

*NAME OF HOSPITAL*

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|-----------------------------|--|-----------------------|
| <b>HIPAA<br/>REGULATION</b> | <b>OBLIGATIONS OF COVERED<br/>ENTITIES</b>                         | <b>REFERENCE :4.2</b> |
| <b>SUBJECT:</b>             | <b>USE AND DISCLOSURE: THE<br/>MINIMUM NECESSARY<br/>STANDARD.</b> | <b>EFFECTIVE:</b>     |
| <b>DEPARTMENT:</b>          | <b>HOSPITAL WIDE</b>   |                       |
| <b>APPROVED BY:</b>         |  | <b>REVISED:</b>       |

\_\_\_\_\_ has adopted a policy on the minimum necessary standards to comply with our obligations under the privacy standards and to ensure that patient information is maintained with the required level of privacy.

**POLICY: THE MINIMUM NECESSARY STANDARD**

It is the policy of \_\_\_\_\_ to protect the privacy of individual patient health information. As such, the amount of information accessible in response to a request for information is limited to the minimum amount needed to perform a specific type of work or to complete a function.

Please contact the person listed below with questions on this policy and/or to report violations.

Name:  
Phone number:  
Address:  
Fax:

*NAME OF HOSPITAL*

|                         |  |                              |
|-------------------------|--|------------------------------|
| <b>HIPAA REGULATION</b> | <b>OBLIGATIONS OF COVERED ENTITIES</b>                     | <b>REFERENCE :4.2</b>        |
| <b>SUBJECT:</b>         | <b>USE AND DISCLOSURE: THE MINIMUM NECESSARY STANDARD.</b> | <b>EFFECTIVE: 00/00/2003</b> |
| <b>DEPARTMENT:</b>      | <b>HOSPITAL WIDE</b>                                       |                              |
| <b>APPROVED BY:</b>     |  | <b>REVISED:</b>              |

\_\_\_\_\_ has adopted the following procedure on the minimum necessary standards to comply with our obligations under the privacy standards and to ensure that patient information is maintained with the required level of privacy.

**PROCEDURE: FOR IMPLEMENTING THE MINIMUM NECESSARY STANDARDS**

Define the reason for providing individual patient health information.  
Requests for individual healthcare information are limited to individuals who need the information to carry out patient care duties. The PHI provided will be limited to the minimum necessary to carry out their functions. These individuals include:  
Physicians,  
Nurses and nursing personnel,  
Auxiliary personnel to include Pharmacy, Laboratory/Radiology Services, Social Services  
Prior to providing individual healthcare information, the reasons why the information would be needed should be determined. Some reasons to provide individual healthcare information are as follows:  
The patient requests it.  
The information is needed for healthcare treatment, operations or billing.  
The request originates with a healthcare provider who has an indirect relationship with the individual such as a laboratory or pharmacy.  
The request is made to provide care to an inmate of a correctional facility.  
A representative of an accrediting body makes the request for information.  
There is a valid authorization from the patient on file.  
In all instances, the PHI provided will be limited to the minimum necessary to carry out their functions.  
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- Name:
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