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## HIPAA Policy 5037

### Minimum Necessary Uses, Disclosures, and Requests

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<b>Responsible Office</b>	Office of the Provost	<b>Effective Date</b>	April 14, 2003
<b>Responsible Official</b>	Privacy Officer	<b>Last Revision</b>	Feb. 14, 2003

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### Scope

This policy applies to the University's Covered Components, designated as such for purposes of complying with the privacy provisions of the Health Insurance Portability and Accountability Act of 1996. The Covered Components are: (1) the Group Health Plan Component; and (2) the Covered Health Care Component, comprised of the School of Medicine, School of Nursing, Department of Psychology clinics and Yale University Health Services.

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### Policy Statement

Yale University will identify the persons or classes of persons in its workforce who need access to PHI to carry out their duties, and will take reasonable efforts to limit the access of such persons or classes of persons to a category or categories of PHI to which access is needed and establish any conditions appropriate to such access.

Yale University covered components will use, disclose, or request the PHI that is reasonably necessary to accomplish the purpose of the use, disclosure, or request, except with respect to the following uses and disclosures:

1. Disclosures to or requests by a health care provider for treatment.
2. Uses or disclosures made to the individual or the individual's personal representative.
3. Uses or disclosures made pursuant to an authorization signed by the individual or the individual's personal representative.
4. Disclosures made to the Secretary of Health and Human Services to determine Yale University's compliance with the Privacy Rule.
5. Uses or disclosures that are required by law.
6. Uses or disclosures that are required for compliance with HIPAA regulations.

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### Reason for the Policy

To establish that, when using or disclosing PHI or when requesting PHI from another covered entity, Yale University will make reasonable efforts to limit PHI to the minimum necessary to accomplish the intended purpose of the use, disclosure, or request.

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### Definitions

- [Confidential Communications](#)
- [Covered Entity](#)
- [Designated record set](#)

- [Disclosure](#)
- [HIPAA](#)
- [Legally Authorized Representative](#)
- [Minimum Necessary](#)
- [PHI \(Protected Health Information\)](#)
- [TPO \(Treatment, Payment, Operations\)](#)
- [Use of Information](#)

(See [HIPAA Glossary](#) for complete list of terms)

## Procedures

[5037.PR.1](#): Minimum Necessary Uses, Disclosures, and Requests

## Forms and Exhibits

[5037.EX.A](#) - Role-Based Access Protocol and Criteria

[5037.EX.B](#) - Routine or Recurring Disclosures Protocol and Criteria

[5037.EX.C](#) - Minimum Necessary Criteria for Non-Routine Disclosure/Request

## Related Information

**forthcoming**

## Contacts

Subject	Contact	Phone
HIPAA Compliance	Chief HIPAA Privacy Officer	436-3650
	Deputy Privacy Officer, YSM	737-6085
	Deputy Privacy Officer, YSN	737-5700
	Deputy Privacy Officer, Psychology	436-3650
	Deputy Privacy Officer, UHS	432-0076
Information Security	University Information Security Officer	432-1248
	YSM Information Security Officer	785-5204
Research Compliance	Human Investigation Committee (YSM)	785-4688
	Human Subjects Committee (FAS)	436-3650
	Human Subjects Research Review Committee (YSN)	737-2371

## Roles and Responsibilities

### Office of the Provost

responsible for University compliance issues including HIPAA

**Office of General Counsel**

interprets HIPAA regulations; reviews and approves all HIPAA related contracts including contracts with Business Associates or for research contracts

**University Information Security Officer**

individual responsible for overseeing information security and ensuring compliance with security requirements of HIPAA

**Chief HIPAA Privacy Officer**

individual responsible for overseeing and ensuring HIPAA compliance throughout Yale University; coordinates compliance related activities through the following deputies in each of the covered schools, departments, or other entities:

- Deputy Privacy Officer, School of Medicine
- Deputy Privacy Officer, School of Nursing
- Deputy Privacy Officer, Yale Health Services
- Deputy Privacy Officer, Yale Health Plan/Benefits Office
- Deputy Privacy Officer, Department of Psychology Clinics

**Procurement Office**

identifies Business Associates and ensures appropriate contracts in place

**Grants & Contracts Administration**

Responsible for negotiating data use agreements and research related contracts.

**Institutional Review Boards (HIC, HSC, HSRRC)**

Responsible for review and approval of waivers of authorization for research purposes.

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