

| MHC Policies & Procedures, Proprietary and Confidential | | | |
|---|--|------------------|--------|
| Reviewed: RR | Internal Uses and Disclosure of PHI | Date: 10/01/13 | Rev: 0 |
| Approved: LT | | Dept: Compliance | |
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AUTHORITY: Compliance Officer

RESPONSIBILITY: MHC Staff

LAST REVIEW DATE: 08/06/2019; Review Frequency 1 Year

PURPOSE OF PROCEDURE: To ensure the CO-OP's uses and disclosures of Protected Health Information ("PHI") are limited to the minimum necessary to accomplish the intended purpose

POLICY STATEMENT: It is the policy of the CO-OP to make a reasonable effort to use or disclose, or to request from another covered entity or health care provider, the minimum amount of PHI required to achieve the particular use or disclosure unless an exception applies

1. Overview

- 1.1 The CO-OP identifies people or classes of people in its work force who need access to PHI to carry out their duties, the category or categories of PHI to which access is needed, and any conditions appropriate to such access
- 1.2 For any non-routine request for disclosure of PHI that does not meet an exception, the CO-OP reviews the request for disclosure on an individual basis and, as necessary, seek the advice of counsel
- 1.3 Minimum necessary requirements do not apply to disclosures to health care providers for treatment purposes

2. Procedure

- 2.1. The CO-OP identifies role-based access to PHI per job description, including:
 - People or classes of people in its workforce who need access to PHI to carry out their duties
 - The category or categories of PHI to which access is needed, including any conditions that may be relevant to such access
- 2.2. The CO-OP, for any type of disclosure or request for disclosure that is made on a routine and recurring basis, limits the disclosed PHI, or the request for

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disclosure, to that which is reasonably necessary to achieve the purpose of the disclosure or request

- 2.3. The CO-OP, for disclosures or requests for that are not made on a routine and recurring basis (non-routine disclosures), reviews the request to verify that PHI disclosed or requested is the minimum necessary
- 2.4. All requests for non-routine disclosures or requests that do not meet an exception is reviewed using standard criteria
- 2.5. Exceptions to minimum necessary requirements:
 - The CO-OP releases information without concern for the minimum necessary standard as follows:
 - Disclosures to or requests by a health care provider for treatment
 - Uses or disclosures made to the individual who is the subject of the PHI
 - Uses or disclosures made pursuant to an authorization signed by the individual
 - Disclosures made to the Secretary of the U.S. Department of Health and Human Services (federal government)
 - Disclosures that are required by law (such as for Department of Health state surveys, federal surveys, public health reportable events, FDA as related to product quality, safety, effectiveness or recalls etc.)
 - Uses and disclosures that are required for compliance with the HIPAA Privacy Rule
 - Disclosures that are required pursuant to a lawfully issued subpoena issued by a court of law and which complies with the requirements of HIPAA and the HITECH Act
- 2.6. The CO-OP may use or disclose an individual's entire file only when such use or disclosure is specifically justified as the amount that is reasonably necessary to accomplish the intended purpose or one of the exceptions noted above applies
- 2.7. Requests for entire files that are not covered by an exception is reviewed using standard criteria
- 2.8. Reasonable Reliance: The CO-OP may rely on a requested disclosure as minimum necessary for the stated purpose(s) when:
 - Making disclosures to public officials, if the official represents that the information is the minimum necessary for the stated purpose(s)
 - The information is requested by another covered entity (health care provider, clearinghouse or health plan)

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- The information is requested by a professional who is a individual of the C&OP's workforce or is a Business Associate of the CO-OP for the purpose of providing professional services to the CO-OP, if the professional represents that the information requested is the minimum necessary for the stated purpose(s)
- The information is requested for research purposes and the person requesting the information has provided documentation or representations to the Facility that meet the HIPAA Privacy Rule. Contact the Privacy Officer to assist in the determination of whether such requirements have been met (See Policy U Uses and Disclosures of Protected Health Information for Research.”)

2.9. The CO-OP, upon determination that the use, disclosure or request for PHI is permitted or required and is the minimum necessary or one of the above exceptions apply (see Items 4 and 6), releases the PHI to the requestor

2.10. CO-OP Requests for PHI from Another Covered Entity:

- When requesting PHI from another Covered Entity, the COOP must limit its request for PHI to the amount reasonably necessary to accomplish the purpose for which the request is made
- For requests that are made on a routine and recurring basis, the CO-OP shall take reasonable steps to ensure that the request is limited to the amount of PHI reasonably necessary to accomplish the purpose for which the request is made
- For requests that are not on a routine or recurring basis, the CO-OP shall evaluate the request according to the following criteria:
 - Is the purpose for the request stated with specificity?
 - Is the amount of PHI to be disclosed limited to the intended purpose?
 - Have the requirements for supporting documentation, statements, or representations been satisfied? (See policy "Uses and Disclosures of Protected Health Information" for specific requirements.)
 - Have all applicable requirements of the HIPAA Privacy Rule been satisfied with respect to the request?

2.11. People or classes of people in the CO-OP workforce who need access to PHI to carry out their duties:

- Member Services Team who are in a direct customer service role
- Medical Director for specific objectives
- Finance staff as needed to conduct activities associated with reinsurance requests

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- Other staff as identified as necessary

2.12. The category or categories of PHI to which access is needed, including any conditions that may be relevant to such access:

- Demographic information
- Specific member identification data
- Disease, condition and treatment specific data
- Other data as specifically requested for specific needs

2.13. Standard criteria request for non-routine disclosures or requests for information or full files that do not meet an exception

2.14. Written request is directed to the Compliance Officer

2.14.1. Request must contain specific circumstances that require the special request of PHI, the specific data being requested and duration of request, Approval or denial is provided to requestor with a written explanation of why the request was approved or disapproved

2.14.2. The following shall be considered when evaluating requests:

- Is the purpose for the request stated with specificity?
- Is the amount of PHI to be disclosed limited to the intended purpose?
- Have the requirements for supporting documentation, statements, or representations been satisfied? (See policy 'Uses and Disclosures of Protected Health information' for specific requirements)
- Have all applicable requirements of the HIPAA Privacy Rule been satisfied with respect to the request?