

POLICY INFORMATION

Policy Title: Minimum Necessary for Use and Disclosure Policy and Procedure

Departmental Owner: Chief Compliance, Audit, and Privacy Officer

Version Effective Date: 2/28/24

Last Reviewed: 2/28/24

SCOPE

This policy applies to the following individuals and/or groups:

- ☒ All of the below categories
☐ All Employees ☐ CT Employees ☐ NY Employees ☐ Remote Employees ☐ Contractors ☐ Volunteers ☐ Students/Interns ☐ Vendors

This policy applies to all above listed Nuvance Health workforce members including but not limited to the following locations:

- ☐ All of the below entities
- | | | |
|---|---|---|
| ☐ Nuvance Health Systems | | |
| ☐ Danbury Hospital (including New Milford Hospital Campus) | ☒ Health Quest Systems, Inc. "(HQSI)" | ☐ Western Connecticut Home Care, Inc ("WCHN") |
| ☒ Northern Dutchess Hospital | ☒ Health Quest Home Care, Inc | ☐ Western Connecticut Health Network Physician Hospital Organization ACO, Inc. |
| ☐ Norwalk Hospital | ☒ Hudson Valley Cardiovascular Practice, P.C. (aka The Heart Center) ("HVCP") | ☐ Western Connecticut Home Care, Inc |
| ☒ Putnam Hospital | ☒ Other HQSI-affiliated Entities Not Listed | ☐ Other WCHN-affiliated Entities Not Listed |
| ☒ Sharon Hospital | | ☒ Nuvance Health Medical Practices (NHMP PC, NHMP CT, ENYMS & HVCP) |
| ☒ Vassar Brothers Medical Center | | |

POLICY STATEMENT/PURPOSE

To make reasonable efforts to limit protected health information ("PHI") to the minimum amount necessary to accomplish the intended purpose of the use, access, or disclosure.

DEFINITIONS

See HIPAA Glossary

Covered Individual: This term refers to all Nuvance Health workforce members, business affiliates, and agents. Workforce members shall include any of the following individuals at Nuvance Health: Members of the Nuvance Health Board and the boards of any Nuvance Health related entity; President/Chief Executive Officer; administrators; managers, officers; employees, affiliates; medical staff members; appointees; volunteers; personnel; interns; students, trainees, and any individual whose conduct is under direct control of Nuvance Health whether or not they are paid by Nuvance Health. Business Affiliates shall include any non-workforce member, contractor, independent contractor, vendor, person, subcontractor or third-party, who or that, in acting on behalf of Nuvance Health: (i) delivers, furnishes, prescribes, directs, orders, authorizes, or otherwise provides Federal healthcare program items and services; (ii) performs billing or coding functions; (iii) contributes to Nuvance Health's entitlement to payment under Federal healthcare programs; and (iv) is affected by one or more of Nuvance Health's risk areas through the Business Affiliate's interaction with, or performance of their role, functions, and responsibilities or provision of contracted services at Nuvance Health. Agents include individuals or entities that have entered into an agency relationship with Nuvance

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Supersedes: HQ 5.2.08 Minimum Necessary for Use and Disclosure Policy;
HQ 5.2.08 Minimum Necessary for Use and Disclosure Procedure

Health. Agents fall under the category of either Workforce Member or Business Affiliate depending on their role, functions, and responsibilities.

POLICY

1. It is the policy of Nuvance Health and its affiliates (“Nuvance”) that, for all Uses, Access, or Disclosures to which this policy applies, Nuvance will not Use, Access, or Disclose an entire medical record, except when the entire medical record is specifically justified as the amount that is reasonably necessary to accomplish the purpose of the Use, Access, or Disclosure.
2. It is the policy of Nuvance to apply the minimum necessary protocols and criteria described in this policy to all uses, accesses, and disclosures for PHI with the exception of the following exempt uses and disclosures:
 - a. Disclosures to or requests by a healthcare provider for treatment purposes.
 - b. Uses or Disclosures made to the individual who is the subject of the information. This includes response to a request for access or an accounting of disclosures.
 - c. Uses or Disclosures made pursuant to an Authorization signed by the individual patient or their Personal Representative.
 - d. Uses or Disclosures that are required by law.
 - e. Uses or Disclosures that are necessary to comply with the HIPAA Privacy Rules.
 - f. Uses and Disclosures made to the Secretary of Health and Human Services (“HHS”) required for compliance and enforcement with the HIPAA the Privacy Rule.
3. The Minimum Necessary Rule applies:
 - a. When using PHI internally within the covered entity.
 - b. When disclosing PHI to an external party in response to a request (except for treatment).
 - c. When requesting PHI from another HIPAA covered entity.

PROCEDURE

The information that Nuvance Health Covered Individuals will utilize in their daily business will be the least amount necessary to complete the specific request or assignment.

A. MINIMUM NECESSARY ACCESS/USE

1. Nuvance will identify the classes of persons in its Covered Individuals who need access to PHI to carry out their duties. Nuvance will make reasonable efforts to limit the access of such persons to those categories of PHI that they require and shall establish conditions appropriate to such access.
2. Role-based access policies will be applied to electronic records to ensure that Covered Individuals’ access is limited to only PHI which is required to carry out their duties.
3. Role-based access controls will support minimum necessary use with access permitted when justified, e.g. a treatment relationship.
4. Healthcare professionals including medical staff may access the PHI only of those individual patients for whom they are assigned care either as a caregiver or as a consultant.
5. Other Covered Individuals will be granted access based on their roles and the need for information related to their job functions.
6. Department management is responsible for identifying those individuals requiring access to PHI in order to carry out their duties and the PHI to which access is needed.

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7. Covered Individuals including medical staff who access PHI for personal interest or other reasons not directly related to their authorized use are subject to disciplinary action up to and including termination pursuant to relevant Human Resources policies or medical staff bylaws.
8. Minimum necessary designations must be documented for a person or group of Covered Individuals. Changes or updates must be periodically reviewed for possible re-designation or designation of a new person or group of Covered Individuals.

B. MINIMUM NECESSARY DISCLOSURES

1. When disclosing PHI to another Covered Entity or Business Associate, Nuvance will limit the PHI disclosed to the amount reasonably necessary to achieve the purpose of the disclosure.
2. Disclosures made on a Routine and Recurring Basis
 - a. For routine or recurring disclosures, authorization, verification of identity, and other legal requirements for release of information will be obtained.
 - b. For routine or recurring disclosures, the PHI disclosed will be limited to the minimum amount necessary to accomplish the purpose of the disclosure.
3. Non-Routine Disclosures – Review of Individual Criteria
 - a. For non-routine disclosures, Nuvance will limit the PHI disclosed to the minimum necessary by reviewing each Disclosure on an individual basis. Authorization, verification of identity, and other legal requirements for release of information will be obtained.
 - b. When reviewing a non-routine disclosure, the designated Nuvance Covered Individual will apply the criteria provided below to limit the PHI Disclosed to the information reasonably necessary to accomplish the purpose for which Disclosure is sought. The factors to be considered include:
 - i. Specificity of request.
 - ii. Purpose or importance of request.
 - iii. Impact to the patient or the patient's family members:
 1. Positively in terms of patient care
 2. Negatively in terms of privacy
 - iv. Impact to other Covered Entity:
 1. Positively in terms of ability to provide quality care.
 2. Negatively in terms of compliance.
 - v. Extent to which Disclosure would extend number of individuals or entities with access to PHI.
 - vi. Likelihood of re-disclosure.
 - vii. Ability to achieve the same purpose with de-identified information.
 - viii. Technology available to limit disclosure of PHI.
 - ix. Cost of limiting Disclosure of PHI.
 - x. If the Disclosure of PHI is required by law, whether all of the information being released is required by law.
 - xi. Any other factors believed relevant to the determination.
 - c. These factors shall be assessed by relevant Nuvance staff who may consult with the Legal Services and the Compliance Departments as necessary.

4. For disclosures made upon the request of another Covered Entity, Nuvance may rely upon the requested Disclosure as the minimum necessary for the stated purpose of the request. However, Nuvance retains the right to assess each request for compliance with this policy.
5. For Disclosures made upon the request of a law enforcement agency or health oversight agency official, a professional member of the Nuvance Workforce, or a Business Associate providing professional services for Nuvance, the entity may rely upon the requested Disclosure as the minimum necessary for the stated purpose of the request if such person represents that the information requested is the minimum necessary for the stated purpose. However, Nuvance retains the right to assess each request for compliance with Nuvance's minimum necessary policy.
6. See the **Accounting of Disclosures** policy for disclosure accounting requirements.

C. MINIMUM NECESSARY REQUESTS

1. When requesting PHI from other providers or other covered entities, Nuvance Covered Individuals shall limit the request to that which is reasonably necessary to accomplish the purpose for which the request is made.
2. For routine or recurring disclosures, the PHI requested will be limited to the minimum amount necessary to accomplish the purpose of the disclosure.
3. For non-routine requests, Nuvance Covered Individuals will limit the PHI requested to the minimum necessary by reviewing each request on an individual basis, based upon the criteria outline in Section B.3.b of this Minimum Necessary policy.

Department administrators are responsible for identifying those individuals requiring access to PHI in order to carry out their duties and the PHI to which access is needed.

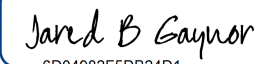
ENFORCEMENT

All individuals whose responsibilities are affected by this policy are expected to be familiar with the basic procedures and responsibilities created by this policy. Failure to comply with this policy and related procedure may result in remedial and/or disciplinary action, up to and including termination of any employment or other relationship.

REFERENCES

45 CFR Section 164.502(b)
45 CFR Section 164.514(d)

APPROVAL

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Signature

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Date

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