



**Minimum Necessary  
Use of Information Worksheet**

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

Name: First Last

Title: Student

Department: Laboratory

Location: Your 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.

Signature  
Student Signature

\_\_\_\_\_  
Preceptor Signature

\_\_\_\_\_  
Date