

Effective Date: April 24, 2003, Motion #03-013; April 14, 2003
Revised Date: 5/31/13
Review Date: 6/13/13

North Sound Mental Health Administration
Section 2500 – Privacy: Minimum Necessary

Authorizing Source: RCW 70.02; 45 CFR 165 (HIPAA)

Cancels:

See Also:

Providers must have own “HIPAA & WAC compliant policy”

Responsible Staff: Privacy Officer

Approved by: Executive Director

Signature:

Date: 7/17/2013

POLICY #2509.00

SUBJECT: MINIMUM NECESSARY

PURPOSE

The North Sound Mental Health Administration (NSMHA), in compliance with the Privacy Rules of Health Insurance Portability and Accountability Act (HIPAA) Administrative Simplification provisions and the Health Information Technology for Economic and Clinical Health (HITECH) Act, sets out in this policy the process for applying the “minimum necessary” standards to uses, disclosures, and requests for Protected Health Information (PHI).

POLICY

NSMHA will apply the “minimum necessary” standards to all uses, disclosures, and requests for PHI, *except* for:

1. Disclosures to, or requests by, a health care provider for the purpose of treatment;
2. Disclosures to the client;
3. Disclosures made pursuant to the client’s authorization;
4. Disclosures required to comply with the Privacy Rules; and
5. Uses and disclosures required by law, to the extent that such disclosure complies with, and is limited to, the relevant requirements of the law.

Any request we make for entire medical records, other than for treatment purposes, must be justified in writing and made part of the medical record as documentation of that justification.

NSMHA’s policy for uses of PHI by our employees is to use PHI in accordance with the matrix of classes of persons, categories of access, and conditions appropriate to such access. The operative version of the Role-Based Access to PHI Matrix will be appended to this Policy and Procedure. Changes to the matrix will require notification of Human Resources for inclusion in subsequent training of direct service personnel.

NSMHA’s policy for routine and recurring disclosures of PHI will be to disclose PHI in accordance with the Matrix of type of PHI, types of persons eligible to receive PHI, and the conditions that would apply to such access. The operative version of the Routine Disclosures Matrix will be appended to this Policy and Procedure. Changes to the matrix will require notification of Human Resources for inclusion in subsequent training of direct service personnel.

Non-routine, non-recurring disclosures of PHI will be reviewed, prior to any release of PHI, by an authorized clinical person as identified in the procedures contained within Procedure 2509-A, which is attached. This person will make a determination that the *minimum necessary* PHI is being used or disclosed in accordance with our criteria for non-routine, non-recurring disclosures.

Pursuant to the HITECH Act, NSMHA must make its *own* determination of “minimum necessary,” rather than, as in the past (pursuant to HIPAA), relying on the representations of the requestors, including Business Associates (who must also follow the “minimum necessary” standard).

When NSMHA receives requests for PHI from external sources, including Business Associates, PHI will be limited to a “Limited Data Set” (i.e., information that has been partially de-identified) if practicable. If de-identification is *not* practicable, then to the *minimum necessary* to accomplish the intended use, disclosure, or request.

Documentation retention requirements include:

Policies and procedures for minimum necessary

Other policies and procedures to review that are related to this policy:

1. Uses and disclosures – for treatment, payment and health care operations
2. Authorizations
3. Administrative requirements – documentation retention

ATTACHMENTS

2509.01 – Procedure 2509-A