Ochsner	Policy	
	APPROVAL DATE: 06/23/2026	**APPROVER:** Gregory Ehardt

APPLICABLE TO: Ochsner Baptist, Ochsner Extended Care Hospital, Ochsner Health, Ochsner St. Anne, Ochsner St. Mary, OLG - Abrom Kaplan, OLG - Acadia General, OLG - American Legion, OLG - Lafayette General Medical Center, OLG - St. Martin Hospital, OLG - University Hospital and Clinics, OMC Baton Rouge, OMC Hancock, OMC Kenner, OMC New Orleans, OMC West Bank, Rush - Ochsner Choctaw General , Rush - Ochsner Laird Hospital, Rush - Ochsner Rush Medical Center, Rush - Ochsner Scott Regional , Rush - Ochsner Specialty Hospital , Rush - Ochsner Stennis Hospital, Rush - Ochsner Watkins Hospital

Minimum Necessary Uses and Disclosures of Protected Health Information

I. Purpose

This policy defines Ochsner's minimum necessary standards for the Use and Disclosure of Protected Health Information (PHI) in accordance with the Health Insurance Portability and Accountability Act (HIPAA) and the HITECH Act of 2009.

II. Definitions

A. Business Associate – Outside organizations or individuals who perform or service for Ochsner that requires them to have access to our patients' Protected Health Information (PHI). Common examples of Business Associates include, but are not limited to, accounting, consulting, bill collection, attorneys representing Ochsner, peer review, language translation/interpretation, accreditation, quality assurance, utilization review, claims processing, and subcontractors of business associates that handle PHI.

B. Disclosure – The release, transfer, or access provided to health information outside Ochsner to another entity in any manner.

C. Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule – This rule establishes national standards to protect individuals' medical records and other personal health information and applies to health plans, health care clearinghouses, and those health care providers that conduct certain health care transactions electronically.

D. HITECH Act of 2009 – Part of the American Recovery Reinvestment Act of 2009 to promote the adoption and meaningful use of health information technology.

E. Protected Health Information (PHI) – Individually identifiable information, except where specifically excluded under the law, that is transmitted by electronic media; maintained in electronic media; or transmitted or maintained in any other form or medium, including demographic information, related to the past, present, or future physical or mental health or condition, the provision of health care to an individual, or the past, present, or future payment for such health care, which is created or received by a covered entity.

F. Use – With respect to individually identifiable information, sharing, employing, applying, utilizing, examining, or analyzing such information within an entity (or, in a hybrid entity, a department) that maintains such information.

G. Workforce Members – All Individuals engaged to perform work at Ochsner including, but not limited to, employees, part-time and temporary workers, physicians, residents, fellows, medical students, advanced practice providers, Ochsner Fitness Center Employees, Brent House Hotel Employees, volunteers, community and Organization-appointed physicians & residents, students, contracted staff, Business Associates and third-party personnel (contactors and sub-contractors).

III. Policy Statements

A. Ochsner and its Business Associates will take reasonable steps to limit Use and Disclosure of a patient's PHI to the minimum amount required to accomplish the intended purpose of the Use or Disclosure. This represents the "minimum necessary standard" as mandated by HIPAA.

B. The minimum necessary standard applies to the following:

1. Use and Disclosure of PHI by Organization Workforce Members;
2. Use and Disclosure of PHI made in response to a request for PHI from an outside Business Associates and entities; and,
3. Use and Disclosure by Ochsner when requesting PHI from other Business Associates and entities.

C. This policy will apply to all PHI including, but not limited to, electronic, digital, film, paper, or verbal.

D. The minimum necessary standard does not apply to the following:

1. Disclosure to a health care provider for treatment purposes;
2. Disclosure to the patient of their own PHI;
3. Use and Disclosure as permitted by a patient authorization;
4. Disclosure to Health and Human Services regarding compliance or enforcement; and,
5. Use and Disclosure required by law.

IV. Policy Implementation

A. Ochsner will limit access to PHI by Workforce Members and consider the following when granting access to PHI:

1. The persons or responsibilities of the person needing access to PHI;
2. The type of PHI needed to perform the job duties; and,
3. The conditions where access to PHI is appropriate.

B. When an Business Associate or entity outside of Ochsner requests PHI, Ochsner will determine what constitutes the minimum necessary information needed to accomplish the intended purpose of the request before responding to the request.

1. Ochsner will not rely on another person or covered entity to make this determination.

C. When Ochsner makes a request for PHI from a Business Associate or other outside entity, Ochsner will limit the request to the minimum, or reasonable, amount of information necessary to accomplish the purpose of the request.

V. Enforcement

Failure to comply with this policy may result in progressive discipline up to and including termination of employment for employees or termination of contract or service for third-party personnel, students or volunteers.

VI. Attachments

This section is intentionally left blank.

VII. References

Person or Entity Authentication

Access Termination

Use and Disclosure of Protected Health Information

Discipline for Privacy Violations

45 CFR 164.502(b)

VIII. Policy History

OHS.CI.021 Minimum Necessary Uses and Disclosures of Protected Health Information