

**CREIGHTON UNIVERSITY  
POLICY REGARDING MINIMUM NECESSARY STANDARD FOR USES AND DISCLOSURES  
OF PATIENT INFORMATION**

**I. PURPOSE**

This policy is designed to inform Creighton University employees, faculty, residents and agents within Creighton University of the minimum necessary standard for disclosures of and requests for patient protected health information.

**II. POLICY**

It is Creighton policy that disclosures of and requests for protected health information will be limited to the minimum amount necessary to accomplish the stated purpose.

**III. SCOPE**

This policy applies to Creighton Clinic Pharmacy, Creighton Dental Clinics, Creighton Pediatric Therapy, Creighton Specialty Pediatrics, Human Resources Health Plan staff, Office of Vice President of Finance, and any other university departments and divisions which handle patient protected health information. The following persons must comply with this policy: all employees, faculty, residents and students rotating through Creighton clinical settings, any students from other institutions rotating through Creighton clinical settings, Creighton personnel who handle patient information, Human Resources personnel who handle health plan information, and business associates and other agents of Creighton with access to or use of Creighton patient information ("Creighton Personnel").

**IV. DEFINITIONS**

"De-identified health information" means information that does not individually identify a person and that does not reasonably lead to the identification of an individual. De-identified health information cannot include any patient identifiers as defined in federal regulations (45 CFR 164.514).

"Personal Representative" means a person with legal authority to make decisions related to health care on behalf of another person.

"Protected health information" means information which identifies an individual patient, whether electronic, paper or other format. "Protected health information" is abbreviated as "PHI."

**V. PROCEDURES**

**A. Use of Minimum Necessary Information.**

Except for all disclosures to third parties listed in Section B, Creighton Personnel making disclosures of PHI to third parties shall limit the disclosure to the minimum necessary to accomplish the purpose of the disclosure. Creighton Personnel may rely, if reasonable under the circumstances, on a requested disclosure as being the minimum necessary for the stated purpose if the disclosure is requested by another covered entity or a public official with legal authority to obtain or access PHI on an individual.

2. Creighton Personnel requesting disclosures of PHI from within Creighton or third parties shall limit the PHI requested to the minimum necessary to accomplish the purpose of the request, except where such information is requested for treatment purposes.

**B. Disclosures Which Do Not Need to Meet the Minimum Necessary Standard**

The following disclosures do not need to meet the minimum necessary standard.

1. Disclosures to the patient or the patient's personal representative.
2. Disclosures made at the request of the patient or the patient's personal representative and no law or Creighton policy forbids patient access to the PHI.
3. Disclosures made pursuant to the written authorization of the patient or the patient's personal representative.
4. Disclosures required by law. Example of required disclosures include abuse/neglect reporting, disclosures to public health agencies for oversight purposes, disclosures made in response to subpoenas and court orders.
5. Disclosures made in keeping with agreements entered into by Creighton with the patient to restrict use/disclosure of PHI.
6. Disclosures for treatment purposes if the receiving party is a health care provider with a treatment relationship with the patient.
7. Disclosures for payment purposes if the receiving party is: (a) a health care provider with a treatment relationship with the patient; or (b) a health plan in which the patient is enrolled as a beneficiary.

**VI. ENFORCEMENT AND DISCIPLINE**

Disciplinary action for violations shall be determined in accordance with University's progressive disciplinary policy for Creighton employees. Disciplinary action for violations of this policy by students shall be determined at the school level. Disciplinary action for violations by residents will be determined at the program level. Disciplinary action will be based upon the severity and/or frequency of the violation.

**VII. AMENDMENTS OR TERMINATION OF THIS POLICY**

This policy may be amended or terminated by Creighton University at any time.

**VIII. VIOLATIONS AND INQUIRIES**

Any questions about or known violations of this policy should be reported to the University Privacy Officer at 402-280-3469 or via e-mail to [privacy@creighton.edu](mailto:privacy@creighton.edu).

**IX. REFERENCES**

42 USC 1301 et seq., 45 CFR 164.502(b), 45 CFR 164.514.