

**THE TEXAS A&M UNIVERSITY SYSTEM
HEALTH SCIENCE CENTER INTERNAL POLICIES**

16.99.99.Z0.15

Minimum Use Necessary Internal Policy

Approved January 26, 2011

1. GENERAL/OVERVIEW

This policy applies to TAMHSC health care providers, its participating physicians and clinicians, employees and business units who provide management, administrative, financial, legal, and operational support to or on behalf of the health care provider and has been designated as a member of the TAMHSC Health Care Component. This policy pertains to protected health information covered by the TAMHSC Health Care Component's Notice of Privacy Practices.

2. INTERNAL POLICY/RESPONSIBILITIES

TAMHSC Health Care Component personnel routinely use protected health information about patients to carry out their duties. TAMHSC Health Care Component personnel may also need to disclose protected health information about patients to persons outside the TAMHSC Health Care Component or to request protected health information from these persons. Health Care Component personnel must limit their uses, disclosures, and requests of protected health information to the minimumⁱ amount of information necessary to accomplish the purpose of the use or disclosure.

3. PROCESS

3.1 This policy does not apply to the following types of uses, disclosures, and requests:

- 3.1.1 Requesting patient information from, or disclosing patient information to, another health care provider for treatment purposes.
- 3.1.2 Disclosing patient information to the patient, or to a personal representative who is authorized to make health care decisions for the patient or the patient's estate.
- 3.1.3 Using or disclosing patient information pursuant to a patient's written authorization.
- 3.1.4 Disclosing protected health information required by the Department of Health and Human Services (HHS) in connection with its investigation or

determination of the TAMHSC Health Care Component's compliance with the HIPAA privacy regulations.

- 3.1.5 Using or disclosing protected health information as required by law (not just using or disclosing protected health information in a manner that is permitted by law).

4. VIOLATIONS

The Privacy Officer has general responsibility for implementation of this policy. Employees who violate this policy will be subject to disciplinary action up to and including termination of employment. Anyone who knows or has reason to believe that another person has violated this policy should report the matter promptly to his or her supervisor or the Privacy Officer. All reported matters will be investigated, and, where appropriate, steps will be taken to remedy the situation. Where possible, every effort will be made to handle the reported matter confidentially. Any attempt to retaliate against a person for reporting a violation of this policy will itself be considered a violation of this policy that may result in disciplinary action up to and including termination of employment.

OFFICE OF RESPONSIBILITY

Vice President of Finance and Administration

ⁱ HIPAA Code: §164.502(b)