MINIMUM NECESSARY STANDARD POLICY

POLICY
Minimum Necessary Standard

PURPOSE
Saint Louis County Department of Health (DOH) will provide instructions regarding health obligations relating to the HIPAA requirement to use, disclose, or request only the minimum necessary amount of Protected Health Information (PHI) necessary to accomplish the intended purpose of the use, disclosure or request.

APPLICATION
Saint Louis County DOH, its facilities and workforce.

DEFINITIONS
- **Protected Health Information (PHI):**
  Individually Identifiable Health Information (IIHI) that is transmitted by electronic media; maintained in any medium described in the definition of electronic media or transmitted or maintained in any other form or medium.
- **Individually Identifiable Health Information (IIHI):**
  Any information whether oral or recorded in any form or medium including information that:
  1. Is created or received by a healthcare provider, health plan, employer or health care clearinghouse, and
  2. Relates to the past, present or future physical or mental health or condition of an individual, or past, present or future payment for the provision of health care to an individual.
- **Workforce:**
  Employees, volunteers, trainees, and other persons whose conduct is performed under the control of Saint Louis County DOH.

PROCEDURE
- Saint Louis County DOH, its facilities and workforce, will make a reasonable effort to ensure that the minimum necessary PHI is disclosed, used or requested. Exceptions to the minimal necessary requirement include:
  1. Disclosure to the individual who is the subject of the information,
  2. Disclosures made pursuant to an authorization,
3. Disclosures to or requested by health care providers for treatment purposes,
4. Disclosures required for compliance with standardized HIPAA transactions,
5. Disclosures made to the County Counselor’s Office pursuant to a privacy investigation,
6. Disclosures otherwise required by the HIPAA regulations or other law.

- Reasonable efforts will be made to limit each PHI user’s access to only that PHI that is needed to carry out her/his duties.
- For situations where PHI use, disclosure or request for PHI occurs on a routine or recurring basis, the Privacy Officer or designee will issue directives as to what information constitutes the minimum necessary amount of PHI needed to achieve the purpose of the use, disclosure or request.
- For non-routine disclosure, staff should address questions to the Privacy Officer or designee to assure that PHI is limited to information that is reasonably necessary to accomplish the purpose for which disclosure is sought. (Example of non-routine disclosure of PHI: to accrediting agencies; insurance carriers, funeral homes, etc.)

SANCTIONS
Failure of staff to comply or assure compliance with this policy may result in disciplinary action up to and including dismissal.