UC Riverside, School of Medicine Policies and Procedures
Policy Title: HIPAA. Application of the Minimum Necessary Standard to Uses, Disclosures and Requests for Protected Health Information
Policy Number: COM 11.0

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<th>Responsible Officer:</th>
<th>Compliance Officer</th>
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<td>Responsible Office:</td>
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<td>Origination Date:</td>
<td>06/2013</td>
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<td>Date of Revision:</td>
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**Scope:** UCR Health will take reasonable steps to limit the use, access to or disclosure of Protected Health Information (PHI) to the minimum necessary to accomplish the intended work task or satisfy a request for information.

I. Policy Summary: N/A

II. Definitions:

*"Protected health information"* or *"PHI"* is any individually identifiable health information regarding a patient's medical or physical condition or treatment in any form created or collected as a consequence of the provision of health care, in any format including verbal communication.

*"Workforce"* means employees, including temporary or contract employees, health care professionals, including medical students and interns, volunteers, trainees, and other persons whose conduct, in the performance of work for UC Riverside Healthcare is under the direct control of the University, whether or not they are paid by the University.

III. Policy Text:

A. UCR Health will take reasonable steps to limit the use, access to or disclosure of Protected Health Information (PHI) to the minimum necessary to accomplish the intended work task or satisfy a request for information.

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

1. Disclosures to or requests by health care provider for treatment purposes
2. Disclosures to the patient who is the subject of the PHI
3. Uses or disclosures made pursuant to an authorization signed by the patient
4. Disclosures to the Department of Health and Human Services (HHS) or the Office of Civil Rights (OCR) when disclosure of PHI is required under the

C. Uses or disclosures of PHI that are required by law will be limited to the amount of information that is required to be disclosed under the specific regulation, for example for disclosures for worker’s compensation purposes, pursuant to a subpoena, or other disclosures required under California State law.

D. The health care provider team, including physicians, nurses, house staff and other workforce members involved in the treatment may use the individual’s full medical record without limitation only in the performance of their official duties for treatment purposes.
E. The minimum necessary standard applies to the use of PHI for payment and health care operations by all workforce members, including for the clinical teaching of healthcare professionals.

F. An entire medical record will not be disclosed, except when the entire medical record is specifically justified as the amount that is reasonably necessary to accomplish the purpose of the use, disclosure or request. For purposes of achieving and sustaining its academic mission, the use of the individual’s full medical record is only permitted when such access is necessary to the teaching program and after individuals engaged in those teaching activities have completed the University’s HIPAA training program.

G. When a workforce member requires access to use or disclose PHI beyond their routine job responsibilities, a supervisor or similarly responsible individual must approve the non-routine access, use or disclosure.

IV. Responsibilities: N/A

V. Procedures: N/A

VI. Forms/Instructions: N/A

VII. Contacts:

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<tr>
<th>Unit</th>
<th>Title</th>
<th>Phone</th>
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<tr>
<td>Compliance</td>
<td>Compliance and Privacy Officer</td>
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VIII. Related Information: N/A

IX. Frequently Asked Questions: N/A

X. Revision History: N/A

Approval(s):

James R. Herron
Compliance and Privacy Officer
School of Medicine