



<p>Pennsylvania Hospital & Surgery Center</p> <p>ADMINISTRATIVE POLICY MANUAL</p>	<p>Page 1</p> <p>Effective: 0408</p>
<p>SUBJECT: “NEED TO KNOW” DETERMINATION (MINIMUM NECESSARY REQUIREMENTS) FOR PENNSYLVANIA HOSPITAL (PAH)</p> <p>POLICY NUMBER: HIP13</p>	

Issued:

Committee Approval:
HIPAA

Administrative Policy
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April 2003
April 2004
April 2005
April 2006
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April 2008

Attachment(s):
[Roles and Responsibilities Chart and Annual Minimum Necessary Requirements Staff Plan](#)

Related Policies:

POLICY

For purposes of this policy, Pennsylvania Hospital includes all off campus licensed facilities, including but not limited to the Surgery Center of Pennsylvania Hospital.

It is the policy of PAH that each Service Director in order to comply with Health Insurance Portability and Accountability Act of 1996 (HIPAA):

- Identify the positions and/or job families which require access to protected health information (PHI) to carry out their duties;
- For each position and/or job family, identify the category of protected health information (PHI) to which access is needed on a routine basis and the appropriate conditions to access such information; and
- Inform each employee of their designated category and ensure they understand their responsibilities upon employment.

PURPOSE

The purpose of this policy is to outline the responsibility of Service Directors in determining the minimum necessary protected health information (PHI) required to complete the duties of a job routinely and their obligation to ensure each employee understands their responsibilities.

SCOPE

This policy applies to all members of the workforce. For purposes of this policy, workforce includes employees, volunteers, trainees, physicians, contractors and other persons whose work performance is under the direct control of PAH, whether or not they are paid by PAH.

IMPLEMENTATION

It is the responsibility of the Service Director to implement this policy with the support of the Human Resources/Nurse Recruitment staff.

DEFINITIONS

Protected health information (PHI) is information that is created or received by

PAH and relates to the past, present, or future physical or mental health or condition of a patient; the provision of health care to a patient; or the past, present, or future payment for the provision of health care to a patient; and that identifies the patient or for which there is a reasonable basis to believe the information can be used to identify the patient. Personal health information includes information of persons living or deceased. The following components of a patient's information also are considered personal health information: a) names; b) street

Pennsylvania Hospital & Surgery Center ADMINISTRATIVE POLICY MANUAL	Page 2 Effective: 0408
SUBJECT: “NEED TO KNOW” DETERMINATION (MINIMUM NECESSARY REQUIREMENTS) FOR PENNSYLVANIA HOSPITAL (PAH)	
POLICY NUMBER: HIP13	

address, city, county, precinct, zip code; c) dates directly related to a patient, including birth date, admission date, discharge date, and date of death; d) telephone numbers, fax numbers, and electronic mail addresses; e) Social Security numbers; f) medical record numbers; g) health plan beneficiary numbers; h) account numbers; i) certificate/license numbers; j) vehicle identifiers and serial numbers, including license plate numbers; k) device identifiers and serial numbers; l) Web Universal Resource Locators (URLs); m) biometric identifiers, including finger and voice prints; n) full face photographic images and any comparable images; and o) any other unique identifying number, characteristic, or code.

Disclosure. The release, transfer, provision of access to, or divulging in any other manner of information to persons not employed by or working within PAH.

Use. The sharing, employment, application, utilization, examination, or analysis of information by any person working for or within PAH.

Categories of Access/ PHI Designation:

Category	Color	Types of Protected Health Information Routinely Required	Types of positions which would require this level of access
0	Blue	Position does not require access to patient information	
1	Green	Pure Demographic and Insurance Information	Patient demographic data and insurance information only
2	Orange	Scheduling Information	Patient scheduling information, plus category 1 information
3	Pink	Diagnosis/Billing and Payment Information	Patient diagnosis (including diagnostic coding), billing and payment information, plus categories 1 & 2
4	Yellow	Clinical Information	Clinical information, plus categories 1, 2 & 3
5	Purple	“Highly-Sensitive” Clinical Information	Highly sensitive clinical information such as psychiatric diagnosis, HIV infection, STD history, substance abuse treatment, etc., or information on public figures, health system employees, etc., plus all other categories.

Pennsylvania Hospital & Surgery Center ADMINISTRATIVE POLICY MANUAL	Page 3 Effective: 0408
SUBJECT: “NEED TO KNOW” DETERMINATION (MINIMUM NECESSARY REQUIREMENTS) FOR PENNSYLVANIA HOSPITAL (PAH)	
POLICY NUMBER: HIP13	

PROCEDURE

Current staff:

On an annual basis the Service Director should:

1. Identify the positions and/or job families which require access to protected health information (PHI) to carry out their duties;
2. For each position and/or job family, identify the category of protected health information (PHI) to which access is needed on a routine basis and the appropriate conditions to access such information;
3. Each employee in a Cost Center/Accounting Unit should be oriented to which protected health information is necessary to the routine performance of their function. Furthermore, the Service Director should identify whether access, disclosure, or use of the information is a requirement of the job. The employee should also be informed if in the course of fulfilling her/his duties an employee requires access for protected health information beyond that which is necessary on a routine basis, the individual's supervisor should be notified.
4. Once the employee is informed, have each employee sign the “Acknowledgement of HIPAA Minimum Necessary Criteria & Responsibility Form” and place it in the employee's department file.

New Hires:

1. Whenever a new position is created or new job description is written, the Service Director must identify which protected health information is necessary to the routine performance of the function on the Staffing Requisition (PA42.1). Furthermore, the Service Director should identify whether access, disclosure, or use of the information is a requirement of the job.
2. Upon employment, a new hire in a department/section will be informed by the HR Specialist/Nurse Recruiter on behalf of the Cost Center/Accounting Unit, of which protected health information is necessary to the routine performance of their function. Furthermore, they will be informed whether access, disclosure, or use of the information is a requirement of the job. The HR Specialist/Nurse Recruiter will have the employee sign the “Conditions of Employment Form” to indicate that they have been informed of their designation and responsibilities. They will then identify the employee's designation on the Personnel Action Form (PAF) (PA52.1) and then forward the PAF and the “Conditions of Employment Form” to HR to file in the new hire's file.
3. During each employee's Department Orientation each employee should again be oriented in greater depth to which protected health information is necessary to the routine performance of the function. Furthermore, the Service Director should identify whether access, disclosure, or

Pennsylvania Hospital & Surgery Center ADMINISTRATIVE POLICY MANUAL	Page 4 Effective: 0408
SUBJECT: “NEED TO KNOW” DETERMINATION (MINIMUM NECESSARY REQUIREMENTS) FOR PENNSYLVANIA HOSPITAL (PAH)	
POLICY NUMBER: HIP13	

use of the information is a requirement of the job. The employee should also be informed if in the course of fulfilling her/his duties an employee requires access for protected health information beyond that which is necessary on a routine basis, the individual’s supervisor should be notified. The employee signature on the Department Orientation Checklist identifies completion of this orientation.

4. During New Hire UPHS/PAH Orientation, each employee should receive information on the HIPAA guidelines and their responsibility to support them.

Employee Job Change:

Whenever an employee’s position accountabilities change or the employee transfers to a new position, the Service Director is accountable for ensuring that the employee PHI designation is appropriate. If a change is required the Service Director should inform the employee, have them sign and date the “Acknowledgement of HIPAA Minimum Necessary Criteria & Responsibility Form.” The form and a completed Personnel Action Form (PAF) (PA 52.1) should be forwarded to HR. HR will change the employee’s designation in Lawson and place the “Acknowledgement of HIPAA Minimum Necessary Criteria & Responsibility Form” in the employee’s file.

Contracted Staff:

It is the responsibility of the on-site manager to review with contracted staff, consistent with the vendor contract as applicable, their roles and accountabilities with respect to protected health information.

/s/Kathleen Kinslow
 Kathleen Kinslow, CRNA, EdD, MBA
 Executive Director

05/05/08
 Date

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