Minimum Necessary Standard for Uses and Disclosures of PHI

Policy

Whenever NYU Langone Health Uses or Discloses Protected Health Information ("PHI"), reasonable efforts will be made to limit the amount of PHI to the minimum necessary to accomplish the intended purpose of the Use or Disclosure (i.e., the minimum necessary standard). The minimum necessary is defined depending on the intended purpose of the Use or Disclosure. Workforce Members should only request the minimum necessary when requesting PHI from another entity (except as otherwise provided as an exception below).

- A patient’s entire medical record will only be provided if the entire medical record can be specifically justified (or as otherwise provided as an exception below) as the minimum amount necessary under the particular circumstance.
- Information that exceeds the minimum necessary will not be included and/or redacted prior to release. Special attention will be given to information relating to alcohol or drug abuse, genetic testing, psychiatric care, and Confidential HIV-Related Information.

Exceptions to the Minimum Necessary Standard

The following are not limited by the minimum necessary standard:

- Uses and Disclosures of PHI for treatment purposes,
- Disclosures to the subject of the information (i.e., the patient),
- Uses or Disclosures pursuant to a patient’s Authorization and consistent with such Authorization, and
- Disclosures as required by law, including to the Department of Health and Human Services for purposes of HIPAA compliance.

For disclosures made on a routine and recurring basis, NYU Langone Health will limit Workforce Members’ access to PHI to the minimum necessary through appropriate safeguards, including but not limited to:

- restricting user access to systems that contain PHI based on job function and duties (e.g., access to the electronic medical record);
- providing only the minimum necessary access level consistent with those duties; and
- in accordance with Medical Center Information Technology ("MCIT") Security policies and procedures.
For all other Disclosures, NYU Langone Health will limit the amount of PHI Disclosed to the minimum necessary to accomplish the intended purpose of the Use or Disclosure. A review of non-routine Disclosures should take into consideration reasonable criteria to limit the released data to the minimum necessary. For example:

- the purpose and importance,
- who is requesting the information,
- the extent of additional persons with access to the PHI, and
- other factors and information specific to each request.

Responding to Requests for Disclosures

Workforce Members may rely on a requested Disclosure as the minimum necessary for the stated purpose (if reliance is reasonable under the circumstances) in the following situations:

- when the Disclosure is to a public official and the requestor represents that the information requested is the minimum necessary for the stated purpose,
- when the information is requested by another covered entity,
- when the information is requested by a Workforce Member or a Business Associate for the purpose of providing professional services to NYU Langone Health, if the requestor represents that the information requested is the minimum necessary, and
- when the information is requested for Research purposes and the requestor has provided documentation or representations that comply with the Use and Disclosure of PHI for Research policy and any applicable IRB policies and protocols.

Violations of the minimum necessary standard are subject to breach notification requirements.

Related Documents
All HIPAA Privacy Policies and Procedures
Medical Center Information Technology Security Policies
Medical Center Information Technology Workforce Members IT Policy

Legal Reference
45 C.F.R. §164.502(b)
45 C.F.R. §164.514(d)

This version supersedes all NYU Langone Health (as defined in this Policy) previous policies, including but not limited to NYU Hospitals Center, New York University School of Medicine, Lutheran Medical Center, and Winthrop University Hospital.