

ALLINA HOSPITALS & CLINICS
System-wide Policy

Department: Corporate Compliance – Privacy & Security Compliance	Policy Title: Minimum Necessary Standards for Information Requests
Page: 1 of 4	Effective Date: January 1, 2005
Approved by: Ethics & Compliance Oversight Committee	Review Date: August 2004
Reference Number: PSC303	Revised: December 2, 2002; March 26, 2003; July 2004

Scope:

This policy applies to requests that are made by an Allina Business Unit to other health care entities for protected health information. It does not apply to:

- disclosure requests received by an Allina Business Unit (these are addressed in Privacy and Security Compliance Policy PC302, “Minimum Necessary Standards for Information Disclosure”)
- requests by a health care provider for protected health information for purposes of treatment (i.e., provision, coordination, or management of health care, consultation between providers, or referral of a patient from one provider to another)

This policy is not intended nor should it be construed in any way to require restrictions that impair communications in treatment settings which are necessary to enable quick, effective, high-quality care.

Purpose:

To state the policy of Allina Hospitals & Clinics concerning minimum necessary or “need-to-know” limitations on requests to other health care entities for protected health information. Privacy regulations issued pursuant to the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) establishes minimum necessary standards for requests for protected health information. These restrictions require entity’s to take reasonable steps to restrict their requests for protected health information to the “minimum necessary” to accomplish the intended purpose.

Policy:

It is Allina’s policy to abide by all federal regulatory requirements addressing minimum necessary or “need-to-know” restrictions relating to protected health information. Except as this policy permits otherwise, Allina Business Units will limit the requests they make for protected health information from other health care entities to the minimum necessary for the intended purpose, as described below.

Definitions:

Protected health information (PHI) means, generally, health information that is individually identifiable (i.e., patient-specific) and that is created, maintained, used or disclosed by or for an Allina Business Unit. More specifically, the term refers to information that:

- (i) identifies or could reasonably be used to identify the individual
- (ii) relates to:
 - (a) an individual's physical or mental health or condition
 - (b) the provision of health care to an individual
 - (c) payment for health care provided to an individual

For example, protected health information includes information that identifies an individual as an Allina patient, or that associates condition, treatment or payment-related information (diagnosis codes, dates of service, charge data, etc.) to information that could be used to identify the individual (name, other demographics, medical record number, images, etc.).

Recurring request means a request for protected health information that the relevant Business Unit makes regularly or on a recurring basis as a part of its ordinary business.

Electronic protected health information (ePHI) is PHI maintained or transmitted in electronic form. The HIPAA Privacy and Security Regulations do not distinguish between electronic forms of information. Some examples of ePHI are patient information stored on magnetic tapes or disks, optical disks, hard drives, and servers. Examples of transmission media include Internet and extranet technology, leased lines, private networks, and removable media such as disks.

Procedures:**1. Recurring Requests for Protected Health Information**

Each Business Unit will:

- develop procedures that identify and document the types of recurring requests that it makes to other health care entities (i.e., providers, health plans, clearinghouses) for protected health information

- develop procedures that identify and document, for each type of recurring request, the types of protected health information reasonably necessary to meet the purpose of the request
- develop, document and implement standard protocols that limit the protected health information sought through a recurring request to the minimum necessary for that type request
- specifically identify, in its written protocols, any circumstances in which a request for the entire medical record is warranted, and provide a justification

For example, a medical transportation service may regularly request patient information from an affiliated hospital for billing purposes. Because the request is made regularly as an ordinary part of the transportation service's business, it would be identified as a recurring request. To comply with this policy, the transportation service would:

- document the types of information needed to meet the purpose of the request (assume this consists only of patient demographic and insurance data for this example)
- implement protocols (procedures or other controls) to prevent its staff from requesting information other than patient demographic and insurance data
- not make any recurring requests for the entire medical record unless its written procedures expressly identify the need for the entire medical record and explain why the entire record is needed

2. Other Requests for Protected Health Information

Other requests (i.e., non-recurring requests) to health care entities for protected health information must be reviewed individually to ensure that the information sought is limited to that needed for the purpose of the request.

Each Business Unit will develop, document and implement procedures for reviewing these non-recurring requests against the following criteria:

1. *Does the protected health information sought help to meet the purpose(s) of the request?*

If "no," the request does not meet the minimum necessary standard and should be modified to align the scope of the request to the purpose(s). If "yes," proceed to the next question.

2. *Could less protected health information, or information that is not protected health information, satisfy the purpose of the request without imposing an unreasonable burden on the other party?*

If “yes,” the request should be modified accordingly. If “no,” then the request may be made as planned.

For example, a clinic may find that it needs to request information about a patient from a health plan as part of a fraud prevention effort. If this is not a request the clinic would typically make (i.e., a recurring request), then before making the request, the clinic would evaluate the request against the above two criteria. Depending on the outcome of that evaluation, the clinic may either make the request as planned or modify it by limiting the information that is being requested.

Questions about the application of these criteria should be referred to the relevant Compliance Program Director.

As with recurring requests, any non-recurring request for the entire medical record must be specifically justified by documentation that identifies the reasons for requesting the entire medical record.

References:

Policy Cross – Reference

NONE

Regulatory Reference

45 C.F.R. 164.514(d)(4)