

	<b>Ethics &amp; Compliance Department</b>	
	<b>Policy No.: 4</b>	<b>Created:</b> 01/2018
		<b>Reviewed:</b> 09/2024
	<b>Revised:</b>	

## **HIPAA: MINIMUM NECESSARY / NEED TO KNOW**

### **SCOPE:**

All Envision Healthcare teammates. For purposes of this policy, all references to “teammate” or “teammates” include temporary, part-time and full-time employees, independent contractors, clinicians, officers and directors.

### **PURPOSE:**

Envision Healthcare Operating, Inc. and its subsidiaries and affiliates (“Envision” or “the Company”) has adopted this Minimum Necessary / Need to Know policy to present the primary principle defining how protected health information (“PHI”) will be used and disclosed throughout the organization.

### **POLICY:**

- A) Access to information in the possession of or under the control of the Company must be provided based on the “need-to-know”. In other words, employees and business associates will be given access to PHI and/or PHI will be disclosed to them only when there is a legitimate business need for the information. Teammates and business associates must not attempt to access PHI unless they have been granted appropriate access rights and have a clear business reason to do so.
- B) Accordingly, the Company’s approach to ensuring patient privacy and data security is to implement policies and procedures and to employ technological tools, when possible, that restrict access and uses of PHI based on the specific roles of its work force, including but not limited to employees, contractors, physicians, volunteers, other temporary workers, and business associates.
- C) The Company will limit access to PHI to the “minimum necessary” to achieve the intended purpose of the use or disclosure of PHI. The Company will establish specific policies and procedures to guide any routine uses or disclosures of PHI that are *not* related to treatment, associated payments, or any other routine health care operation related to the patient care.
- D) The Company will review non-routine requests for information on an individual basis, determine whether the PHI requested is the minimum necessary, and respond appropriately.
- E) The Company will *not* apply “minimum necessary” standards to requests for information from the patient to any disclosures required by the Secretary of U.S. Department of Health

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and Human Services for the purposes of determining whether the Company is in compliance with HIPAA, nor to any disclosures required by Federal, State, or local laws.

F) The Company will rely on a requested disclosure as the minimum necessary for the stated purpose when:

- (1) Making disclosures to public officials as required by law;
- (2) The information is requested by another health care provider, health plan, or clearinghouse;
- (3) The information is requested by a researcher, provided the requirements outlined in Policy 19 – Uses and Disclosures of Protected Health Information for Research are met; or
- (4) The information is requested by a professional who is a member of the Company’s work force or is a business associate, who represents that the requested information is the minimum necessary to perform a service on behalf of the Company.

G) The Company will also limit and monitor its requests for information from another health care agency, health plan, or clearinghouse. The Company will request only the minimum necessary PHI required to achieve the purpose of a particular use or disclosure using the standard corporate “Authorization for Release of Medical Information” unless the request is made on a recurring and routine basis. In this case, the Company will rely upon its policies and procedures to ensure the appropriate use and disclosure of PHI.

## **POLICY REVIEW**

The Ethics & Compliance Department will review and update this Policy, when necessary, in the normal course of its review of the Company’s Ethics & Compliance Program.