



**Minimum Necessary
Use of Information Worksheet**

(Information includes paper, electronic, oral, and any other media.)

Name: _____

Title: Student

Department: Laboratory

Location: _____ Org/Area #: 525 / 9130

PROTECTED HEALTH INFORMATION CATEGORY

CATEGORY OF ACCESS*

No Information

(if this box is checked, all other boxes must be blank)

Limited Demographic Data

Name
Patient Location

Essential **Limited** **Incidental**

Extended Demographic Data

Identification # SSN
Date of birth, gender
Address, phone #
Payer name
Payer ID number
Plan Elements coverage

Essential **Limited** **Incidental**

Health Services Provided

Dates of service
Preliminary diagnosis
Diagnostic/Procedure codes
Procedures/Supplies/Tests ordered
Provider

Essential **Limited** **Incidental**

Clinical Data

History information
Physical information
Patient care notes
Test results
Problem list
Diagnoses detail
Procedures detail

Essential **Limited** **Incidental**

Patient Financial Information

Patient payment activities/account history

Essential **Limited** **Incidental**

Clinical Data w/Special Precautions

Chemical dependency; mental health, HIV

Essential **Limited** **Incidental**

Occupational Health

Demographic data
Screening tests and exams
Preventative services

Essential **Limited** **Incidental**

Essential = required to do job Limited = required for special circumstances Incidental = not required but access may occur
Refer to the Minimum Necessary Uses of Protected Health Information Policy (AHC System Policy # 134).

My use and/or access to confidential material as a result of my job duties and assignments is to be limited to only the information required by those job duties and assignments.

Student Signature

Preceptor Signature

Date