

# Partners in Recovery

POLICY AND  
STANDARDS

*Applicable Arizona Department of Health Services Behavioral Health Rule(s):*  
R9-20-211 *Client Records* and R9-21-209 *Records*.

## **Policy Name: Minimum Necessary Uses and Disclosures of PHI**

**Policy Number: REC - 0007**

---

H.M. Gilbert Jr., Executive Director, PIR

---

Date

***Cross Reference(s)***

None

***Policy Statement***

When using or disclosing protected health information (PHI) or when requesting PHI from another covered entity, Partners in Recovery, its subsidiaries and affiliates Direct Care Clinics (DCC) make reasonable efforts to limit the PHI used, disclosed, or requested to the minimum necessary to accomplish the intended purpose of the use, disclosure, or request.

***Purpose***

The purpose of this policy is to describe DCC's position on requesting, using, and disclosing the minimum necessary PHI.

***Scope***

Partners in Recovery Direct Care Clinics.

***Key Terms***

Should the reader need to inquire as to the definition of a term used in this policy, the Partners in Recovery Key Term Glossary can be found in the back of the Policy and Procedure Manual.

***Standards***

- I. DCC make reasonable efforts to limit the access of persons, or classes of persons, as appropriate, in its workforce to the category of PHI to which access is needed to carry out their job duties. To this end, DCC have identified:
  - A. Those employees or classes of employees, as appropriate, who need access to PHI to carry out their duties; and
  - B. For each employee or class of employees, the category, or categories of PHI to which access is needed and any conditions appropriate to such access.
- II. DCC make reasonable efforts to limit any PHI used, disclosed, or requested to the minimum necessary to accomplish the intended purpose of the use, disclosure, or request.
- III. The Minimum Necessary restriction does not apply to the following uses and disclosures:
  - A. Disclosures to, or requests by, a health care provider during the course of treatment;
  - B. Uses or disclosures made to the individual who is the subject of the PHI;
  - C. Uses or disclosures made pursuant to a valid *Authorization to Use and Disclose PHI Form*;
  - D. Disclosures made to the Secretary of Health and Human Services, in order to investigate complaints and/or cooperate with compliance reviews; or
  - E. Uses or disclosures required for compliance with applicable state or federal law. Any such use or disclosure must comply with, and be limited to, the relevant requirements of the law requiring the use or disclosure of the PHI.
- IV. Disclosure of PHI

- 
- A. DCC rely, if reliance is reasonable under the circumstances, on a requested disclosure as the minimum necessary for the stated purpose when:
1. Making disclosures to public officials that are permitted by law, if the public official represents that the information requested is the minimum necessary for the stated purpose(s);
  2. The information is requested by another covered entity;
  3. The information is requested by an employee or Business Associate (BA) of DCC, if for the purpose of providing services to DCC and the employee or BA represents that the information requested is the minimum necessary for the stated purpose; or
  4. The information is for research purposes, and appropriate documentation from an Institutional Review Board or privacy board is presented.
- B. For disclosures DCC makes on a routine and recurring basis, DCC limits the PHI disclosed to the amount reasonably necessary to achieve the purpose of the disclosure.
- C. Disclosures of PHI that DCC makes on a non-routine basis must meet criteria designed to limit the PHI to the information reasonably necessary to accomplish the purpose for which disclosure is sought. Such requests for disclosure are reviewed on an individual basis and approved by the local or corporate Privacy Official. The DCC staff person handling the requested disclosure completes a *Non-routine Disclosure of PHI Form*, documents that this process has occurred in the clinical system, files the completed form in the member's file, and submits the completed form to the local Privacy Official for review and approval. The form contains the following questions:
1. Who is the requestor?
  2. What is the requestor's authority to obtain the requested PHI?
  3. Can de-identified information serve this purpose? If not, why?
  4. What is the purpose of the request?
  5. Is the information requested the reasonable minimum to meet the purpose?
  6. Does the request violate other policy related to PHI?
  7. Does the member identified in the PHI need to be informed of the disclosure?
- V. Requests for PHI made by DCC
- A. When requesting PHI from other covered entities, DCC limit the request to that which is reasonably necessary to accomplish the purpose for which the request is made.
- Other covered entities (including providers) may rely on DCC requests for PHI as being the minimum necessary to achieve the purpose of the request.
- B. For requests that DCC makes on a routine and recurring basis, DCC limits the PHI requested to the amount reasonably necessary to accomplish the purpose for which the request is made.

- C. Requests for PHI that DCC makes on a non-routine basis are approved by the local or corporate Privacy Official. The staff person handling the request completes a *Non-routine Request for PHI Form*, documents that this process has occurred in the clinical system, files the completed form in the member's file, and submits the completed form to the CMC Privacy Official for review and approval. The form contains the following questions:
  - 1. Can de-identified information serve this purpose? If not, why?
  - 2. What is the purpose of the disclosure?
  - 3. What information is the reasonable minimum to meet the purpose?
  - 4. Does the disclosure violate other policy related to PHI?
  - 5. Does the individual identified in the PHI need to be informed of the disclosure?
- VI. For all uses, disclosures, or requests to which this policy applies, DCC do not use, disclose or request 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, disclosure, or request.
- VII. Documentation/Record Retention
  - A. Copies of all written or electronic communications or forms are maintained in the designated record set.
  - B. All statements verifying identity or authority are documented for any action or activity identified in this policy that requires verification.
  - C. All statements supporting any action or activity identified in this policy that require documentation are maintained in the designated record set.

***Associated Partners In Recovery Direct Care Clinic Forms & Attachments***

*Non-routine Disclosure of PHI Form*

*Non-routine Request for PHI Form*

# # #