

# Uses & Disclosures of PHI

## Minimum Necessary Standard

The minimum necessary standard means that people should only access, use or disclose the health information that is minimally necessary to accomplish a given task or purpose. For instance, to schedule an appointment, a staff person will need to access demographic information like name, address, and phone number, but would not need to look through a patient’s lab results. The documents below describe OHSU’s minimum necessary standards for disclosures, or releases of health information outside of OHSU. Disclosures are grouped according to whether they are:

- Recurring (Table 1)
- Non-Recurring (Table 2)
- There are also some disclosures that are NOT subject to the minimum necessary standard (Table 3)

**Table 1. Minimum Necessary Standards for Recurring Disclosures of PHI**

<b>Information Recipient</b>	<b>Information/Purpose of Disclosure</b>	<b>Minimum necessary</b>
<b>Answering Service</b>	Telephone coverage	Release PHI according to attached policy on standards for recurring disclosures.
<b>Bank</b>	Credit card, checks, payment processing, banking – provision of demographics	Release PHI according to attached policy on standards for recurring disclosures.
<b>Bank</b>	Outsourcing billing reconciliation	Release PHI according to terms of Business Associate agreement.
<b>Billing Service</b>	Billing health plans and other payors	Release PHI according to terms of Business Associate agreement.
<b>Clergy</b>	In-hospital directory information	Patient name, location, condition, religious preference.
<b>Collection Agency</b>	Demographics, balance	Demographics, insurance, balance, and according to the terms of Business Associate agreement.

<b>Copy Service</b>	All records to be copied	Release PHI according to attached policy on standards for recurring disclosures.
<b>Courier Service</b>	Delivery, exchange	Limit incidental disclosures. Release PHI as needed for vendor to carry out task.
<b>CPA</b>	Financial analysis, accounting - patient demographics	Patient demographics, financial info, and according to the terms of Business Associate agreement.
<b>DMV</b>	Patient disability information	As required by law.
<b>Family Members</b>	Curiosity/accompanying patient or inquiry	Professional discretion. Limit to involvement in treatment or payment
<b>Insurance Co. (Health)</b>	Billing – Co-payments, ICD-9, demographics	Release PHI according to attached policy on standards for recurring disclosures.
<b>Individual Professional Associations</b>	QA, etc.	Release PHI according to attached policy on standards for recurring disclosures, and according to the terms of Business Associate agreement.
<b>Oregon Health Department</b>	Communicable disease reporting	As required by law
<b>Record Storage Facility</b>	All records to be stored	All records to be stored. Limit incidental disclosures. Release PHI according to attached policy on standards for recurring disclosures.
<b>Shredding Co.</b>	All records to be shredded	All records to be shredded. Limit incidental disclosures. Release PHI according to attached policy on standards for recurring disclosures.
<b>Transcription (Outside Service)</b>	Transcription	Limit incidental disclosures. Release PHI according to attached policy on standards for recurring disclosures, and according to the terms of Business Associate agreement.

**Table 2. Minimum Necessary Standards for Recurring Disclosures of PHI**

<b>Information Recipient</b>	<b>Information/Purpose of Disclosure</b>	<b>Minimum Necessary</b>
<b>Ambulatory Records Credentialing</b>	Audit, National Center for Quality Assurance	Release PHI according to attached policy on standards for recurring disclosures, or as required by law.
<b>Board Of Medical Examiners</b>	Investigation, licensure	As required by law.
<b>Cancer Registry - State Law Req'd</b>	Diagnosis dependent	As required by law.
<b>Cancer Registry - Voluntary</b>		Release PHI according to attached policy on standards for recurring disclosures, or according to the terms of Business Associate agreement (if outsourced.)
<b>Durable Medical Equipment Manufacturer/Distributor</b>	Adverse event/outcome	As required by law.
<b>Drug Representatives</b>	Talks to patient about treatment, Rx, how to use	As necessary to fulfill the purpose of the request.
<b>Equipment Repair Techs, IT Vendors</b>	Repair, maintain medical equipment	As necessary to fulfill the purpose of the request.
<b>Fire Marshalls</b>	Required casualty report	As required by law.
<b>Medical Examiner, Coroner, Funeral Director</b>	Determining cause of death - chart notes	As necessary to fulfill the purpose of the request.
<b>Military, DOD</b>	Fitness for duty - chart notes	As necessary to fulfill the purpose of the request.
<b>Oregon Medical Peer Review Organization</b>	Medical review	per protocol/policy for recurring, general criteria for non-recurring
<b>Organ Procurement Agency</b>	Organ donation - chart notes	As necessary to fulfill the purpose of the request.
<b>Police</b>	Criminal investigations - pre-hospital care reports	Distinguishing physical characteristics and limited information about injury/treatment for physical identification of suspect, fugitive, missing person or material witness.

<b>Professional Liability Insurer</b>		As necessary to fulfill the purpose of the request, in accordance with existing Business Associate agreement (if applicable.)
<b>State</b>	Custody determination - chart notes, dx	As required by law
<b>VA</b>	Eligibility - chart notes	As necessary to fulfill the purpose of the request.
<b>Workers' Comp</b>	Eligibility for benefits - chart notes, diagnosis	Release PHI according to attached policy on standards for recurring disclosures, as necessary to fulfill the purpose of the request, or as otherwise required by law.

**Table 3. Uses or Disclosures That Are Authorized by the Patient, or That Are for Treatment, Payment, or Operations**

Uses/disclosures of PHI that are authorized by the patient or that are part of treatment are not subject to the HIPAA Minimum Necessary Standard. Examples and further guidelines are provided below.

<b>Type of Disclosure</b>	<b>Reason for Disclosure Request</b>	<b>Release if...</b>	<b>Information to be Released</b>
<b>Attorneys</b>	As requested	This release can be made based on an authorization form signed by the patient.	We should only release the information described in the signed authorization form.
<b>Auto Insurance</b>	Determine liability - chart notes	This release can be made based on an authorization form signed by the patient.	We should only release the information described in the signed authorization form.
<b>Cancer Registry - Research</b>	Research	This release can be made based on an authorization form signed by the patient.	We should only release the information described in the signed authorization form.
<b>Charitable Organizations</b>	Financial assistance	This release can be made based on an authorization	We should only release the information described in the

		form signed by the patient.	signed authorization form.
<b>Children's Health Division, BCCP</b>	Financial assistance - demographics	This release can be made based on an authorization form signed by the patient.	We should only release the information described in the signed authorization form.
<b>Clergy</b>	For physician office	This release can be made based on an authorization form signed by the patient.	We should only release the information described in the signed authorization form.
<b>Counseling Services</b>	Chart notes	This is a release for treatment purposes, and is allowable without signed patient authorization.	Disclosures for treatment purposes are not subject to the minimum necessary standard. However, use common sense in determining which information is relevant in fulfilling requests for patients' health information.
<b>Dentists</b>	Coordination of treatment	This is a release for treatment purposes, and is allowable without signed patient authorization.	Disclosures for treatment purposes are not subject to the minimum necessary standard. However, use common sense in determining which information is relevant in fulfilling requests for patients' health information.
<b>Diagnostic Center</b>	Follow-up information	This is a release for treatment purposes, and is allowable without signed patient authorization.	Disclosures for treatment purposes are not subject to the minimum necessary standard. However, use common sense in determining which information is relevant in fulfilling requests for patients' health information.
<b>Durable Medical Equipment Manufacturer/Distributor</b>	Patient name, make & model	This is a release for treatment purposes, and is allowable without signed patient authorization.	Disclosures for treatment purposes are not subject to the minimum necessary standard. However, use common sense in determining which information is relevant in fulfilling requests for patients' health information.
<b>Drug Company</b>	Determine eligibility for financial assistance -	This release can be made based on an authorization form signed by the patient.	We should only release the information described in the signed authorization form.

<b>Drug Representatives</b>		This release can be made based on an authorization form signed by the patient.	We should only release the information described in the signed authorization form.
<b>Educators, Dieticians</b>	Diagnosis, chart notes, labs	This is a release for treatment purposes, and is allowable without signed patient authorization.	Disclosures for treatment purposes are not subject to the minimum necessary standard.
<b>EMTs</b>	Billing, demographics, insurance coverage	This may be a release for treatment, payment, or operations.	Follow appropriate OHSU policies and procedures.
<b>ER</b>	Treatment - medical records	This is a release for treatment purposes, and is allowable without signed patient authorization.	Disclosures for treatment purposes are not subject to the minimum necessary standard.
<b>FAA</b>	Fitness for duty, investigations	This release may have been authorized by the patient, or may be required by law.	If the patient has authorized the release, you may disclose the information described in the authorization form. If required by law, release the information that has been requested.
<b>Foster Parent</b>	Same as disclosure to patient if representative	This is a release for treatment purposes, and is allowable without signed patient authorization.	Disclosures for treatment purposes are not subject to the minimum necessary standard.
<b>Health Insurance Co.</b>	Eligibility, pre-authorization	This is a payment activity and is allowable without signed patient authorization.	Disclose the health information necessary to achieve the purpose of the request.
<b>HHS</b>	Disability determination, chart notes	This release may have been authorized by the patient, or may be required by law.	We should only release the information described in the signed authorization form, or as required by law.
<b>Hospice</b>	Chart notes, diagnosis, insurance info.	This is a release for treatment purposes, and is allowable without signed patient authorization.	Disclosures for treatment purposes are not subject to the minimum necessary standard.

<b>Hospital</b>	Scheduling - diagnosis, diagnostic codes, demographics	This is a release for treatment purposes, and is allowable without signed patient authorization.	Disclosures for treatment purposes are not subject to the minimum necessary standard.
<b>Housing Authority</b>	Financial assistance	This release can be made based on an authorization form signed by the patient.	We should only release the information described in the signed authorization form.
<b>Insurance Co. (Life)</b>	Eligibility for insurance - last five years of med. Record	This release can be made based on an authorization form signed by the patient.	We should only release the information described in the signed authorization form.
<b>Insurance Dept., DCBS</b>	Claim dispute, late payments	This release can be made based on an authorization form signed by the patient.	We should only release the information described in the signed authorization form.
<b>Interpreter</b>	Treatment, etc.	This is a release for treatment purposes, and is allowable without signed patient authorization.	Disclosures for treatment purposes are not subject to the minimum necessary standard. However, use common sense in determining which information is relevant in fulfilling requests for patients' health information.
<b>Laboratory</b>	Diagnosis, diagnostic codes, demographics	This is a release for treatment purposes, and is allowable without signed patient authorization.	Disclosures for treatment purposes are not subject to the minimum necessary standard. However, use common sense in determining which information is relevant in fulfilling requests for patients' health information.
<b>Lamaze, Etc</b>	Education	This is a release for treatment purposes, and is allowable without signed patient authorization.	Disclosures for treatment purposes are not subject to the minimum necessary standard. However, use common sense in determining which information is relevant in fulfilling requests for patients' health information.
<b>Life Coach</b>		This release can be made based on an authorization form signed by the patient.	We should only release the information described in the signed authorization form.

<b>Massage Therapist</b>		This is a release for treatment purposes, and is allowable without signed patient authorization.	Disclosures for treatment purposes are not subject to the minimum necessary standard. However, use common sense in determining which information is relevant in fulfilling requests for patients' health information.
<b>Patient's Employer</b>	Time off, fitness for duty - lab results, med info	This release may have been authorized by the patient, or may be required by OSHA.	We should only release the information described in the signed authorization form, or as required under OSHA reporting requirements.
<b>Personal Trainer</b>		This is a release for treatment purposes, and is allowable without signed patient authorization.	Disclosures for treatment purposes are not subject to the minimum necessary standard. However, use common sense in determining which information is relevant in fulfilling requests for patients' health information.
<b>Physician</b>	Referral - all of the office notes	This is a release for treatment purposes, and is allowable without signed patient authorization.	Disclosures for treatment purposes are not subject to the minimum necessary standard.
<b>Physician</b>	Update, coordination of care	This is a release for treatment purposes, and is allowable without signed patient authorization.	Disclosures for treatment purposes are not subject to the minimum necessary standard.
<b>Physical Therapy, Occupational Therapy, Speech Therapy, Hearing Therapy</b>	Chart notes	This is a release for treatment purposes, and is allowable without signed patient authorization.	Disclosures for treatment purposes are not subject to the minimum necessary standard.
<b>Public Utilities</b>	Financial assistance	This release can be made based on an authorization form signed by the patient.	We should only release the information described in the signed authorization form.
<b>Researcher</b>	Research	This release can be made based on an authorization form signed by the patient.	We should only release the information described in the signed authorization form.



<b>Residential Programs (Drug, Alcohol)</b>	Coordination of treatment	This is a release for treatment purposes, and is allowable without signed patient authorization.	Disclosures for treatment purposes are not subject to the minimum necessary standard.
<b>Prescriptions</b>	Prescriptions, medications	This is a release for treatment purposes, and is allowable without signed patient authorization.	Disclosures for treatment purposes are not subject to the minimum necessary standard.
<b>Schools</b>	Immunization records	This release can be made based on an authorization form signed by the patient.	We should only release the information described in the signed authorization form.
<b>SNFs</b>	Treatment - med records	This is a release for treatment purposes, and is allowable without signed patient authorization.	Disclosures for treatment purposes are not subject to the minimum necessary standard. However, use common sense in determining which information is relevant in fulfilling requests for patients' health information.
<b>Social Workers</b>	Discharge planning, required reporting, other	These disclosures may be part of treatment, may be authorized by the patient, or may be required by law.	If these disclosures are for treatment, the minimum necessary standard does not apply. If authorized, release what the patient has authorized. If required by law, release what is required.
<b>Students</b>	Case presentation, patient care.	Student access of health information is part of OHSU's operations. Patient authorization is not required.	Uses for operations are allowed, but should follow the minimum necessary standard.
<b>Support Agency Or Group For Crime Victims Assistance</b>	Crime victims assistance	This release can be made based on an authorization form signed by the patient.	We should only release the information described in the signed authorization form.
<b>Tri-Met, Transportation</b>	Transportation - demographics	These disclosures may be part of treatment, or may be authorized by the patient	If these disclosures are for treatment, the minimum necessary standard does not apply. If authorized, release what the patient has authorized.

<b>Tumor Board</b>	Case presentation, patient care	If for research purposes, patient authorization is required unless a waiver of authorization has approved by IRB. If for treatment purposes, patient authorization is not required.	If for research purposes, disclose according to the patient's authorization or the waiver approved by the IRB. Disclosures for treatment purposes are not subject to the minimum necessary standard.
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