

**HIPAA Procedure 5037**  
**Minimum Necessary Uses, Disclosures, and Requests**  
Revision Date: October 26, 2017

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## Minimum Necessary Uses

Role-based access protocols and criteria (see [Exhibit 5037 EX.A](#)) will be applied to ensure that members of the workforce limit their access to PHI to that which is needed to carry out their duties. These protocols and criteria will be followed whether there are access controls in place in the information systems or whether access is to PHI in any other form.

Supervisors should identify the role based access category appropriate for their staff members that use PHI in performing their job, as described in Exhibit A.

Any member of the workforce who accesses PHI for purposes not consistent with their access privileges or not necessary to accomplish their duties is subject to disciplinary action up to and including termination.

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## Minimum Necessary Disclosures

For any type of disclosure that is made on a routine and recurring basis, Yale University will limit the PHI disclosed to what is reasonably necessary to achieve the purpose of the disclosures. See [Exhibit 5037 EX.B](#) for the protocol and criteria of such routine disclosures.

For all other disclosures, Yale University will apply the criteria provided in [Exhibit 5037 EX.C](#) to limit the PHI disclosed to the information reasonably necessary to accomplish the purpose for which disclosure is sought. The criteria will be applied as a general set of guidelines, recognizing that the context in which the disclosures may be requested will vary significantly. When the extent of PHI needed is in question, the disclosure request should be forwarded to the appropriate Yale Deputy Privacy Officer who will perform the application of the criteria.

Yale University may reasonably rely on a requested disclosure as the minimum necessary for the stated purpose when:

1. Making disclosures to public officials as permitted by HIPAA, 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 a professional who is a member of the Yale University workforce or is a business associate of Yale University for the purpose of providing professional services to Yale University, if the professional represents that the information requested is the minimum necessary for the stated purpose(s); or
4. Documentation or representations that comply with the applicable requirements of reviews preparatory to research, research on the PHI of decedents, or research pursuant to an IRB waiver of authorization have been provided by a person requesting the information for research purposes.

## **Minimum Necessary Requests**

Yale University must limit its request for PHI to that which is reasonably necessary to accomplish the purpose for which the request is made.

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## **Uses, Disclosures, and Requests for an Entire Medical Record**

For all uses, disclosures, or requests to which this policy applies, Yale University may 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.

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