



<b>DEPARTMENT:</b> Information Protection	<b>POLICY DESCRIPTION:</b> Minimum Necessary
<b>PAGE:</b> 1 of 3	<b>REPLACES POLICY DATED:</b> 8/1/02, 5/1/08, 4/1/21
<b>EFFECTIVE DATE:</b> November 1, 2024	<b>REFERENCE NUMBER:</b> IP.PRI.003 (formerly HIM.PRI.003)
<b>APPROVED BY:</b> Ethics and Compliance Policy Committee	

**SCOPE:** All Company-affiliated facilities including, but not limited to, hospitals, ambulatory surgery centers, imaging and oncology centers, physician practices, and shared services centers. All members of the workforce including, but not limited to employees, physicians, contractors, and volunteers.

**PURPOSE:** To provide guidance regarding each workforce member’s responsibility related to using and disclosing only the minimum amount of identifiable patient information to fulfill the purpose of the use or disclosure, regardless of the extent of access provided. This Policy covers uses and disclosures of protected health information (PHI) in any form including oral, written and/or electronic mediums. Each individual is responsible for adhering to this Policy by using only the minimum information necessary to perform his or her responsibilities, regardless of the extent of access provided or available.

To establish the requirements for each Company-affiliated facility to protect patients’ privacy rights and their individually identifiable health information as required by the Health Insurance Portability and Accountability Act (HIPAA), Standards for Privacy of Individually Identifiable Health Information, 45 CFR Parts 160 and 164 and all Federal regulations and interpretive guidelines promulgated thereunder.

**POLICY:** Only workforce members with a legitimate “need to know” may access, use or disclose patient information. This includes all activities related to treatment, payment and health care operations of the facility. Each workforce member may only access, use or disclose the minimum information necessary to perform his or her designated role regardless of the extent of access provided to him or her.

The minimum necessary requirement does not apply to the following:

- Requests by another covered entity;
- Disclosures to or requests by a health care provider for treatment;
- Uses or disclosures made to the individual who is the subject of the PHI;
- Uses or disclosures made pursuant to a HIPAA compliant authorization;
- Disclosures to the Secretary of the Department of Health and Human Services (the “Secretary”) when required by the Secretary to investigate or determine the facility’s compliance with the HIPAA Privacy Standards;
- Uses and disclosures required by law as described in §164.512(a); and
- Limited data sets and de-identified information.

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**PROCEDURE:**

1. Workforce members acting on behalf of the facility must always use only the minimum amount of information necessary to accomplish the intended purpose of the access, use, and/or disclosure of PHI.
2. With respect to system access, minimum necessary will be supported through authorization, access, and audit controls (e.g., roles-based access) and should be implemented for all systems that contain identifiable patient information. Within the permitted access, an individual system user is only to access what they need to perform his or her job functions.
  - a. Each facility must identify workforce members or classes of workforce members who need access to PHI to carry out their job functions.
  - b. For each workforce member or class of workforce members, the category or categories of PHI to which access is needed and any conditions appropriate to such access. Reasonable efforts must be made to limit the access of the workforce member or classes of workforce members to the category or categories of PHI to which access is needed.
3. Consistent with the Privacy Official Policy, IP.PRI.002, the Facility Privacy Official (FPO) has the responsibility of facilitating compliance with these principles in conjunction with the Ethics and Compliance Officer.
4. The facility may rely on a requested disclosure as being the minimum necessary when:
  - a. Making disclosures to public officials as permitted in §164.512 if the public official represents the information requested as the minimum necessary;
  - b. The information requested is requested by a professional who is a member of the facility's workforce or is a business associate of the facility for the purpose of providing professional services to the facility, and the professional represents the information requested as the minimum necessary; or
  - c. Documentation or representations that comply with the applicable requirements of §164.512(i) have been provided by a person requesting the information for research purposes.
5. For disclosures and requests made on a **non-routine basis**, criteria must be developed and maintained to limit PHI to the information reasonably necessary to accomplish the purpose of the disclosure and each request must be reviewed on an individual basis in accordance with such criteria.
6. For disclosures and requests made on a **routine and recurring basis**, the facility must create, implement and maintain policies and procedures or standard protocols that limit the PHI to the amount reasonably necessary to achieve the purpose of the disclosure.



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7. The facility must limit any requests for PHI to the amount reasonably necessary to accomplish the purpose of the request.

**REFERENCES:**

1. Health Insurance Portability and Accountability Act (HIPAA), Standards for Privacy of Individually
2. Identifiable Health Information, 45 CFR Parts 160 and 164
3. Patient Privacy Program Requirements Policy, [IP.PRI.001](#)
4. Privacy Official Policy, [IP.PRI.002](#)
5. Information Protection - Program Requirements Policy, [IP.SEC.001](#)
6. Information Protection Standard – Electronic Data Classification, AM.IC.01
7. Information Blocking Rule Compliance Policy, [IP.GEN.006](#)
8. Responsible AI Policy, [EC.031](#)