HIPAA Minimum Necessary Information Policy

Policy #:	HP006.1
Policy Type:	University
Responsible Executive:	VP Academic Affairs
Responsible Office:	Academic Affairs
Originally Issued:	November 8, 2023
Latest Revision:	November 8, 2023
Effective Date:	November 8, 2023

I. Policy Statement

The HIPAA Minimum Necessary Information Policy defines the Minimum Necessary Rule under HIPAA and describes reasonable efforts to limit access to Protected Health Information based on the minimum information necessary.

II. Purpose of Policy

ULM is committed to ensuring the privacy and confidentiality of protected health information that is used or disclosed by the ULM workforce during the course of their work while ensuring that ULM has access to the information that is required to accomplish its mission, goals, and objectives. ULM will make reasonable efforts to limit protected health information to the minimum necessary to accomplish the intended purpose of the use, disclosure, or request as required under the HIPAA Privacy regulation [45 CFR 164.514 (d)] and other applicable federal, state, and local laws and regulations.

III. Applicability

This policy is applicable to all faculty and staff.

IV. Definitions

Protected Health Information (sometimes referred to as "PHI") – for purposes of this policy means individually identifiable health information, that relates to the past, present or future health care services provided to an individual. Examples of Protected Health Information include medical and billing records of the patient.

V. Policy Procedure

1.0 ULM will develop protocols appropriate to its business practices or operations that identify:

- Those workforce members or classes of workforce members who need access to protected health information to carry out their duties;
- The category or categories of protected health information to which such workforce member or class needs access; and
- Any conditions appropriate to such access.

2.0 For disclosures on a routine or recurring basis, ULM has established protocols that will be used to delineate those uses and disclosures which:

- Encompass treatment, payment, and operations;
- Are permitted by law; or

• Are permitted or required by the HIPAA regulations if the disclosure is one that must be included in an accounting of disclosures, the required information will be documented.

3.0 All disclosures of protected health information which are non-standard or non-recurring will be forwarded to the Privacy Officer who will determine, using established criteria, what information will be disclosed (if any):

- The specificity of the request;
- The purpose or importance of the request;
- The impact (both positive and negative) to the patient;
- The impact (both positive and negative) to ULM;
- The extent to which the disclosure would extend the number of individuals or entities with access to protected health information;
- The likelihood of re-disclosure;
- The ability to achieve the same purpose with de-identified information;
- Technology and cost available to limit the disclosure; and
- Any other factors believed to be relevant to the determination.

4.0 ULM workforce members may reasonably rely on requests from the following in determining the minimum necessary information for disclosures:

- Public health and law enforcement agencies;
- Other covered entities; or
- A professional who is a member of its workforce or is a business associate of ULM for the purpose of providing professional services to ULM, if the professional represents that the information requested is the minimum necessary for the stated purpose.

5.0 In the event of disclosures for research purposes, ULM will review the documentation of required Institutional Review Board or other entity in determining the minimum amount of protected health information necessary.

5.1 ULM may use de-identified data or a Limited Data Set when disclosing this information.

5.2 If a Limited Data Set is used, ULM will acquire a Data Use Agreement before disclosing the information.

6.0 The disclosure of an entire medical record will not be made except as provided in the POLICY section above or pursuant to policies which specifically justify why the entire medical record is needed.

VI. Enforcement

The Vice President of Academic Affairs will be responsible for enforcement of this policy.

VII. Policy Management

The Vice President of Academic Affairs will be responsible for management of this policy.

VIII. Exclusions

None

IX. Effective Date

This policy will be in effect upon the date signed by the University President.

X. Adoption

This policy is hereby adopted on this 8th day of November 2023.

Recommended for Approval by:

Dr. Mark Arant, VP for Academic Affairs

Approved by:

Dr. Ronald L. Berry, President

XI. Appendices, References and Related Materials

45 CFR 164.502 (b)

XII. Revision History

Original adoption date: November 8, 2023