# Minimum Necessary Use of Information Worksheet

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

<table>
<thead>
<tr>
<th>Name: ______________________________</th>
<th>Title: _____________________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Department: ________________________</td>
<td>Location: _____________ Org/Area #: _<em><strong><strong>/</strong></strong></em></td>
</tr>
</tbody>
</table>

## PROTECTED HEALTH INFORMATION CATEGORY

### CATEGORY OF ACCESS*  

- **No Information**  
  - ☐ (if this is checked, all other boxes must be blank)

- **Limited Demographic Data**  
  - ☐ Essential  ☐ Limited  ☐ Incidental
  - Name
  - Patient Location

- **Extended Demographic Data**  
  - ☐ Essential  ☐ Limited  ☐ Incidental
  - Identification # SSN
  - Date of birth, gender
  - Address, phone #
  - Payer name
  - Payer ID number
  - Plan Elements coverage

- **Health Services Provided**  
  - ☐ Essential  ☐ Limited  ☐ Incidental
  - Dates of service
  - Preliminary diagnosis
  - Diagnostic/Procedure codes
  - Procedures/Supplies/Tests ordered
  - Provider

- **Clinical Data**  
  - ☐ Essential  ☐ Limited  ☐ Incidental
  - History information
  - Physical information
  - Patient care notes
  - Test results
  - Problem list
  - Diagnoses detail
  - Procedures detail

- **Patient Financial Information**  
  - ☐ Essential  ☐ Limited  ☐ Incidental
  - Patient payment activities/account history

- **Clinical Data w/Special Precautions**  
  - ☐ Essential  ☐ Limited  ☐ Incidental
  - Chemical dependency; mental health, HIV

- **Occupational Health**  
  - ☐ Essential  ☐ Limited  ☐ Incidental
  - Demographic data
  - Screening tests and exams
  - Preventative services

*E=essential (required to do job)  L=limited (required for special circumstances)  I=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.

______________________________  ____________________________ ___________  
Employee signature     Manager signature    Date