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| <p><b>DEPARTMENT:</b> Compliance</p> <p><b>POLICY TITLE:</b> CMP14 HIPAA Minimum Necessary Data Request and Disclosure</p> |  <p>Arizona<br/>Priority Care™<br/><i>One Goal. One Priority. Your Healthcare.</i></p> |  |
| <p><b>REVIEWED BY:</b> AZPC Compliance Officer</p>   | <p><b>REVIEW DATE:</b><br/>11/08/2019</p>  | <p><b>EFFECTIVE DATE:</b><br/>12/01/2019</p> |
| <p><b>APPROVED BY:</b> Compliance Committee</p>  | <p><b>APPROVAL DATE:</b> 11/11/2019</p>  |  |

**PURPOSE:**

To ensure that Arizona Priority Care (AZPC) adhere to guidelines when using or disclosing protected health information or when requesting protected health information from another covered entity.

**POLICY:**

It is AZPC’s policy to adhere to HIPAA Privacy rules, including those pertaining to minimum necessary rules. Minimum necessary rules do not apply to the following exceptions:

1. Disclosures to or requests by a health care provider for treatment purposes
2. Uses or disclosures made to the individual who is the subject of the information (patient)
3. Disclosures made to the Department of Health and Human Services for compliance and investigation purposes
4. Uses and disclosures required by law
5. Uses or disclosures made pursuant to an authorization request by the individual (patient)
6. Uses or disclosures required for compliance with the standardized HIPAA transaction

**PROCEDURE:**

1. AZPC shall make reasonable efforts to limit protected health information to the minimum necessary to accomplish the intended purpose, disclosure or request. Except in the case of exceptions noted above, Covered Entity will ensure that only minimum required information will be provided or requested.
2. Level of access to a member’s PHI shall be determined and limited based on the need to perform specific job duties, including information related to Treatment, Payment, and Health Care Operations (TPO).
3. Routine disclosures shall contain only the data needed to complete the Treatment, Payment, or Health Care Operations process, such as:
  - a. Membership, Capitation Payments, and Encounter reporting;
  - b. Payment of claims for services provided to members;
  - c. Coordination of care between AZPC and Health Plans and/or Business Associates, Care Managers, care givers, and the patient;
  - d. Complying with regulatory requirements and oversight activities;

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- e. Requests to carry out Quality Improvement (QI) activities.
4. All requests for non-routine disclosures shall be directed to the Privacy Officer or Medical Records designee for review. The Privacy Officer or designee will review all requests on an individual basis to determine if the PHI requested is limited to the information reasonably necessary to accomplish the stated purpose for which the request was made.
5. The Privacy Officer or designee will review the following criteria when reviewing non-routine disclosure requests:
  - a. The purpose for which the PHI is requested;
  - b. If all requested information is reasonably necessary to meet the need stated on the request;
  - c. If valid authorization for the PHI disclosure is provided, when applicable; and
  - d. If the disclosure is consistent with the Notice of Privacy Practices and with AZPC's CMP19 Release of Information policy.
6. The Privacy Officer or designee will make the determination to authorize or deny the request for the release of PHI in whole or in part based on the criteria above and based on federal and state laws and regulations.

**DEFINITIONS:**

None

**REFERENCES:**

Heritage Provider Network Policies  
45 CFR § 164.502 and 45 CFR § 164.514

**APPENDICES:**

None

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**DOCUMENT REVISION LOG**

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| 11/2019     | Transfer to AZPC template                          | All            | All             |
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