MOREHOUSE MEDICAL ASSOCIATES

POLICY: MINIMUM NECESSARY STANDARD FOR PROTECTED HEALTH INFORMATION

SUBJECT: HEALTH INFORMATION MANAGEMENT

POLICY #: 0023

EFFECTIVE DATE: April 14, 2003

PURPOSE:

The purpose of this policy is to ensure that only the minimum necessary Protected Health Information (PHI) is requested from a protected entity, released, or disclosed to a requestor, for the purpose of accomplishing an intended purpose.

ACCOUNTABILITY

The Medical Director shall ensure compliance with this policy. All managers and supervisors of clinical and clerical staff shall implement this policy.

POLICY:

I. It is the policy of MMA to comply with 45 Code of Federal Regulations (CFR) §164.502(b), §164.514(d) and other applicable federal and state laws, to ensure that only the minimum amount of PHI necessary to accomplish a specific purpose, is actually used or disclosed to an authorized requestor. MMA will use, disclose or request from another covered entity, only the minimum protected health information that is required to accomplish the intended purpose of a request for use or disclosure of PHI.

II. Employees who work with protected health information will request only the minimum amount of patient health information necessary to accomplish the specific purpose of the request.

A. Violation of Policy

1. Knowledge of violation or potential violation of this policy must be reported to your supervisor, the Compliance Officer, or to the Compliance Line (1-888-756-1364).

B. Internal Use of PHI:

1. MMA will identify employees by job description and other classes of persons in the workforce (physicians, residents, students, etc), who need access to PHI. MMA will make reasonable efforts to limit the workforce's access to PHI to that which is needed to carry out duties.

2. Access to MMA paper record is managed by the Health Information Management Department, with appropriate authorizations required for all access.

3. Generally, access to automated computer systems will be job-related. However when a specific user requires additional access, a special authorization or approval must be obtained from the Medical Director.

C. Medical Request/Release

1. Healthcare providers are allowed access to the entire medical record only as necessary to provide treatment. Entities included in Medical Release are:

   a. Current primary care providers and referring and consulting physicians.
   b. Any provider associated with the specific episode of care for which information is requested.
   c. Any provider with an authorization signed by the patient.
   d. Any healthcare facility, such as acute care, hospice, home health, extended care.

D. Other

1. The entire medical record may be released when requested by the following:

   a. Accreditation Agencies
   b. Peer Review Organizations

2. The minimum necessary standard does not apply to the following:

   a. Disclosures to or requests by a health care provider for treatment purposes;

   b. Disclosures to the individual who is the subject of the information (patient);

   c. Disclosures to the Department of Health and Human Services(HHS) for compliance and investigation purposes;

   d. Uses or disclosures made pursuant to an individual's authorization;

   e. Uses or disclosures required by law.

   f. Uses or disclosures required for compliance with standardized HIPAA transactions.

PROCEDURES:

A. Legal Request /Release

1. Upon receipt of attorney's requests, court orders and subpoenas for release of PHI, the Supervisor of Health Information Management will such forward such requests to the Office of Risk Management.

2. The Health Information Management Department shall maintain a daily log of all requests for disclosure and release.

B. Insurance (non-reimbursing) Requests

1. Life Insurance

   a. Upon request, the Health Information staff will provide an abstract package of reports/information when request is related to life insurance.

   b. Packaged reports/information shall date back five (5) years, unless otherwise specified in the request, and shall include physical examination reports, etc. as appropriate. Additional information may be provided as deemed appropriate by Morehouse Medical Associates.

2. Disability

   a. Requests for information related to establishing a patient's disability shall be completed in accordance with the specific request.

   b. Responses shall include information dating back five (5) years unless otherwise specified in the request. Additional information may be provided as deemed appropriate by Morehouse Medical Associates.

C. Patient Requests

1. Patient requests for PHI may be processed in accordance with the request. Patients have the right to any and all of their health information.

2. Patients will be encouraged to request only an Abstract of the record. However, the decision may be made to provide all reports following clarification to the patient of the contents of his/her record and the need expressed by the patient.

3. For documentation purposes, a Request for Access to Protected Health Information Form (Exhibit I) must be completed and signed by the patient.

D. Minimum Necessary Standard for Research

1. Researchers who need access to patient protected health information for research must submit appropriate documentation from the Institutional Review Board (IRB).

2. The Supervisor of Medical Information will rely on the IRB's documentation of waiver of authorization that the information requested is the minimum necessary for the research project.

E. Non-Routine Disclosures

1. All non-routine requests for disclosure shall be evaluated on a case-by-case basis in accordance with the following criteria, to determine what is minimally necessary to accomplish the intended purpose of disclosure.

2. Requests must clearly indicate:
   a. Intended use of data;
   b. Description of data needed; and
   c. Release must include only what is minimally necessary in accordance with this policy.

Exhibit (s)

I. REQUEST FOR ACCESS TO PROTECTED HEALTH INFORMATION

By Direction of the Dean: _____
Medical Director

Exhibit I

MOREHOUSE MEDICAL ASSOCIATES

REQUEST FOR ACCESS TO PROTECTED HEALTH INFORMATION

Date of Request: _____

Patient Name **SSN#**

Last **First** **Middle**

Patient Address

Phone #: (H) **(W)** **DOB:**

I would like access to:

- ڤ review my medical records
- ڤ copy my medical records.
- ڤ review and copy my medical records

Dates Requested:

From: _____ To: _____

The type of information to be reviewed and/or copied includes:

ڵ Problem List	ڵ HIV/AIDS related information
ڵ Medication List	ڵ Radiology Reports
ڵ List of Allergies	ڵ Laboratory Report
ڵ Immunization Record	ڵ Other _____
ڵ History & Physical	ڵ All Medical information

I understand that there is a fee for the cost of copying, supplies, and postage. Unless I am notified in writing that an extension of up to 30 days is needed, copies will be mailed to me at the above address within 30 days if the information is on-site, or 60 days if off-site.

Signature of Patient or Legal Representative Date

For MMA Use Only: **MRN #**_____

Date Received:_____ **Date Completed**_____

Extension Requested: ____No ___Yes, Reason: _____

_____

Patient Notified in writing on this date: _____

Signature and Printed Name of Authorized Individual _____**Date** _____