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North Sound Behavioral Health Administrative Services Organization, LLC

Section 2500 – Privacy: Minimum Necessary

Authorizing Source: 45 CFR 164.514 (HIPAA); 42 CFR Part 2 (Part 2); RCW 70.02

Approved by: Executive Director Date: 2/25/2025 Signature:

POLICY # 2509.00

SUBJECT: MINIMUM NECESSARY

PURPOSE

In compliance with HIPAA, Part 2, State Law and any applicable Business Associate Agreements (BAAs) and Qualified Service Organization Agreements (QSOAs) with Upstream Covered Entities, this policy sets out the process for applying the “minimum necessary” standards to Uses of, Disclosures of and requests for Protected Health Information (PHI).

Capitalized terms have special meanings. Defined terms in this policy include De-Identified Data, Limited Data Sets, PHI, Required by Law, Use and Workforce. See Policy 2502.00: Definitions for Policies Governing PHI.

POLICY

Workforce make reasonable efforts to Use, Disclose and request only the minimum PHI necessary to accomplish the permissible purpose of the Use, Disclosure or request. Workforce must have a “need to know” for permissible job-related purposes to access, Use or Disclose any particular PHI. North Sound Behavioral Health Administrative Services Organization (North Sound BH-ASO) recognizes the minimum necessary requirement is particularly important for the sensitive types of PHI that it regularly creates, receives, Uses and Discloses, including Part 2 Information, Mental Health Information and Sexually Transmitted Diseases (STD) information.

PROCEDURES

1. **General Requirement.** Each Workforce member will make reasonable efforts to limit the Workforce member’s Uses of, Disclosures of and requests for PHI to the minimum necessary to accomplish the intended and permissible purpose of the Use, Disclosure or request, as required under this policy.
2. **Exceptions.** North Sound BH-ASO applies the minimum necessary standards to all Uses, Disclosures and requests for PHI, except for:
 - 2.1 Disclosures to, or requests by, a Health Care Provider for the purpose of Treatment;
 - 2.2 Disclosures to the Individual or the Individual’s Authorized Representative, as part of the right to access PHI;
 - 2.3 Disclosures made pursuant to an authorization by or on behalf of the Individual;
 - 2.4 Disclosures required to legally comply with HIPAA;

- 2.5 Uses and Disclosures Required by Law, to the extent the Use or Disclosure complies with, and is limited to, the relevant requirements of the law; and
 - 2.6 Disclosures to the Secretary of the Department of Health and Human Services for HIPAA compliance enforcement.
3. **Limitations on Use and Access by Workforce.** Only Workforce who are authorized to access and Use PHI may do so. Authorized Workforce who have a job-related need-to-know may access or Use PHI. Workforce may access or Use PHI in accordance with the matrix of classes of Persons, categories of access and conditions appropriate to the access, which is maintained by the Privacy Officer and/or Security Officer. Changes to the matrix will require notification of Human Resources for inclusion in subsequent training of Workforce authorized to have access to PHI.
4. **Routine and Recurring Uses, Disclosures and Requests.** For routine and recurring Uses, Disclosures and requests of PHI, Workforce will Disclose PHI in accordance with any designations of routine Uses, Disclosures and requests and the matrix based on the type of PHI, types of Persons eligible to access or receive PHI and the conditions that would apply to the access, Uses, Disclosures and requests. The designations of routine Uses, Disclosures and requests and the matrix is maintained by the Privacy Officer and/or Security Officer. Changes to the matrix and designations will require notification of Human Resources for inclusion in subsequent training of affected Workforce.
5. **Non-Routine and Non-Recurring Uses and Disclosures.** Non-routine, non-recurring Uses or Disclosures of PHI will be reviewed, prior to any Use or Disclosure of PHI, by the Privacy Officer. The Privacy Officer will make the determination of the minimum necessary PHI is being Disclosed.
6. **Limitations on Requests.**
- 6.1 **Routine Requests.** When requesting PHI from Covered Entities or Business Associates, Workforce will limit any request for PHI to that which is reasonably necessary to accomplish the permissible purpose of the request. For example, Workforce should limit any requests for entire medical records, other than for Treatment purposes.
 - 6.2 **Non-Routine Requests.** Workforce will obtain the approval of the Privacy Officer for non-routine requests of PHI.
7. **Preference for De-Identified Information and Limited Data Sets.** When North Sound BH-ASO receives requests for PHI from external sources, including Upstream Covered Entities and Subcontractor Business Associates, North Sound BH-ASO, if practicable, will limit Disclosures to: (a) De-Identified Data; or (b) Limited Data Sets (e.g., information that has been partially De-Identified), coupled with obtaining a Data Use Agreement from the recipient. See Policy 2503.00: De-Identification and Limited Data Sets. If De-Identified Data or Limited Data Sets are not practicable, then Disclosures of PHI will be the minimum necessary to accomplish the intended permissible purposes of the Disclosure.
8. **Documentation.** Documentation shall be retained for at least six (6) years from its creation or from the date it was last in effect, whichever is later. Documentation requirements include:
- 8.1 **Policies and procedures for minimum necessary.**
 - 8.2 **Role-Based Access Matrix,** including previous and current versions.

8.3 **Designations of routine Uses, Disclosures and requests.**

9. **Related Policies.** Other policies and procedures to review that are related to this policy:

- 9.1 **Policy 2501.00: Privacy and Confidentiality of PHI.**
- 9.2 **Policy 2502.00: Definitions for Policies Governing PHI.**
- 9.3 **Policy 2507.00: Subcontractor Business Associates (Downstream).**
- 9.4 **Policy 2503.00: De-Identified Data and Limited Data Sets.**
- 9.5 **Policy 2506.00: Documentation.**
- 9.6 **Policy 2514.00: Right of Access to PHI.**
- 9.7 **Policy 2522.00: Uses and Disclosures of PHI.**

ATTACHMENTS

None