



## Standard Operating Policies - SOP # 5: HIPAA Uses & Disclosures and Minimum Necessary Standard

Title:	<b>HIPAA Uses &amp; Disclosures and Minimum Necessary Standard</b>	Effective Date:	<b>10/03/2014</b>
Author:	<b>Privacy Officer</b>	Last Review Date:	<b>12/01/2021</b>
Location:	<b>All Locations</b>	Last Revision Date:	<b>12/01/2021</b>
Functional Area:	<b>ADMINISTRATION</b>		

### POLICY

Liberty shall limit its uses and disclosures of PHI. Liberty shall require that for routine activities performed by Liberty Workforce members, the minimum amount of PHI necessary shall be used, requested or disclosed. To the extent possible the minimum amount of PHI shall be a "limited data set". A "limited data set" is a limited set of identifiable patient information as defined in the HIPAA Privacy Rule 45 C.F.R. 164.514(e) (2) and the purpose of the disclosure shall only be for research, public health or health care operations. While a vast majority of Liberty's Workforce's uses and disclosures make it impracticable to utilize a "limited data set", this Standard Operating Procedure ("SOP") still shall require that the use, request or disclosure involve the minimum amount of PHI necessary to accomplish the intended purpose of the use, request, or disclosure, whenever possible.

### PROCEDURE

1. Questions regarding non-routine uses, disclosures or requests for PHI shall immediately be directed to Liberty's Privacy Officer, who will make determinations regarding the non-routine use, disclosure or request on a case by case basis.
2. When Liberty's Workforce members provide treatment on behalf of Liberty's Covered Entity clients, they are permitted to use and disclose PHI without being restricted by this minimum necessary SOP to the extent they are performing Covered Entity duties for payment and healthcare operations. This would not include any activities performed by administrative staff.
3. Liberty's Workforce members may use and disclose PHI without being restricted by this minimum necessary SOP for the purpose of payment and healthcare operations. This includes but is not limited to: insurance enrollment, disenrollment, eligibility determinations, claims payments, subrogation activities, appeals of adverse benefit determinations, client service and informing members of the health-related benefit options, certain data analysis, including but not limited to underwriting, renewing or replacing health insurance benefits or carriers, benefit plan design and health care operations within the meaning of HIPAA regulations.
4. Liberty's Workforce members may be required or requested to use or disclose PHI for the following reasons, after consultation with Liberty's General Counsel: (1) when it is required by federal, state or local law; (2) for public health activities to a public health authority that is authorized to collect or receive such information for the purpose of: (a) preventing or controlling disease or injury, (b) reporting child abuse or neglect, (c) reporting reactions or problems with products or devices regulated by the Food and Drug Administration, (d) locating and notifying persons of recalls of products they may be using, (e) locating a person who may have been exposed to a communicable disease if such communications are authorized by law and when requested by subpoena or other legal document, to avert serious threat to public health or safety, and (f) reporting information related to workplace injuries or illness or workplace medical surveillance; (3) to report to appropriate government authorities if the Liberty Workforce member reasonably believes a patient has been a victim of domestic violence, abuse or neglect; (4) to report to a health oversight agency for oversight activities including, for

example, audits, investigations, inspections, licensure and disciplinary activities and other activities conducted by health oversight agencies to monitor the health care system, government health care programs and compliance with certain laws; (5) to report a crime or suspected crime or provide information related to a crime to law enforcement; (6) to identify a deceased person and determine the cause of death; (7) to help procure, locate and transplant organs in order to facilitate an organ, eye or tissue donation and transplantation; (8) for research purposes under certain limited circumstances; and (9) when necessary to prevent a threat to the health or safety of a person or to the public, but the disclosure must only be made to person who is able to help prevent the threat.

5. Liberty shall be required or requested to use or disclose PHI for specialized government functions. General Counsel shall be consulted if this use or disclose of PHI involved (1) the military, veterans activities, security and intelligence; (2) protective services for the President and others; (3) State Department of the United States for national security and intelligence activities; (4) for the health or safety of inmates and others at correctional institutions or other law enforcement custodial situations; (5) and Covered Entities under HIPAA that are part of a governmental program providing public benefits.
6. Liberty shall disclose PHI to the extent necessary for workers' compensation or other similar programs as established by law.
7. Liberty shall NOT use or disclose PHI for fundraising purposes. However, in the event that one of Liberty's Covered Entity clients requests that Liberty send a fundraising communication on its behalf, Liberty will comply with the Covered Entity client's Notice of Privacy Practices, as well as any opt-out methods provided by the Covered Entity client, consistent with limitations on such disclosures in the Privacy Rule.
8. Liberty may disclose PHI to a correctional institution or a law enforcement official having lawful custody of an inmate or other individual if the correctional institution or law enforcement officer represents that the PHI is necessary for: (1) the provision of health care to the individual; (2) the health and safety of that individual and other inmates; (3) the health and safety of the officers, employees, or others at the correctional institution; (4) law enforcement on the premises of the correctional institution; (5) or the administration and maintenance of the safety, security, and good order of the correctional institution.
9. Liberty's SOP shall require that on a routine basis, the least amount of PHI shall be used, requested, or disclosed. To the extent practical, the least amount of PHI shall be limited to a "limited data set." If a limited data set is used, a data use agreement may be utilized instead of a Business Associate Agreement if authorized by Liberty's Privacy Officer. A "limited data set" is PHI that does not include the following direct identifiers of the individual, relatives, employers or household members of the individual to whom the PHI concerns:
  - Names
  - Postal address information, other than town or city, State and zip code
  - Telephone numbers
  - Fax numbers
  - Electronic mail addresses
  - Social Security numbers
  - Medical record numbers
  - Health plan beneficiary numbers
  - Account numbers
  - Certificate/license numbers
  - Vehicle identifiers and serial numbers, including license plate numbers
  - Device identifiers and serial numbers
  - Web Universal Resource Locators ("URLs")
  - Internet Protocol ("IP") address numbers
  - Biometric identifiers, including finger and voice prints
  - Full face photographic images and any comparable image
10. If the nature of the use, request or disclosure makes it impracticable to utilize a "limited data set", this SOP shall require that the use, request, or disclosure involve the least amount of PHI necessary to accomplish the intended purpose of the use, request, or disclosure.

11. Business Associates of Liberty shall be required by contract (Business Associate Agreement) to limit uses and disclosures to those permitted by law and contract and to limit all uses and disclosures to the minimum necessary.

Approved By: \_\_\_\_\_

### Revision History

Version	Date	Author	Summary of Changes
#1	10/03/2014	Judith Ann Shields	Initial ISF release – refactor and update of previous security policies into distinct documents
#2	12/22/2015	Judith Ann Shields	Annual review, Attorney reviewed no changes. Added inactivity lock requirement
#3	01/18/2016	Judith Ann Shields	Annual review, Attorney reviewed no changes. Added inactivity lock requirement
#4	12/22/2017	Judith Ann Shields	Annual review, Attorney reviewed no changes. Added inactivity lock requirement
#5	12/22/2018	Judith Ann Shields	Annual review, Attorney reviewed no changes. Added inactivity lock requirement
#6	12/22/2019	Judith Ann Shields	Annual review, Attorney reviewed © LHC. Added inactivity lock requirement
#7	11/02/2020	Judith Ann Shields	Annual review, Attorney reviewed no changes. Added inactivity lock requirement
#8	12/01/2021	John Beck	Annual review and added when PHI can be used or disclosed (#4) and other minor changes. Added inactivity lock requirement