

**WEST VIRGINIA UNIVERSITY HEALTH
SYSTEM**
POLICY AND PROCEDURE MANUAL

Policy VIII.105S
1st Effective 02/28/2022
Revised 12/31/2023

Reviewed 12/31/2023

DISCLOSURE OF PROTECTED HEALTH INFORMATION – MINIMUM NECESSARY

SCOPE:

All West Virginia University Health System (WVUHS) Entities*

Policy:

This policy applies to all employees, volunteers, contractors or vendors of a West Virginia United Health System (WVUHS) site or affiliate, Peak Health Workforce, physicians, faculty physicians, residents, clinical instructors, students, health care providers or individuals granted access to our protected health information.

In limited circumstances, WVUHS may, but is not required to, rely on the judgment of the party requesting the disclosure that the PHI requested is the minimum amount needed. Such reliance must be reasonable under the circumstances. This practice of “reasonable reliance” is permitted only when the request for PHI is made by:

- Public official or agency (for public health activities)
- Another covered entity
- A professional workforce member or business associate of the healthcare organization holding the PHI
- A researcher with approval of the institutional review board (IRB) or privacy board

Exceptions to this policy include:

- Use or disclosure to or requests by provider for treatment purposes
- Use or disclosure to the subject of the information (patient)
- Use or disclosure made under specific (detailed PHI) valid authorization
- Use or disclosure required for compliance with HIPAA electronic transaction standards
- Use or disclosure required by other laws (such as victims of abuse, neglect, or domestic violence, and compliance with workers’ compensation)
- Disclosure to Department of Health and Human Services (DHHS)

Definition: Minimum necessary refers to the least amount of protected health information that is required to achieve the purpose for which it is requested or disclosed.

* West Virginia University Health System adopts this policy and procedure for WVU Hospitals, Inc.; Summersville Regional Medical Center; WVUHS Home Care, LLC; WVUHS Medical Group; Reynolds Memorial Hospital; Berkeley Medical Center; Jefferson Medical Center; Potomac Valley Hospital of W.Va., Inc.; United Summit Center; United Hospital Center, Inc.; Wheeling Hospital, Inc.; Barnesville Hospital Association; United Physician’s Care, Inc.; St. Joseph’s Hospital of Buckhannon, Inc.; Camden-Clark Memorial Hospital Corporation; Camden-Clark Physician Corporation; Braxton County Memorial Hospital, Inc.; Jackson General Hospital; Wetzel County Hospital; Uniontown Hospital; Allied Health Services, Inc.; West Virginia United Insurance Services, Inc.; Accountable Care Organization of West Virginia, LLC(ACO); AHS, LLC; Gateway Home Health Care, LLC; and Peak Health Holdings, LLC

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Procedures:

1. Internal uses and disclosures
 - Electronic Role-based access— Reasonable efforts will be made to limit access to persons or classes of persons within the organization who need access to PHI to perform their jobs.
 - Paper-based access— The employee should avoid reviewing PHI outside of the scope of the function being performed based on role-based access
2. Routine or recurring disclosures— Disclosures that occur on a regular basis:
 - Outside billing company
 - Peer Review Organizations
 - Accrediting Agencies
 - Health Plans
3. Non-routine disclosures—Requests and/or disclosures that must be reviewed individually and have criteria to limit disclosure to the least amount necessary:
 - Subpoenas
 - Court orders
 - Other appropriate legal requests
4. Release of entire record:
 - An entire medical record will not be used, disclosed, or requested, except where the entire medical record is specifically justified or requested as the amount reasonably necessary to accomplish the purpose.
5. With regard to requests for research purposes, WVUHS may reasonably rely on documentation from an Internal Review Board (IRB) that describes the PHI needed for research purposes. WVUHS will assure that such documentation sufficiently describes the PHI needed. The same holds true with regard to information needed to prepare a research protocol or research on decedents.

CITATION:

§164.502(b) – Uses and disclosures of protected health information: General rules –
Standard: minimum necessary

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§164.514(d) – Other requirements relating to uses and disclosures of protected health information:

Standard – minimum necessary requirements

Preamble, pg. 82543- 45

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