must make reasonable efforts to limit the access of such persons or classes identified in paragraph (1)(i) of this policy to protected health information consistent with paragraph (1)(ii) of this policy. §164.514(d)(2)(ii)
2. **Minimum Necessary Disclosures of Protected Health Information** –
 - a. For any type of disclosure that it makes on a routine and recurring basis, OSU must implement policies and procedures (which may be standard protocols) that limit the protected health information disclosed to the amount reasonably necessary to achieve the purpose of the disclosure. §164.514(d)(3)(i)
 - b. For all other disclosures, OSU must: §164.514(d)(3)(ii)
 - i. Develop criteria designed to limit the protected health information disclosed to the information reasonably necessary to accomplish the purpose for which disclosure is sought; and §164.514(d)(3)(ii)(A)
 - ii. Review requests for disclosure on an individual basis in accordance with such criteria. §164.514(d)(3)(ii)(B)



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- c. OSU may rely, if such reliance is reasonable under the circumstances, on a requested disclosure as the minimum necessary for the stated purpose when: *§164.514(d)(3)(iii)*
 - i. Making disclosures to public officials that are permitted under §164.512, if the public official represents that the information requested is the minimum necessary for the stated purpose(s); *§164.514.(d)(3)(iii)(A)*
 - ii. The information is requested by another covered entity; *§164.514.(d)(3)(iii)(B)*
 - iii. The information is requested by a professional who is a member of its workforce or is a business associate of OSU for the purpose of providing professional services to OSU, if the professional represents that the information requested is the minimum necessary for the stated purpose(s); or *§164.514.(d)(3)(iii)(C)*
 - iv. Documentation or representations that comply with the applicable requirements of § 164.512(i) *Uses and Disclosures for Research Purposes* have been provided by a person requesting the information for research purposes. *§164.514.(d)(3)(iii)(D)*
3. **Minimum Necessary Request for Protected Health Information** –
 - a. OSU must limit any request for protected health information to that which is reasonably necessary to accomplish the purpose for which the request is made, when requesting such information from other covered entities. *§164.514(d)(4)(i)*
 - b. For a request that is made on a routine and recurring basis, a covered entity must implement policies and procedures (which may be standard protocols) that limit the protected health information requested to the amount reasonably necessary to accomplish the purpose for which the request is made. *§164.514(d)(4)(ii)*
 - c. For all other requests, OSU must: *§164.514(d)(4)(iii)*
 - i. Develop criteria designed to limit the request for protected health information to the information reasonably necessary to accomplish the purpose for which the request is made; and *§164.514(d)(4)(iii)(A)*
 - ii. Review requests for disclosure on an individual basis in accordance with such criteria. *§164.514(d)(4)(iii)(B)*
4. **Other Content Requirement** - For all uses, disclosures, or requests to which the requirements in this policy apply, OSU may not use, disclose or request an entire medical record, except when the entire medical record is specifically justified as the amount that is reasonably necessary to accomplish the purpose of the use, disclosure, or request. *§164.514(d)(5)*

PROCEDURE:



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OSU and its Agents shall only use or disclose the minimum necessary protected health information to get the job done.

Requests to access PHI by other covered entities or business associates – Any covered entity or business associate who requests records of an individual for the purposes of treatment, payment or health care operations shall receive such records by the appropriate OSU medical records staff or their designee. Only the minimum requested shall be sent. For example, if another covered entity requests just the last 6 months of records on an individual, we shall only send the last 6 months, even if we have more than that. Any disclosure of more than requested to another covered entity is not appropriate and should be avoided.

Requests to access PHI by patients or others – Patients or those authorized by the patient seeking to obtain access or copies of their protected health information shall fill out the required Authorization Revocation form, found on the OSU HIPAA website or [here](#). OSU and its Agents shall only provide the records requested and nothing more. If the patient or other individual does not completely fill out the form, OSU is under no obligation to provide such records until the necessary information is complete.

Access to PHI by OSU and its Agents – The OSU HIPAA Compliance Office is in charge of approving or denying ALL access to protected health information within the OSU Physician's Clinic System. The HIPAA Compliance Office has been and will be heavily involved in setup and maintenance of the security of the various software systems that the clinic system utilizes. The supervisor of an employee needing access to such a system will follow the appropriate steps outlined in SEC-03.03 *Access Establishment and Modification*.

REFERENCE:

PRV-01.05 Minimum Necessary
SEC-03.03 Access Establishment and Modification
SEC-12.01 Unique User Identification
SEC-12.05 Temporary Staff Access
SEC-15.01 Person or Entity Authentication