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## **HIPAA Policy 5037**

### **Minimum Necessary Uses, Disclosures, and Requests**

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<b>Responsible Office</b>	Office of the Provost	<b>Effective Date</b>	April 14, 2003
<b>Responsible Official</b>	Privacy Officer	<b>Last Revision</b>	October 13, 2015

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### **Scope**

This policy applies to the University's Covered Components and those working on behalf of the covered components, designated as such for purposes of complying with the privacy provisions of the Health Insurance Portability and Accountability Act of 1996. The Covered Components are: (1) the Group Health Plan Component; and (2) the Covered Health Care Component, which includes the School of Nursing, the Department of Psychology clinics, Yale Health and the School of Medicine (except the School of Public Health and the Departments of Cell Biology, Cellular and Molecular Physiology, Comparative Medicine, History of Medicine, Immunobiology, Microbial Pathogenesis, Molecular Biophysics & Biochemistry, Neurobiology, Pharmacology, and WM Keck Biotechnology Resources Laboratory).

### **Policy Statement**

Yale University will identify the persons or classes of persons in its workforce who need access to PHI to carry out their duties, and will take reasonable efforts to limit the access of such persons or classes of persons to a category or categories of PHI to which access is needed and establish any conditions appropriate to such access.

Yale University covered components will use, disclose, or request the PHI that is reasonably necessary to accomplish the purpose of the use, disclosure, or request, except with respect to the following uses and disclosures:

1. Disclosures to or requests by a health care provider for treatment.
2. Uses or disclosures made to the individual or the individual's personal representative.
3. Uses or disclosures made pursuant to an authorization signed by the individual or the individual's personal representative.
4. Disclosures made to the Secretary of Health and Human Services to determine Yale University's compliance with the Privacy Rule.
5. Uses or disclosures that are required by law.
6. Uses or disclosures that are required for compliance with HIPAA regulations.

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### **Reason for the Policy**

To establish that, when using or disclosing PHI or when requesting PHI from another covered entity, Yale University will make reasonable efforts to limit PHI to the minimum necessary to accomplish the intended purpose of the use, disclosure, or request.

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### **Definitions**

#### **Confidential Communications**

The ability of an individual to request that their health information be protected through the use of an alias or by using a different mailing address.

### **Covered Entity**

An entity that is subject to HIPAA. Yale University is the covered entity for HIPAA compliance purposes. Because Yale is a Hybrid Entity, only Yale's designated Covered Components are subject to HIPAA requirements.

### **Designated Record Set**

Medical, clinical research and billing records about an individual maintained or used to make decisions about the individual and the individual's treatment. and subject to an individual's right to request access and amendment.

### **Disclosure**

The release, transfer, provision of access to, or divulging in any other manner of protected health information outside of the entity holding the information.

### **Health Care Operations**

Any of the following activities of a covered entity that relate to its covered functions (i.e., acting as a health care provider and an employer group health plan): conducting quality assessment and improvement activities; reviewing the competence or qualifications of health care professionals; underwriting (except as prohibited when involving genetic information), premium rating, and other activities relating to the creation, renewal or replacement of a contract of health insurance or health benefits; conducting or arranging for medical review, legal services, and auditing functions, including fraud and abuse detection and compliance programs; business planning and development; and business management and general administrative activities of the entity.

### **Legally Authorized Representative**

A person authorized either by state law or by court appointment to make decisions, including decisions related to health care, on behalf of another person, including someone who is authorized under applicable law to consent on behalf of a prospective subject to the subject's participation in the procedure involved in the research.

### **Minimum Necessary**

Refers to reasonable efforts made to limit use, disclosure, or requests for PHI to the minimum necessary to accomplish the intended purpose.

### **Payment**

The activities undertaken by (1) except as prohibited when involving genetic information, a health plan to obtain premiums or to determine or fulfill its responsibility for coverage and provision of benefits under the health plan, including determinations of eligibility and adjudication of claims; risk adjusting; billing, claims management, and collection activities; review of health care services with respect to medical necessity, coverage under a health plan, appropriateness of care, or justification of charges; utilization review activities; and disclosure to consumer reporting agencies of certain PHI relating to collection of premiums or reimbursement; or (2) a covered health care provider or health plan to obtain or provide reimbursement for the provision of health care.

### **Protected Health Information (PHI)**

Any individually identifiable health information, including genetic information and demographic information, collected from an individual, whether oral or recorded in any form or medium that is created or received by a covered entity (Yale School of Medicine (excluding the School of Public Health, the Animal Resources

Center, and the basic science departments: Cell Biology, Cellular and Molecular Physiology, Comparative Medicine, History of Medicine, Immunobiology, Microbial Pathogenesis, Molecular Biophysics & Biochemistry, Neurobiology, Pharmacology and WM Keck Biotechnology Resources Laboratory), Yale School of Nursing, Yale Health, Department of Psychology Clinics and the Group Health Plan component)

PHI encompasses information that identifies an individual or might reasonably be used to identify an individual and relates to:

The individual's past, present or future physical or mental health or condition of an individual; OR

The provision of health care to the individual; OR

The past, present or future payment of health care to an individual.

Information is deemed to identify an individual if it includes either the patient's name or any other information that taken together or used with other information could enable someone to determine an individual's identity. (For example: date of birth, medical records number, health plan beneficiary numbers, address, zip code, phone number, email address, fax number, IP address, license numbers, full face photographic images or Social Security Number see [Policy 5039](#) for a list of [HIPAA Identifiers](#))

PHI excludes individually identifiable health information in education records covered by the Family Educational Right and Privacy Act (FERPA) (records described in 20 USC 1232g(a)(4)(B)(iv)) and employment records held by a covered entity in its role as employer. PHI also excludes information related to individuals who have been deceased for more than 50 years. (see also definitions of "health information" and "individually identifiable health information")

## **TPO**

Treatment, Payment, and Healthcare Operations

### **Treatment**

The provision, coordination, or management of health care and related services by one or more health care providers, including the coordination or management of health care by a health care provider with a third party; consultation between health care providers relating to a patient; or the referral of a patient for health care from one health care provider to another.

### **Use**

The sharing, employment, application, utilization, examination, or analysis of individually identifiable health information within an entity that holds such information.

(See [HIPAA Glossary](#) for complete list of terms)

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## **Procedures**

[5037.PR.1](#): Minimum Necessary Uses, Disclosures, and Requests

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## **Forms and Exhibits**

[5037.EX.A](#) - Role-Based Access Protocol and Criteria

[5037.EX.B](#) - Routine or Recurring Disclosures Protocol and Criteria

[5037.EX.C](#) - Minimum Necessary Criteria for Non-Routine Disclosure/Request

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## Related Information

### Contacts

Subject	Contact	Phone
HIPAA Compliance	HIPAA Privacy Office	203-432-5919
Information Security	Central Campus Help Desk	203-432-9000
	Medical Campus Help Desk	203-785-3200

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## Roles and Responsibilities

### Office of the Provost

responsible for University compliance issues including HIPAA

### Office of General Counsel

interprets HIPAA regulations; reviews and approves all HIPAA related contracts including contracts with Business Associates or for research contracts

### University Information Security Officer

individual responsible for overseeing information security and ensuring compliance with security requirements of HIPAA

### Chief HIPAA Privacy Officer

individual responsible for overseeing and ensuring HIPAA compliance throughout Yale University; coordinates compliance related activities through the following deputies in each of the covered schools, departments, or other entities:

- Deputy Privacy Officer, School of Medicine
- Deputy Privacy Officer, School of Nursing
- Deputy Privacy Officer, Yale Health Services
- Deputy Privacy Officer, Yale Health Plan/Benefits Office
- Deputy Privacy Officer, Department of Psychology Clinics

### Procurement Office

identifies Business Associates and ensures appropriate contracts in place

### Grants & Contracts Administration

Responsible for negotiating data use agreements and research related contracts.

### Institutional Review Boards (HIC, HSC, HSRRC)

Responsible for review and approval of waivers of authorization for research purposes.

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## Revision History

Revised 9/26/2011, 1/31/2014

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