I. 11.2.5 Uses and Disclosures of Protected Health Information- Minimum Necessary Requirements

Chapter 11 - Patient Privacy	Original Effective Date: April 2003
Section: 11.2 Uses and Disclosures of Protected Health Information	Date Last Reviewed: August 2026
Responsible Entity: Chief Compliance and Privacy Officer	Date Last Revised: August 2026

II. Purpose

UT Health San Antonio (UTHSA)will make reasonable efforts to limit protected health information to the minimum necessary to accomplish the intended purpose of the use, disclosure or request.

III. Scope

This policy applies to all Workforce Members—including faculty, staff, students, healthcare providers, contractors, and researchers—who have direct or indirect access to Protected Health Information (PHI). This includes all PHI maintained by UTHSA and its controlled affiliates, such as clinics, hospitals, and research facilities.

IV. Policy

A. Internal Uses and Disclosures

1. To ensure compliance with the minimum necessary requirements of federal privacy regulations, each department must identify the persons or classes of persons, as appropriate, in its workforce who need access to PHI to carry out their duties. UTHSA must identify the categories of PHI to which access is needed and any conditions appropriate to such access.
2. UTHSA will make reasonable efforts to limit the access of such persons or classes of persons identified above to the types and amount of health information required to do their jobs.

B. Requests for Protected Health Information

1. When UTHSA workforce members request PHI, they must:
    a. limit any request for PHI to that which is reasonably necessary to accomplish the purpose for which the request is made. The limitation includes information from other covered entities and health care providers; and

b. abide by institutional protocols that limit the PHI requested to the amount reasonably necessary to accomplish the purpose for which the request is made.

2. For all other requests, UTHSA must abide by institutional criteria designed to limit the request for PHI to the information reasonably necessary to accomplish the purpose for which the request is made and review such requests for disclosure on an individual basis in accordance with such criteria.

3. UTHSA workforce members must not request an entire medical record, except when the entire medical record is specifically justified as the amount that is reasonably necessary to accomplish the purpose of the request.

C. Routine Disclosures

For any type of disclosure made on a routine or recurring basis, workforce members are to follow UTHSA protocols that limit the PHI disclosed to the amount reasonably necessary to achieve the purpose of the disclosure. If workforce members are uncertain about any given disclosure, refer to the criteria described below and discuss with supervisors, administrators, or other individuals designated by their department.

D. Non-Routine Disclosures

For non-routine disclosures, workforce members are to use UTHSA criteria designed to limit the PHI disclosed to the information reasonably necessary to accomplish the purpose for which disclosure is sought. Each department of UTHSA in which PHI is disclosed must designate individuals to review requests on an individual basis in accordance with such criteria.

E. Requests for Entire Record

UTHSA workforce members must not honor a request for an entire medical record except when the entire medical record is specifically justified as the amount that is reasonably necessary to accomplish the purpose of the use.

F. Exceptions

The minimum necessary requirements do not apply to the following situations:

1. Disclosures or requests by a health care provider for treatment;

2. Uses or disclosures made to the individual except as provided in the Institutional Handbook of Operating Policies policy 11.3.6 Access of Individual to Protected Health Information;

3. Uses or disclosures made pursuant to a patient authorization or other authorized individual;

4. Disclosures made to the Secretary of Health and Human Services;

5. Uses or disclosures required by law; and

6. Uses or disclosures that are required to determine compliance with federal privacy regulations.

V. Definitions

Terms used in this document have the meaning set forth in the Patient Privacy Policies Glossary *unless a different meaning is required by context.*

VI. Related References

For questions regarding this policy, contact the Privacy Program Director at 210-567-2014 or compliance@uthscsa.edu.

VII. Review and Approval History

The approving authority of this policy is the University Executive Committee.

Effective Date	Action Taken	Approved By	Approved Date
04/2003	Policy Origination		
03/2013	Policy Revision		
01/2023	Policy Review	ICPO	01/06/23
08/2026	Policy Review/Discretionary Edits	ICPO	08/24/2026