



SUBJECT: Minimum Necessary Use - Protected Health Information (PHI)

Effective Date: 01-01-16

Amended: 11-17-25

Supersedes: 01-01-2016

Responsible Authorities: Chief Compliance and Ethics Officer

SCOPE

This policy applies to Florida Atlantic University's Covered Components and those working on behalf of the Covered Components (collectively, "FAU") for purposes of complying with the privacy provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

POLICY STATEMENT

FAU's workforce providing health care services, performing health care operations or handling PHI in the course or scope of their employment or engagement must make reasonable efforts to limit the use, disclosure and request for protected health information (PHI) to the Minimum Necessary to accomplish the intended purpose of the use, disclosure or request.

REASON FOR THE POLICY

To establish that FAU will make reasonable efforts to limit PHI to the Minimum Necessary to accomplish the intended purpose of the use, disclosure, or request.

DEFINITIONS- Refer to Glossary and Terms

APPLICABILITY

Minimum Necessary applies when FAU uses or discloses PHI or when FAU requests PHI from another Covered Entity or Business Associate. A Covered Entity or Business Associate must make reasonable efforts to limit PHI to the Minimum Necessary to accomplish the intended purpose of the use, disclosure or request. This policy addresses HIPAA compliance for FAU's Covered Components but does not govern the authorization process or review, approval, or waiver by an Institutional Review Board (IRB) for research purposes. For conditions under which FAU faculty, staff, students, residents, post-doctoral fellows, and non-employees may

obtain, create, use, or disclose PHI for research purposes, refer to the Division of Research (DOR) and its policies.

LIMITATIONS

Limitations related to disclosures

Routine disclosures must only be for the purposes of treatment, payment, and health care operations. Non-routine disclosures must be reviewed carefully on an individual basis to ensure the request and response is in compliance with HIPAA and its implementing regulations, including, but not limited to, the Minimum Necessary requirements. Non-routine requests and disclosures must first be sent to their component's designated HIPAA liaison for review and documentation. After the liaison completes the review and confirms compliance with HIPAA, the request must then be forwarded to the Chief Compliance and Ethics Officer for final approval prior to any disclosure or response.

Limitations related to requests

- Requests for PHI must limit the PHI requested to the amount reasonably necessary to accomplish the purpose for which the request is made.
- Any PHI requested from another person or organization that is not specifically for present treatment purposes must be made only with the patient's Authorization.

Entire Health Record

The entire health record should not be used, disclosed, or requested unless it is specifically required for the intended purpose or for treatment of the patient.

All access to PHI must be documented in accordance with FAU's Accounting of Disclosures Policy.

Retention

FAU's Covered Components will retain any related documentation for a minimum period of 6 years.

PROCEDURES

FAU Covered Components will identify and define the following:

1. The persons or classes of persons in the FAU Personnel who need access to PHI to carry out their duties based on their role(s). (e.g., clinicians, administration, billing staff, etc.)
2. The category or categories of PHI to which access is needed, based on their role.
3. Each Covered Component will identify and define the category and level of access suitable to its needs and consistent with this policy and Minimum Necessary use.

All workforce members handling or dealing with PHI will be assigned to the appropriate security group within the Electronic Health Record (EHR) that delineates specific access and actions the staff member is authorized to perform when assigned to that security group. Staff will only be given access to information that is necessary to perform their job functions. The security group to which a staff member is assigned should be periodically reviewed and updated to reflect any changes in job duties or assignments.

FAU shall establish procedures for all workforce members to receive education and training on PHI and the rights and responsibilities regarding his/her access to PHI, at the time of hire, upon role change, and at least annually as part of HIPAA compliance training

FAU Covered Components must establish procedures to remove access to EHRs any time a work force member resigns or is separated from the unit.

AUDIT AND OVERSIGHT

1. Each Covered Component must conduct internal spot checks to verify adherence to Minimum Necessary requirements.
2. The FAU HIPAA Task Force will perform an annual audit to confirm that:
 - a. Procedures align with FAU HIPAA policy.
 - b. Each Covered Component completed its own audit and documented findings.
 - c. Findings and corrective actions must be reported to the Chief Compliance Officer.
3. FAU shall establish procedures for all workforce members to receive education and training on PHI and the rights and responsibilities regarding his/her access to PHI, at the time of hire, upon role change, and at least annually as part of HIPAA compliance training.

EXEMPTIONS

“Minimum Necessary” does not apply to the following uses, disclosures or requests:

1. Disclosures to or requests by a health care provider for treatment;
2. Uses or disclosures made to the individual;
3. Uses or disclosures made pursuant to an Authorization signed by the individual or the individual’s Legally Authorized Representative;
4. Disclosures made to the Secretary of Health and Human Services (“HHS”) to determine FAU’s compliance with the Privacy Rule;
5. Uses or disclosures that are required for compliance with HIPAA regulations; or
6. Uses or disclosures that are required by law.

MINIMUM NECESSARY DECISION TREE

Ask:	If the answer is “NO”	If the answer is “YES”
Is the intended use, request, or disclosure being made for or by a healthcare provider for treatment purposes?	Go to the next question	The Minimum Necessary Rule does NOT apply.
Is the use or disclosure being made to the individual, who is the subject of the PHI?	Go to the next question	The Minimum Necessary Rule does NOT apply.
Is the use or disclosure being made in response to a valid Authorization?	Go to the next question	The Minimum Necessary Rule does NOT apply.

Has HHS requested disclosure for purposes of HIPAA enforcement or compliance?	Go to the next question	The Minimum Necessary Rule does NOT apply.
Is the use or disclosure required by law (i.e., reporting abuse, neglect or domestic violence, responding to a court order or subpoena, or in response to a law enforcement officer investigating a crime)?	The information to be used, disclosed, or requested must abide by the Minimum Necessary Rule. Verify identity and authority.	Certain other restrictions apply under HIPAA, but not the Minimum Necessary Rule.

EXAMPLES OF ROUTINE AND NON-ROUTINE DISCLOSURES AND REQUESTS

	Routine Disclosures	What to Disclose	Routine Requests	What to Request
Treatment Purposes	Disclosures associated with routine referrals to local laboratories, pharmacies, rehab facilities, etc.	Generally limit PHI to patient name, demographics, appropriate diagnosis information, and reason for referral/prescription	Requests for PHI from referring physicians and other health care practitioners	All information needed for treatment. Minimum Necessary Rule does not apply.
Payment Purposes	Disclosures for billing/reimbursement purposes	Limit information to records for the date of service in question	Requests for preapproval and eligibility determinations	Limit information to the specific data needed for the determination

Required by Law	Disclosures for public health activities Disclosures relating to victims of crime or abuse	Limit information to the specific data required by the agency. Only information related to the specific incident being reported or investigated. Additional information including patient's history may only be disclosed by court order or subpoena.	N/A	N/A
	Non-Routine Disclosures	What may be Disclosed	Non-Routine Requests	What may be Requested
Treatment Purposes	Emergency disclosures of health information needed for treatment	Any information available under current relevant laws. Minimum Necessary does not apply.	Emergency requests for health information needed for treatment	Any information needed for treatment. Minimum Necessary Rule does not apply.
Required by law	Disclosures in response to court orders or subpoenas	Limit disclosures to the specific information contained in the order or subpoena	N/A	N/A