# Minimum Necessary: What is Enough? Developing Policies and Procedures: Approach and Lessons Learned

Sixth National HIPAA Summit March 28, 2003

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# **Job Requirements Data Gathering Document**

Cost Center Name and #:				Manager:	
Name:					
Job Title					
Follow-Up (Y/N):					
Supplemental Contacts:					
Name & Phone #					
Name & Phone #					
Job Category:					
Do you need access to					
PHI to perform your job					
function?					
Do you have access to					
employee PHI ?					
Job Functions:	Electronic System Access (PHI Only)	Sub-System Level	Condition/ Type of Access	Non Electronic Access (PHI Only)	Condition/Type of Access
	(Pril Olliy)				
Comments:					
Findings:					
Recommendations					
	Em	pire Privacy Acces	s Control List		
Category			Description	é - éll- alimenteum en al-	to alament in a
Read/view	R		table.	f a file, directory, or da	ita element in a
Add/change					
Create	С		Create a file in a dire	ectory, or add a new da	ata element to a
Delete	D			tory, or data element in s of an existing file or d	
Modify	M		table.	s or arrexisting file of a	iata cicilicitt III a
Execute	х		Run or launch progr		
Supervisor	S		Ability to grant syste	em access control privi	leges to others.

# **Disclosure Form -- Reports**

## Page 1

Date of Interview						
Interviewer Name:						
Dava auta) Intamilarea de						
Person(s) Interviewed:						
Telephone Number:						
Cost Center Name:						
Cost Center Number						
Cost Center Number						
Job Role / Function						
	-				-	

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 Na	ame																													
Cost Center Nu	umber																													
Fill in one lin	ne per	repo	ort an	d En	ter Y	'es	(Y) for	ead	ch P	HI/TPO	data e	element	contain	ed in th	e repoi	rt.														
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## **Disclosure Form -- Files**

### 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 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	ls 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 N	ame																												
Cost Center N	umbe	er																											
Fill in one lir	ne p	er fi	le aı	nd Er	iter '	Yes (Y	) for (	each I	PHI/1	rPO data	a elem	ent cor	ntained i	n the file	e.														
File Name	/	/¥	arrie 5	5th 708	Hoot A	adress City	state (1)	Talerpho'	ne sumber	at Linkail	Record Net	Inte 10 Licer	se Muniter Velic	Auritor Driver	License IR	web Addre	Pr Addres	onetic Claim	DX CC	de COS	Code Treatro	Provider N	arne rowider	Provider ID	of Code	ace of Service	s Date	. ` /	30 Other

#### **Disclosure Form -- Other**

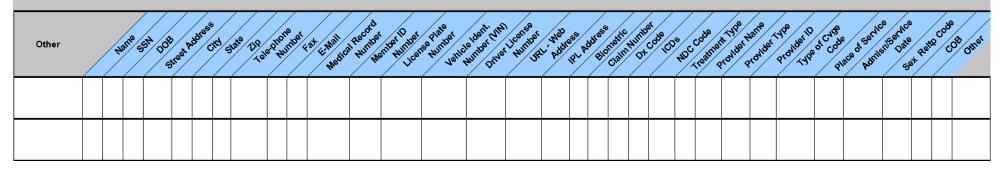
#### Page 1

## 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.



# **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 Na	ame																															
Cost Center N	umb	er																														
Fill in one lir	ne p	er r	equ	est a	nd E	nter	Yes	s (Y) fo	or e	ach	PHI/TPC	) data	elemer	it contai	ned in t	he req	uest.															
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