



County of Tuolumne

Chapter: Health Insurance Portability and Accountability Act of 1996 (HIPAA)	Key Words: Privacy, Minimum Necessary, Use
Policy Title: Minimum Necessary Uses of Protected Health Information	Reference: Federal Privacy Regulations, 45 C.F.R. Subtitle A, Subchapter C, Parts 160 and 164
Policy No.: HIPAA-016	Page: 1 of 2
Policy Date: April 14, 2003	Revision No.: 1

PURPOSE: To establish a process on how to apply the “minimum necessary” standard to uses of protected health information (PHI).

BACKGROUND: County agencies designated as healthcare components must comply with privacy regulations promulgated under the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA). They must also comply with California laws and regulations pertaining to the use and disclosure of individually identifiable health information, unless such state laws and regulations are preempted by HIPAA.

HIPAA’s privacy regulations outline many detailed requirements protecting the confidentiality of health information and providing individuals significant rights with respect to their health information. Compliance with these regulations is addressed in a series of County policies and procedures.

DEFINITIONS

Note: The definitions below are in compliance with HIPAA and the Standards for Privacy of Individually Identifiable Health Information (Privacy Rule).

Health Care Operations: Any of the following activities:

- Internal performance improvement activities, excluding research;
- Reviewing the competence or qualifications of health care professionals;
- Underwriting, premium rating, and other activities related to health insurance contracting;
- Medical review, legal services, and auditing;
- Business planning and development; or
- Business management and general administrative activities.

Individually Identifiable Health Information: Information that identifies an individual (or could reasonably be used to identify an individual) that:

- Is created or received by the County;
- Relates to the past, present, or future physical or mental health or condition of an individual;
- Relates to the provision of health care to an individual; or
- Relates to the past, present, or future payment for the provision of health care to an individual.

This includes demographic information (such as name, address, date of birth, sex, and race) collected from an individual.

Payment: Activities undertaken to obtain or provide reimbursement for health care services, including:

- Billing, claims management, and collection activities;
- Review of health care services for medical necessity, coverage, appropriateness, or charge justification; or
- Utilization review activities.

Protected Health Information (PHI): Individually identifiable health information that is transmitted or maintained electronically or by any other medium. PHI does not include educational records of students maintained by federally funded educational agencies or institutions or persons acting for these agencies or institutions. PHI also does not include records of (1) students who are 18 years or older or are attending post-secondary educational institutions, (2) maintained by a physical or mental health care provider, (3) that are made, maintained, or used only in connection with the treatment of the student, and (4) that are not available to anyone, except a health care provider or appropriate professional reviewing the record as designated by the student.

Treatment: Provision, coordination, or management of health care and related services by one or more health care providers, including:

- Management of care by a provider with a third party;
- Consultation between health care providers relating to a individual; or
- Referral of an individual from one provider to another.

POLICY: Only staff members with a legitimate “need to know” may access or use PHI. Each staff member may only access or use the minimum information necessary to perform his/her designated duties regardless of the extent of access authorized or available. This includes all activities related to treatment, payment and healthcare operations conducted by or on behalf of the County.

PROCEDURES:

1. County staff members acting on behalf of the County’s healthcare components must always use only the minimum amount of information necessary to accomplish the intended purpose of the use, access or disclosure.
2. With respect to system access, individual privacy will be supported through authorization, access, and audit controls and will be implemented for all systems that contain individually identifiable health information. Within the permitted access, a staff member may only access the information needed to perform his/her job duties.
3. Each staff member is responsible for completing all required ongoing education related to patient privacy and patient rights.
4. Each staff member is responsible for compliance with the County’s code of conduct and all County policies relating to PHI.

QUESTIONS/INFORMATION: Privacy Officer of the County of Tuolumne

SUNSET DATE: This policy will be reviewed for continuance by April 14, 2006.

Approved: _____