(A) Policy Statement

A limitation exists on the use and disclosure of protected health information such that only the minimum necessary is provided or used to accomplish the intended purpose.

(B) Purpose of Policy

To comply with the minimum necessary use and disclosure guidelines for protected health information ("PHI") in accordance with the Health Insurance Portability and Accountability Act of 1996, Administrative Simplification Act Privacy Rule 45 CFR Parts 160, 162 and 164 (HIPAA).

(C) Procedure

1. The exceptions to the minimum necessary restrictions set forth in this policy and under HIPAA, do not apply to the following uses and disclosures:
   - A health care provider for treatment purposes;
   - The individual who is the subject of the information;
   - Made as a result of an authorization requested by the individual;
   - Uses or disclosures required for compliance with HIPAA Portability and Accountability Act of 1996 (HIPAA);
   - The Secretary of the Department of Health and Human Services as may be required for investigation or review.

2. Access for Treatment Purposes

In general, direct care providers such as physicians, residents, nursing and allied health care providers, case management personnel and medical, nursing, and other allied health students and medical/allied health faculty and their direct support personnel require complete access to a patient's entire medical record, both paper and computerized, in order to provide appropriate and efficient treatment to a patient during the patient care episode. Indirect care providers involved in provision of diagnostic testing, i.e., laboratory, radiology and heart & vascular require access to PHI necessary to perform the test.

   a. To adhere to the minimum necessary rule regarding oral communications, personnel will not engage in verbal communication of PHI in public areas if possible, and in cases where necessary, will use reasonable precautions to reduce the risk of being overheard by others such as using lowered tones.

   b. PHI listed on white boards or sign in sheets used in the provision of health care will be posted out of the public view to the extent possible and contain only those elements necessary to accomplish their purpose (i.e. diagnosis information WOULD NOT be necessary on a sign in sheet.)

   c. UTMC requests for PHI from other health care providers other than for the purposes of continuing care of a patient will be limited to that which is reasonably necessary to accomplish the purpose for which the
request was made. Likewise, requests made to UTMC from other health care providers, other than for treatment, will be reviewed by the Health Information Management Department or the Privacy Officer to determine the amount of PHI necessary to release to accomplish the purpose of the request.

3. Other UTMC internal personnel needing complete access to the patient record, both paper and computerized, for the purpose of payment and/or healthcare operations are as follows:
   a. Health Information Management Personnel
   b. Quality/Utilization Personnel
   c. Office of Legal Affairs/Risk Management/Compliance
   d. Patient Representatives
   e. Infection Control Personnel
   f. Hospital Administration
   g. Safety and Health
   h. Medical Staff Office

4. Health Information Management, as the office responsible for the full legal medical record, will be responsible for granting direct access to the medical record systems. A detailed matrix of access to protected health information will be held by Health Information Management with input from Clinical Informatics. The minimum necessary PHI access matrix is based on the role of the individual and the "need to know criteria" in the performance of their job and in some cases their job location.

5. Other Departments Needing Limited Access to PHI
   a. Patient Registration, finance/billing personnel and external third-party billing, the human resource department employees who administer the self-funded employee health benefit plan, and collection and financial auditing companies will access only those documents/computer systems that are required for submission and/or adjudication of the claim and financial data analysis.
   b. Biomedical/technology personnel will have access to protected health information for maintenance of all medical equipment whereby patient identifiers would be used as part of the operation of the equipment in the patient care setting.
   c. Employees involved with the sterile processing, storage and distribution of supplies or equipment will access PHI limited to that which identifies the patient and care location for the purpose of proper stocking of drug, supplies or equipment.
   d. UTMC police or security will have access to PHI to the extent necessary when responding to an issue in the hospital or clinic or patient care area when involving a threat to patient or staff involving a patient. All other releases of PHI must be in accordance with policy 3364-100-90-01 for the release of PHI to law enforcement officials. University policy and security must take all precautions in protecting the PHI from disclosure in public documents, including police reports.
   e. All other support personnel, such as maintenance, volunteers, transport services, environmental services, telephone operations, dietary and non-direct patient care, will need PHI only to the extent to locate a patient and if workers have patient contact, to have knowledge of any precautions required to protect the patient and themselves during provision of support services.
   f. Access to computerized patient records for information systems personnel for system maintenance, upgrade and support is permissible as part of hospital operations which house PHI.
   g. Product Representatives when interacting with care providers for patient care will have access to a limited level of PHI to provide expert advice on the use and maintenance of their product or service.

6. Full Access by External Personnel

The following external personnel need complete access to the patient record both paper and computerized for payment of healthcare bill.
a. Peer Review organizations.
b. External utilization reviewers.
c. Registration and billing personnel of the Organized Healthcare Management which includes University of Toledo Physicians, LLD, Davis Dental, and Toledo Radiation Oncology.
d. Affiliates that includes: physicians and dentist, physicians support staff, hospice nurses, cancer registry who have a treatment purpose to access the patient information at the University of Toledo Medical Center.

7. Business associates such as a document disposal service, transcription, coding and record copy services, software vendors, or data benchmarking services (UHC, OHA), will follow the business associate/contract provisions.

8. Disclosures required by law, requests for information that are required by federal and state law, PHI will be released in the amount permissible under the applicable law. UTMC will rely on the public health official to request the minimum necessary PHI for disclosure in accordance with preventing, controlling and investigating diseases. Such information released will be the minimum necessary for the state purpose.

9. Research requests for computerized or paper information containing PHI as part of a research related study will comply with University HIPAA research policies. Other non-routine disclosures without patient authorization, review of these requests will be made on an individual basis by the Privacy Officer in conjunction with the Office of Legal Affairs. The criteria for limiting the request will be as follows:

a. Can the request be handled without PHI?
b. If limited data can meet the need, this will be released in conjunction with a data use agreement.
c. If neither A or B meet the need, the Privacy Office will determine what PHI, if any, will be released.