

**Texas Tech University Health Sciences Center
HIPAA Privacy Policies**

Use, Disclosure and Disposal of PHI	Policy 4.1
Minimum Necessary Standard	Effective Date: June 25, 2016
References: http://www.hhs.gov/ocr/hipaa HSC HIPAA website http://www.ttuhscc.edu/hipaa/policies_procedures.aspx	

Policy Statement

Texas Tech University Health Sciences Center (HSC) recognizes that individual rights are a critical aspect of maintaining quality care and service and is committed to allowing individuals to exercise rights under the HIPAA Privacy Rule, and other applicable federal state and/or local laws and regulations. To support this commitment, HSC will maintain and update, as appropriate, written policies and procedures to provide guidance on employee and organizational responsibilities regarding using, disclosing or requesting PHI to make reasonable efforts to limit PHI to the minimum necessary to accomplish the intended purpose of the use, disclosure or request.

HPP 4.1 created in June 2016 from Minimum Necessary guidance previously found in the HSC Privacy Manual. HSC Privacy Manual content was moved to HIPAA policy format in 2016.

Scope and Distribution

This policy applies to all health care clinical service areas owned and/or operated by TTUHSC. It does not apply to inmates seen or treated by TTUHSC.

Definitions

Refer to [HPP 1.1](#) for Glossary of HIPAA Terms

Procedure

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

At TTUHSC, disclosure of PHI to the workforce shall be limited based on the workforce member's need to access PHI as required to perform their duties and responsibilities at TTUHSC.

The minimum necessary standard does NOT apply to the following:

1. Disclosures to or requests by a health care provider for treatment;
2. Uses or disclosures made to the individual for treatment, payment or health care operations or as properly requested by the individual;

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3. Uses or disclosures made pursuant to an individual's Authorization;
4. Disclosures made to the Secretary of Health and Human Services;
5. Uses or disclosures required by law or for compliance with other policies herein.

Examples of minimizing use and disclosure:

- Computer screens should have privacy screens or be facing away from non-authorized individuals;
- All lab and x-ray logs and documents should be stored in areas that are not visible or accessible to non-authorized individuals. Documents should be secured when not in use.

See [HIPAA Minimum Necessary Standards](#)

Knowledge of a violation or potential violation of this policy must be reported directly to a Regional Privacy Officer, the Institutional Privacy Officer or to the employee Compliance Hotline at (866) 294-9352 or [Ethics Point - Texas Tech University](#) under HSC.

Approval Authority

The TTUHSC Privacy and Security Committee has authority for HIPAA policy approval.

Responsibility and Revisions

Questions regarding this policy may be addressed to the Regional Privacy Officer ([Amarillo](#), [Permian Basin Lubbock](#)), the [Institutional Privacy Officer](#), or the [Institutional Compliance Officer](#).

This policy may be amended or terminated at any time.