

# **Minimum Necessary: What is Enough?**

## **Developing Policies and Procedures: Approach and Lessons Learned**

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## Job Requirements Data Gathering Document

<b>Cost Center Name and #:</b>				<b>Manager:</b>	
<b>Name:</b>					
<b>Job Title</b>					
<b>Follow-Up (Y/N):</b>					
<b>Supplemental Contacts:</b>					
Name & Phone #					
Name & Phone #					
<b>Job Category:</b>					
<b>Do you need access to PHI to perform your job function?</b>					
<b>Do you have access to employee PHI ?</b>					
<b>Job Functions:</b>	<b>Electronic System Access (PHI Only)</b>	<b>Sub-System Level</b>	<b>Condition/ Type of Access</b>	<b>Non Electronic Access (PHI Only)</b>	<b>Condition/Type of Access</b>
<b>Comments:</b>					
<b>Findings:</b>					
<b>Recommendations</b>					
<b>Empire Privacy Access Control List</b>					
<b>Category</b>			<b>Description</b>		
Read/view	R		Read the contents of a file, directory, or data element in a table.		
Add/change					
Create	C		Create a file in a directory, or add a new data element to a table.		
Delete	D		Remove a file, directory, or data element in a table.		
Modify	M		Change the contents of an existing file or data element in a table.		
Execute	X		Run or launch program code.		
Supervisor	S		Ability to grant system access control privileges to others.		

# Disclosure Form -- Reports

## Page 1

Date of Interview Interviewer Name: Person(s) Interviewed: Telephone Number: Cost Center Name: Cost Center Number Job Role / Function													
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Please only list reports that contain PHI and are distributed outside of Empire. For each report, complete the PHI matrix shown on Page 2.

Report Name	Sent To (List all recipients)	Description	Purpose	Frequency	Is this a routine report? (Pre-approved, system generated, pre-programmed, etc.)	Method (Email, Mail, Disk, Tape, etc.)	Justification (Regulatory, Legal, Member Request, etc)	Type of PHI (Member Info, Claim, Dependent, etc)	Did you fill out page 2?	Does all of the PHI need to be included to meet the purpose?	If no, list the PHI that should be eliminated.	Accounting of Disclosure? (Y / N)	Comments

## Page 2

Cost Center Name
Cost Center Number

Fill in one line per report and Enter Yes (Y) for each PHI/TPO data element contained in the report.

Report Name	Name	SSN	DOB	Street Address	City	State	Zip	Tele-phone Number	Fax	E-Mail	Medical Record Number	Member ID Number	License Plate Number	Vehicle Ident. Number (VIN)	Driver License Number	URL - Web Address	IPL Address	Biometric	Claim Number	Dx Code	ICDs	NDC Code	Treatment Type	Provider Name	Provider Type	Provider ID	Type of Cyge Code	Place of Service	Admisi/Service Date	Sex	Reltp Code	COB	Other	

# Disclosure Form -- Files

## Page 1

Date of Interview Interviewer Name: Person(s) Interviewed: Telephone Number: Cost Center Name: Cost Center Number Job Role / Function												
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Please only list the file transfers that contain PHI and are distributed outside of Empire. For each file, complete the PHI matrix shown on Page 2.

File Name	Sent To (List all recipients)	Description	Purpose	Frequency	Is this a routine file transfer? (Pre-approved, system generated, pre-programmed, etc.)	Method (Email, Mail, Disk, Tape, etc.)	Justification (Regulatory, Legal, Member Request, etc)	Type of PHI (Member Info, Claim, Dependent, etc)	Did you fill out page 2?	Does all of the PHI need to be included to meet the purpose?	If no, list the PHI that should be eliminated.	Accounting of Disclosure? (Y / N)

## Page 2

Cost Center Name
Cost Center Number

Fill in one line per file and Enter Yes (Y) for each PHI/TPO data element contained in the file.

File Name	Name	SSN	DOB	Street Address	City	State	Zip	Telephone Number	Fax	E-Mail	Medical Record Number	Member ID Number	License Plate Number	Vehicle Ident. Number (VIN)	Driver License Number	URL - Web Address	IPL Address	Biometric	Claim Number	Dx Code	ICDs	NDC Code	Treatment Type	Provider Name	Provider Type	Provider ID	Type of Cvge Code	Place of Service	Admin/Service Date	Sex	Reltp Code	COB	Other	

# Disclosure Form -- Other

Page 1

Date of Interview  
 Interviewer Name:  
 Person(s) Interviewed:  
 Telephone Number:  
 Cost Center Name:  
 Cost Center Number  
 Job Role / Function

Please only list items that contain PHI and are distributed outside of Empire. For each item, complete the PHI matrix shown on Page 2.

Other	Sent To (List all recipients)	Description	Purpose	Frequency	Is this a routine? (Pre-approved, system generated, pre-programmed, etc.)	Method (Email, Mail, Disk, Tape, etc.)	Justification (Regulatory, Legal, Member Request, etc)	Type of PHI (Member Info, Claim, Dependent, etc)	Did you fill out page 2?	Does all of the PHI need to be included to meet the purpose?	If no, list the PHI that should be eliminated.	Accounting of Disclosure? (Y / N)	Comments

Page 2

Cost Center Name  
 Cost Center Number

Fill in one line per other document and Enter Yes (Y) for each PHI/TPO data element contained in the document.

Other	Name	SSN	DOB	Street Address	City	State	Zip	Tele-phone Number	Fax	E-Mail	Medical Record Number	Member ID Number	License Plate Number	Vehicle Ident. Number (VIN)	Driver License Number	URL - Web Address	IPL Address	Biometric	Claim Number	Dx Code	ICDs	NDC Code	Treatment Type	Provider Name	Provider Type	Provider ID	Type of Cyge Code	Place of Service	Administ/Service Date	Sex	Reltsp Code	COB	Other	

# Request Form

Page 1

Date of Interview  
 Interviewer Name:  
 Person(s) Interviewed:  
 Telephone Number:  
 Cost Center Name:  
 Cost Center Number  
 Job Role / Function

Please only list the requests for PHI that you make from an external entity or person for your use inside of Empire. For each request, complete the PHI matrix shown on Page 2.

Type of Request (e.g. Request to another plan for member info)	Who is the Request made to?	Description	Purpose	Frequency	Is this a routine request?	Method (Email, Phone, Fax, etc.)	Type of PHI (Member Info, Claim, Dependent, etc)	Did you fill out page 2?	Did you request the minimum necessary PHI to meet your business purpose?	If no, list the PHI that should be eliminated.

Page 2

Cost Center Name  
 Cost Center Number

Fill in one line per request and Enter Yes (Y) for each PHI/TPO data element contained in the request.

Request	Name	SSN	DOB	Street Address	City	State	Zip	Tele-phone Number	Fax	E-Mail	Medical Record Number	Member ID Number	License Plate Number	Vehicle Ident. Number (VIN)	Driver License Number	URL - Web Address	IPL Address	Biometric	Claim Number	Dx Code	ICDs	NDC Code	Treatment Type	Provider Name	Provider Type	Provider ID	Type of Cvge Code	Place of Service	Admisi/Service Date	Sex	Reltp Code	COB	Other