

# Tulane University

<b>DEPARTMENT:</b> General Counsel's Office -- HIPAA	<b>POLICY DESCRIPTION:</b> Minimum Necessary Standard
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<b>APPROVED:</b> April 1, 2003	<b>REVISED:</b>
<b>EFFECTIVE DATE:</b> April 14, 2003	<b>POLICY NUMBER:</b> GC-005

## Tulane University Minimum Necessary Standard

### SCOPE OF POLICY

This policy applies to Tulane University Medical Group, its participating physicians and clinicians, and all University employees and business units who provide management, administrative, financial, legal, and operational support to or on behalf of Tulane University Medical Group and have been designated as part of the Tulane University HIPAA Health Care Component.

### STATEMENT OF POLICY

The staff of the Tulane University Health Care Component routinely uses protected health information about patients to carry out their duties. Health Care Component staff may also need to disclose protected health information about patients to persons outside the Tulane University Health Care Component or to request protected health information from these persons. Health Care Component staff must limit their uses, disclosures, and requests of protected health information to the minimum amount of information necessary to accomplish the purpose of the use or disclosure.

### IMPLEMENTATION OF POLICY

This policy does not apply to the following types of uses, disclosures, and requests:

- Requesting patient information from, or disclosing patient information to, another health care provider for treatment purposes.
- Disclosing patient information to the patient, or to a personal representative who is authorized to make health care decisions for the patient or the patient's estate.
- Using or disclosing patient information pursuant to a patient's written authorization.
- Disclosing protected health information required by the Department of Health and Human Services (HHS) in connection with its investigation or determination of the Practice's compliance with the HIPAA privacy regulations.
- Using or disclosing protected health information as required by law (not just using or disclosing protected health information in a manner that is permitted by law).

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- Using or disclosing protected health information in order to complete standardized electronic transactions, as required by HIPAA.

## ROUTINE USES, DISCLOSURES, AND REQUESTS

The following guidelines explain how much information may be used, disclosed, or requested to carry out routine duties, and who may disclose such information. These guidelines are not intended to restrict Tulane University Medical Group physicians and clinicians health care professionals from having access to a patient's entire record, as needed, in order to treat or provide quality care to the patient as determined by the physicians or clinicians applicable.

Billing Company: Office staff may disclose patient names, contact information, dates of service, amounts owed, social security number, date of birth, or anything on a HCFA or UB92 claim form (e.g. procedure codes).

Collection Agency: Office staff may disclose patient names, contact information, dates of service, charges and amounts owed.

## NON-ROUTINE USES OF PROTECTED HEALTH INFORMATION

The Tulane University Health Care Component staff are instructed to notify the Privacy Official if they believe they need to use protected health information in a way that is not addressed in this policy. The Privacy Official should follow ethical and industry guidelines regarding the use of patient information for treatment and other purposes when making this decision, and should balance the Tulane University Medical Group's desire to provide quality care and to obtain reimbursement for that care with the patient's interest in privacy. If there is insufficient time to consult with the Privacy Official without jeopardizing patient care, the Tulane University Medical Group staff member should consider these factors and notify the Privacy Official as soon as possible afterwards.

## NON-ROUTINE DISCLOSURES OF AND REQUESTS FOR PROTECTED HEALTH INFORMATION

The Tulane University Health Care Component staff is instructed to notify the Privacy Official if they believe they need to disclose or request protected health information in a way that is not addressed in this policy. The Privacy Official should then determine what information may be disclosed or requested according to the following procedures. If there is insufficient time to consult with the Privacy Official without jeopardizing patient care, the Tulane University Medical Group staff member should consider the factors described below and notify the Privacy Official as soon as possible afterwards.

*Many disclosures to persons outside the Tulane University Health Care Component or requests for information from persons outside Tulane University Health Care Component will require a written authorization from the patient whose protected health information is involved. This policy discusses only how much information may be disclosed or requested and does not discuss when such authorizations are required.*

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## 1. Disclosures In Response To Requests From Selected Persons

When the persons or organizations, who have entered into a Business Associates Agreement with Tulane University as Tulane University Medical Group pursuant to policy number GC-017, are making a request, the Privacy Official or designee may allow the disclosure of the protected health information without second-guessing the request or limiting the amount of information released.

A listing of all Business Associates will be kept in the Office of the General Counsel. They include:

- billing companies
  - collection agencies
  - staffing agencies
  - cleaning services
  - copying services
  - companies who provide professional services to the practice
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- A health care provider that is required to comply with federal privacy regulations.
  - A health plan or a health care clearinghouse that converts health information to and from standard and non-standard formats.
  - A researcher with appropriate documentation from the Institutional Review Board (IRB) that meets the requirements of policy number GC-012, Uses and Disclosures of PHI for Research.
  - A public official or agency requesting protected health information for a public policy purpose.

If the Privacy Official or designee strongly believes that a request by one of the foregoing persons or organizations seeks more than the minimum information necessary, he or she should attempt to reach a compromise that meets the concerns and needs of both the practice and the person or organization making the request.

## 2. Disclosures In Response To All Other Requests

If the request is made by any other person or organization, the Privacy Official or designee should decide how much information to disclose, using the following criteria:

- What is the purpose of the disclosure?
- What type of information does the recipient need to accomplish the purpose of the disclosure?
- Where is this information located? For example, is it in an X-ray? Is it in a medical record? Is it on an electronic database?

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- Is other information attached to this information? If so, is the attached information also needed to accomplish the purpose of the disclosure? If the attached information is not needed, a copy of the record should be made and the extraneous information should be redacted (whether electronically or by manually blacking out the information on the hard copy).

### **3. Requests For Protected Health Information From Others**

When deciding what information may be requested from another person or organization outside the Practice, the Privacy Official should consider the following criteria:

- What is the purpose of the request?
- What type of information does the Practice need to accomplish this purpose?
- What other information is likely to be attached to the information the Practice is requesting? If that information is not needed the Privacy Official or designee should specify in the request that this information need not be disclosed.
- Can the request be phrased more narrowly to target only the information needed by the Practice to accomplish this purpose?

### **USING, DISCLOSING, OR REQUESTING THE ENTIRE MEDICAL RECORD**

The Tulane University Health Care Component staff are instructed to contact the Privacy Official or designee if they believe that the entire medical record should be used, disclosed, or requested in a way that is not addressed as "routine" and is not excepted from this policy, as described above. The Privacy Official or designee will determine whether there is a specific justification for using, disclosing, or requesting the entire medical record. If there is insufficient time to consult with the Privacy Official or designee without jeopardizing patient care, the Tulane University Medical Group staff member should consider the factors described above and notify the Privacy Official as soon as possible afterwards. The specific justification for using, disclosing or requesting the entire medical record should always be documented in the patient's medical record.

### **VIOLATIONS**

Any Tulane University Health Care Component staff who knowingly violates this policy will be subject to disciplinary action up to and including termination of employment or contract with Tulane University. Anyone who knows or has reason to believe that another person has violated this policy should report the matter promptly to the Privacy Official. All reported matters will be investigated, and, where appropriate, steps will be taken to remedy the situation. Where possible, the Privacy Official will make every effort to handle the reported matter confidentially. Any attempt to retaliate against a person for reporting a violation of this policy will itself be considered a violation of this policy that may result in disciplinary action up to and including termination of employment or contract with Tulane University.

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## QUESTIONS

If you have questions about this policy, please contact the Privacy Official immediately.