

Providence recognizes that a **covered entity** may not **use** or **disclose protected health information**, except as permitted or required by the **Privacy Rule** in the **Health Insurance and Portability and Accountability Act** and any associated PH&S Policies and Standards. In order to act in accord with the requirements, all Providence ministries required to comply with **HIPAA** shall establish processes to follow the minimum specifications described below regarding the general rules for the use and disclosure of protected health information.

Please refer to the *Privacy & Security Glossary* policy for definitions of the **terms** used in this standard. Consult local facility procedures where appropriate for further information on implementing this standard.

A covered entity may not use or disclose protected health information, except as permitted or required by the Privacy Rule, state law, and any associated PH&S Policies and Standards.

(a) Required Disclosures. Each covered entity shall have procedures in place for required uses and disclosures of protected health information, including:

Required Disclosures

Required Uses and Disclosures	PH&S Standard
To the individual, when requested and required under the individual’s right to access his/her own protected health information or to receive an accounting of disclosures	<ul style="list-style-type: none"> Standards for the Right of an individual to Access Protected Health Information Standards of Accounting of Disclosures of Protected Health Information
When required by the Secretary to investigate or determine the covered entity’s compliance with the Privacy Rule	n/a

(b) Permitted and Required Uses and Disclosures. Each covered entity shall have procedures in place for permitted uses and disclosures of protected health information, including:

Permitted Uses and Disclosures

Permitted Uses and Disclosures	PH&S Standard
To the individual	<ul style="list-style-type: none"> Standards for the Right of an individual to Access Protected Health Information

	<ul style="list-style-type: none"> • Standards for Use and Disclosure of Protected Health Information – Decedents • Standards for Use and Disclosure of Protected Health Information – Personal Representatives
For treatment, payment, or health care operations	<ul style="list-style-type: none"> • Standards for Use and Disclosure of Protected Health Information – Treatment, Payment, or Health Care Operations • Standards for Business Associates • Standards for Administrative, Physical and Technical Safeguards • Policy for Securing Individual Data Off-Site
Incident to a use or disclosure otherwise permitted or required	n/a
Pursuant to and in compliance with a valid authorization	<ul style="list-style-type: none"> • Standards for Use and Disclosure of Protected Health Information – Authorizations
Pursuant to an agreement with an individual when the individual is given the opportunity to agree or object	<ul style="list-style-type: none"> • Standards for Use and Disclosure of Protected Health Information – Facility Directories • Standards for Use and Disclosure of Protected Health Information – Involvement in the Individual’s Care and Notification
When individual authorization or an opportunity to agree or reject the use or disclosure is not required	<ul style="list-style-type: none"> • Standards for Use and Disclosure of Protected Health Information – Public Health Activities • Standards for Disclosures of Protected Health Information – Victims of Abuse, Neglect or Domestic Violence • Standards for Use and Disclosure of Protected Health Information - Health Oversight Activities • Standards for Disclosure of Protected Health Information - Judicial and Administrative Proceedings • Standards for Disclosure - Law Enforcement • Standards for Use and Disclosure of Protected Health Information - Decedents • Standards for Use and Disclosure of

	Protected Health Information - Research <ul style="list-style-type: none"> • Standards for Use and Disclosure of Protected Health Information - Averting a Serious Threat to Health or Safety • Standards for Use and Disclosure of Protected Health Information - Specialized Government Functions • Standards for Disclosure of Protected Health Information - Workers' Compensation
When the protected health information is contained in a limited data set	<ul style="list-style-type: none"> • Standards for Use and Disclosure of Protected Health Information – Limited Data Sets • Standards for Use and Disclosure of Protected Health Information – De-Identified Information
For fundraising purposes	<ul style="list-style-type: none"> • Standards for Use and Disclosure of Protected Health Information – Fundraising
For underwriting and related purposes	<ul style="list-style-type: none"> • Standards for Group Health Plans

(c) Minimum necessary.

1. When using, disclosing, or requesting protected health information, each covered entity shall make reasonable efforts to limit protected health information to the minimum necessary to accomplish the intended purpose.

2. *Exceptions to minimum necessary.* The minimum necessary requirement does not apply to:
 - a. Disclosures to or requests by a **health care provider** for treatment;
 - b. Uses or disclosures made to the individual;
 - c. Uses or disclosures made pursuant to an authorization;
 - d. Disclosures made to the Secretary; and
 - e. Uses or disclosures that are **required by law**.

Minimum Necessary

Exceptions to Minimum Necessary

Providence Health & Services	Effective Date: New: Revised: Reviewed:	Page 4 of 9
Standards for Use and Disclosure of Protected Health Information – General Rules		

3. *Need to know - minimum necessary uses of protected health information.*

- a. Each covered entity shall identify:
 - i. Those **workforce** members who need access to protected health information to carry out their duties; and
 - ii. For these workforce members, the category or categories of protected health information to which access is needed and any conditions appropriate to such access.
- b. Each covered entity shall make reasonable efforts to limit the access of workforce members to protected health information consistent with their need to know.

Need to Know

4. *Minimum necessary disclosures of protected health information.*

- a. For disclosures made on a routine and recurring basis, a covered entity shall implement policies and procedures (which may be standard protocols) that limit the protected health information disclosed to the amount reasonably necessary to achieve the purpose of the disclosure.
- b. For all other disclosures, a covered entity shall:
 - i. Develop criteria designed to limit the protected health information disclosed to the information reasonably necessary to accomplish the purpose for which disclosure is sought; and
 - ii. Review requests for disclosure on an individual basis.
- c. A covered entity may reasonably rely on a requested disclosure as the minimum necessary for the stated purpose when:
 - i. Making disclosures to public officials that are permitted if the public official represents that the information requested is the minimum necessary for the stated purpose;

Minimum Necessary Disclosures

**Standards for Use and Disclosure of Protected Health Information –
General Rules**

- ii. The information is requested by another covered entity;
 - iii. The information is requested by a professional who is a member of its workforce or is a business associate of the covered entity for the purpose of providing professional services to the covered entity, if the professional represents that the information requested is the minimum necessary for the stated purpose; or
 - iv. Documentation or representations that comply with the applicable **research** requirements have been provided by a person requesting the information for research purposes.
5. *Minimum necessary requests for protected health information.*
- a. A covered entity shall limit any request for protected health information to that which is reasonably necessary to accomplish the purpose for which the request is made, when requesting such information from other covered entities.
 - b. For a request that is made on a routine and recurring basis, a covered entity shall implement policies and procedures (which may be standard protocols) that limit the protected health information requested to the amount reasonably necessary to accomplish the purpose for which the request is made.
 - c. For all other requests, a covered entity shall:
 - i. Develop criteria designed to limit the request for protected health information to the information reasonably necessary to accomplish the purpose for which the request is made; and
 - ii. Review requests for disclosure on an individual basis.
6. *Entire Medical Record.* A covered entity may not use, disclose or request an entire medical record, except when the entire medical record is specifically justified as the amount that is reasonably necessary to accomplish the purpose.

*Minimum
Necessary
Requests*

*Entire Medical
Record*

Providence Health & Services	Effective Date: New: Revised: Reviewed:	Page 6 of 9
Standards for Use and Disclosure of Protected Health Information – General Rules		

(d) **Uses and disclosures of protected health information subject to an agreed upon restriction.** A covered entity that has agreed to a restriction made by the individual shall not use or disclose the protected health information in violation of such restriction, except as otherwise provided the Privacy Rule and PH&S Standards for the Right of an individual to Request Privacy Protections.

Agreed Upon Restrictions

(e) **Uses and disclosures consistent with notice.** A covered entity that is required to have a Notice of Privacy Practices shall not use or disclose protected health information in a manner inconsistent with such notice.

Consistent with Notice

(f) **Disclosures by whistleblowers and workforce member crime victims.**

Disclosures by Whistleblowers

1. *Disclosures by whistleblowers.* A covered entity has not violated the requirements of the Privacy Rule or this PH&S Standard if a workforce member or a business associate discloses protected health information, provided that:

a. The workforce member or business associate believes in good faith that the covered entity has engaged in conduct that is unlawful or otherwise violates professional or clinical standards, or that the care, services, or conditions provided by the covered entity potentially endangers one or more individuals, workers, or the public; and

b. The disclosure is to:

- i. A **health oversight agency** or **public health authority** authorized by law to investigate or oversee the conduct or conditions of the covered entity or to an appropriate health care accreditation organization for the purpose of reporting the allegation of failure to meet professional standards or misconduct by the covered entity; or
- ii. An attorney retained by or on behalf of the workforce member or business associate for the purpose of determining the legal options of the workforce member or business associate with regard to the conduct described above.

Providence Health & Services	Effective Date: New: Revised: Reviewed:	Page 7 of 9
Standards for Use and Disclosure of Protected Health Information – General Rules		

2. *Disclosures by workforce members who are victims of a crime.*

A covered entity has not violated the requirements of the Privacy Rule or this PH&S Standard if a member of its workforce who is the victim of a criminal act discloses protected health information to a **law enforcement official**, provided that:

- a. The protected health information disclosed is about the suspected perpetrator of the criminal act; and
- b. The protected health information disclosed is limited to:
 - i. Name and address;
 - ii. Date and place of birth;
 - iii. Social security number;
 - iv. ABO blood type and rh factor;
 - v. Type of injury;
 - vi. Date and time of treatment;
 - vii. Date and time of death, if applicable; and
 - viii. A description of distinguishing physical characteristics, including height, weight, gender, race, hair and eye color, presence or absence of facial hair (beard or moustache), scars, and tattoos.

Disclosures by Workforce Members Who Are Crime Victims

(g) Verification requirements.

- 1. Prior to any permitted disclosure, a covered entity shall verify the identity of the person requesting protected health information and the authority of any such person to have access to the protected health information.
 - a. Verification of the identity and authority of the person is not required for disclosures for facility directory purposes or for uses and disclosures for involvement in the individual’s care and notification purposes. (See *Standards for Use and Disclosure of Protected Health Information – Facility*

Verification Requirements

Standards for Use and Disclosure of Protected Health Information – General Rules

Directory and Standards for Use and Disclosure of Protected Health Information – Involvement in the Individual’s Care and Notification)

- b. Each covered entity shall have procedures in place to obtain any documentation, statements, or representations, whether oral or written, from the person requesting the protected health information when such requirements are a condition of the disclosure under the Privacy Rule.

2. *Public officials.*

- a. *Identity of public officials.* A covered entity may reasonably rely on any of the following to verify identity when the disclosure of protected health information is to a public official or a person acting on behalf of the public official:
 - i. Presentation of an agency identification badge, other official credentials, or other proof of government status;
 - ii. Written documentation on appropriate government letterhead; or
 - iii. A written statement on appropriate government letterhead that the person is acting under the government's authority or other evidence or documentation of agency, such as a contract for services, memorandum of understanding, or purchase order, that establishes that the person is acting on behalf of the public official.
- b. *Authority of public officials.* A covered entity may reasonably rely on any of the following to verify authority when the disclosure of protected health information is to a public official or a person acting on behalf of the public official:
 - i. A written or oral statement of the legal authority under which the information is requested; or
 - ii. A request is made pursuant to legal process, warrant, subpoena, order, or other legal process is usually presumed to constitute legal authority. (See *Standards*

Verification of Public Officials

Providence Health & Services	Effective Date: New: Revised: Reviewed:	Page 9 of 9
Standards for Use and Disclosure of Protected Health Information – General Rules		

for Uses and Disclosures of Protected Health Information – Subpoenas, Judicial and Administrative Proceedings)

3. *Exercise of professional judgment.* The verification requirements are met if the covered entity relies on the exercise of professional judgment in making a use or disclosure requiring an opportunity for the individual to agree or to object or acts on a good faith belief in making a disclosure to avert a serious threat to health or safety. (See *Standards for Uses and Disclosures of Protected Health Information – Facility Directories, Standards for Uses and Disclosures of Protected Health Information – Involvement in the Individual’s Care and Notification, and Standards for Uses and Disclosures of Protected health Information – Averting a Serious Threat to Health or Safety*)

Exercise of Professional Judgment for Verification Purposes

EXCEPTIONS: Any exception to this Standard must be approved in writing by both the Regional Privacy Officer and the System Privacy Officer.