

MINIMUM NECESSARY STANDARD FOR PROTECTED HEALTH INFORMATION

1. PURPOSE: This Veterans Health Administration (VHA) Handbook establishes guidance on the procedures for determining the minimum necessary amount of access to protected health information. This document describes the minimum necessary policies in compliance with the provisions of the Standards for Privacy of Individually-identifiable Health Information, Title 45 Code of Federal Regulation (CFR) Parts 160 and 164.

2. BACKGROUND: As required by the provisions of the Standards for Privacy of Individually-identifiable Health Information, 45 CFR Parts 160 and 164, VHA must provide policy guidance on minimum necessary standard for use and disclosure of protected health information.

3. RELATED ISSUES: VHA Handbook 1605.1.

4. FOLLOW-UP RESPONSIBILITY: The Office of Information is responsible for the contents of this Handbook. Questions may be referred to the VHA Privacy Officer, at 727-320-1839.

5. RESCISSIONS: None.

6. RECERTIFICATION: This document is scheduled for recertification on or before the last working day of April 2008.

S/ Louise Van Diepen for
Robert H. Roswell, M.D.
Under Secretary for Health

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CONTENTS

MINIMUM NECESSARY STANDARD FOR PROTECTED HEALTH INFORMATION

PARAGRAPH	PAGE
1. Purpose	1
2. Background	1
3. Scope	1
4. Definitions	2
5. Compliance with Federal Law, Regulation, and VHA Policy	5
6. Compliance with Minimum Necessary Standard	6
7. Responsibilities	6
8. Use of Information	6
9. Disclosure of Information	7
10. Requests for Information	8

APPENDICES

A Functional Categories Identifying Appropriate Levels of Access to Protected Health Information	A-1
B Accessible VHA Systems of Records as Defined for Entire Medical Record.....	B-1
C Routine and Recurring Disclosures	C-1

MINIMUM NECESSARY STANDARD FOR PROTECTED HEALTH INFORMATION

1. PURPOSE

This Veterans Health Administration (VHA) Handbook establishes guidance on the procedures for determining the minimum necessary amount of data, including paper and electronic data, that VHA personnel may use or disclose. This document describes procedures for minimum necessary requirements in compliance with the provisions of the Standards for Privacy of Individually-identifiable Health Information, Title 45 Code of Federal Regulation (CFR) Parts 160 and 164, (Privacy Rule) promulgated by the Department of Health and Human Services (HHS) under the Health Insurance Portability and Accountability Act (HIPAA).

2. BACKGROUND

VHA, as a covered entity, must comply with the HIPAA Privacy Rule. The HIPAA Privacy Rule requires covered entities to implement the minimum necessary standard, a key protection of the rule. This standard is derived from confidentiality codes and practices in common use today and is based on sound current practice that protected health information should not be used or disclosed when it is not necessary to satisfy a particular purpose or carry out a function. The HIPAA Privacy Rule's minimum necessary standard requires covered entities, such as VHA, to evaluate its practices and, in accordance with the standard, establish policies and procedures to limit the use or disclosure of, and requests for, protected health information to the minimum amount necessary to accomplish the intended purpose.

3. SCOPE

a. Where the minimum necessary standard applies, VHA must make reasonable efforts to limit the use of protected health information to the minimum amount necessary to accomplish the intended purpose of the use.

(1) VHA must identify the persons or classes of persons who need access to health information to carry out their job duties, the categories or types of health information or protected health information needed, and the conditions appropriate to such access.

(2) All VHA personnel must be classified into at least one functional category (see App. A) based on the duties and responsibilities of the individual. The type of protected health information designated under a functional category is the maximum allowable information for the individuals in that category. VHA personnel may only access the protected health information authorized for their functional categories. The existence of a defined maximum allowable information for each functional category does not mean that all individuals in that category should be provided with access to all information in the category. It may be appropriate, in some instances, to limit the protected health information that an individual in a functional category may access if that individual does not need to see all the information available in the functional category in performing the individual's duties. When an individual falls into more than one functional category, access based on the less restrictive category must be granted to meet the need of an intended purpose.

b. When disclosing protected health information, VHA must standardize policies and procedures for routine and non-routine disclosures and must limit the protected health information disclosed to the minimum that is necessary for that particular type of disclosure.

(1) For routine disclosures, VHA is not required to conduct a review for each individual case.

(2) For non-routine disclosures, VHA must develop reasonable criteria for determining and limiting disclosure to the minimum amount of health information necessary to accomplish the purpose of a non-routine disclosure. Non-routine disclosures must be reviewed on an individual basis in accordance with these criteria.

(3) If VHA does not agree that the amount of information requested by another covered entity is reasonably necessary for the purpose, VHA must negotiate a resolution of the dispute as to the amount of information needed.

c. For routine or recurring requests, VHA must develop standard protocols and limit the protected health information requested to the minimum necessary information for that particular type of request. Individual review of each request is not required. When making non-routine requests for protected health information, VHA must review each request so as to ask for only that information reasonably necessary for the purpose of the request.

d. The minimum necessary standard does not apply to the following:

(1) Disclosures to, or requests by, a health care provider for treatment purposes.

(2) Disclosures to the individual who is the subject of the information.

(3) Uses or disclosures made pursuant to an individual's authorization.

(4) Uses or disclosures required for compliance with the HIPAA Administrative Simplification Rules, including uses and disclosures for electronic transactions.

(5) Disclosures to HHS when disclosure of information is required under the Privacy Rule for enforcement purposes.

(6) Uses or disclosures that are required by other law.

(7) Protected health information de-identified in accordance with VHA Handbook 1605.1, Privacy and Release of Information.

4. DEFINITIONS

***NOTE:** The terms defined in statutes, Federal regulations, and in this Handbook are intended to have the same meaning. The definitions in the Handbook are meant to be easy to understand without changing the legal meaning of the term.*

a. **Access.** Access is the obtaining or using of information electronically, on paper, or other medium for the purpose of performing an official function.

b. **Business Associate.** A business associate is an individual, entity, company, or organization who, on behalf of VHA:

(1) Performs or assists in the performance of functions or activities involving the use or disclosure of protected health information, or

(2) Provides certain services to VHA and the provision of those services involves the disclosure of protected health information by VHA.

c. **Condition of Access.** The condition of access is the circumstances under which a VHA employee would require or need access to protected health information contained in VHA records.

d. **Covered Entity.** For the purpose of this Handbook, a covered entity is a:

(1) Health plan,

(2) Health care provider who transmits any health information in electronic form in connection with a transaction covered by 45 CFR Parts 160 and 162, or

(3) Health care clearinghouse.

e. **Disclosure.** Disclosure is the release, transfer, provision of, access to, or divulging in any other manner of information outside VHA.

f. **Entire Medical Record.** For the purpose of this Handbook, the term “entire medical record” refers to all information about an individual in all VHA systems of records listed in Appendix B, excluding research records.

g. **Functional Categories.** For the purpose of this Handbook, the term “functional categories” refers to a grouping (into classes) of individuals based upon VHA employee duties and responsibilities. All VHA employees must be categorized into at least one functional category. Individuals with more than one function may be categorized in multiple-functional categories.

h. **Health Care Facility.** For the purpose of this Handbook, the term “health care facility” encompasses all management and facilities, including but not limited to: Veterans Integrated Service Networks (VISNs), Department of Veterans Affairs (VA) medical centers, VA Health Care Systems, Community-based Outpatient Clinics (CBOCs), Readjustment Counseling Centers, and VHA Research Centers of Excellence.

i. **Health Care Operations.** Health care operations are any of the following activities: conducting quality assessment and improvement activities; population-based activities relating to improving health or reducing health care costs, protocol development, and/or case management; reviewing competence or qualifications of health care professionals, evaluating practitioner performance, health plan performance, conducting training programs, and certification, licensing, or credentialing activities; conducting medical reviews, legal services, and auditing functions;

business planning and development; and business management and general administrative activities including: management, customer service, and the resolution of internal grievances.

j. **Health Information.** Health information is any information created or received by a health care provider or health plan that relates to: the past, present, or future physical or mental health or condition of an individual; the provision of health care to an individual; or payment for the provision of health care to an individual. This encompasses information pertaining to examination, medical history, diagnosis, findings or treatment, including such information as: laboratory examinations, X-rays, microscopic slides, photographs, prescriptions, etc.

k. **Individually-identifiable Health Information.** Individually-identifiable health information (IIHI) is a subset of health information, including demographic information collected from an individual, that is:

- (1) Is created or received by a health care provider, health plan, or health care clearinghouse;
- (2) Is related to the past, present, or future condition of an individual and provision of, or payment for health care; and
- (3) Identifies the individual or a reasonable basis exists to believe the information can be used to identify the individual.

***NOTE:** IIHI does not have to be retrieved by name or other unique identifier to be covered by this Handbook.*

l. **Limited Medical Record.** For the purpose of this Handbook, the term limited medical record means a subset of the entire medical record. The functional category determines the subset (see App. A). A VHA employee has limited access to protected health information data contained in the VHA systems of records according to the functional category. Access is granted based on specific conditions related to the performance and completion of the VHA personnel's responsibilities.

m. **Payment.** A payment is an activity undertaken by a health plan to obtain premiums, to determine its responsibility for coverage, or to provide reimbursement for the provision of health care including eligibility, enrollment, and authorization for services. Activities undertaken by a health care provider to obtain reimbursement for the provision of health care, including pre-certification and utilization review, are payment. VHA is both a health plan and a health care provider.

n. **Personnel.** For the purpose of this Handbook, the term VA personnel includes those officers and employees of the Department; without compensation (WOC); contractors; medical students, and other trainees; and uncompensated services rendered by volunteer workers, excluding patient volunteers; providing a service at the direction of VA staff. ***NOTE:*** *Compensated Work Therapy (CWT) workers are not VHA personnel; they are patients receiving active treatment or therapy.*

o. **Protected Health Information.** Protected health information is IIIHI maintained in any form or medium. *NOTE: Protected health information excludes employment records held by a covered entity in its role as an employer.*

p. **Reasonable Reliance.** In certain circumstances, a covered entity may rely on the judgment of the party requesting the disclosure as to the minimum amount of information that is needed by the requester. Such reliance must be reasonable under the particular circumstances of the request and VHA may be required to obtain documentation or representations from the specific requester.

q. **Routine and Recurring Disclosure.** For the purpose of this Handbook, a routine and recurring disclosure is a disclosure of protected health information maintained by VHA to a type of requestor for a purpose consistent with normal health care functions on a frequent or recurrent basis; for example, disclosure of health information to insurance carriers for reimbursement of services. *NOTE: See Appendix C for a list of Routine and Recurring Disclosures.*

r. **Routine and Recurring Request.** For the purpose of this Handbook, a routine and recurring request is a request for protected health information by VHA from an individual or organization for a purpose consistent with normal health care functions on a frequent or recurrent basis; for example, a request for health information from veterans for a satisfaction survey.

s. **Treatment.** Treatment is the provision, coordination, or management of health care or related services by one or more health care providers. This includes: the coordination of health care by a health care provider with a third party, consultation between providers relating to a patient, and the referral of a patient for health care from one health care provider to another.

t. **Use.** “Use” is the sharing, employment, application, utilization, examination, or analysis of information within VHA.

5. COMPLIANCE WITH FEDERAL LAW, REGULATION, AND VHA POLICY

a. All VHA personnel must comply with all Federal laws and regulations, VA regulations and policies, and VHA policies.

b. All employees must conduct themselves in accordance with the rules of conduct concerning the disclosure or misuse of information in the government-wide and VA Standards of Ethical Conduct and Related Responsibilities of Employees (see 5 CFR 2635.101, 5 CFR 2635.703, 38 CFR 0.735-10).

c. All medical center Directors are responsible for publishing a facility procedure and/or office procedure consistent with the policies contained in this Handbook, and distributing these procedures to all facility personnel.

6. COMPLIANCE WITH MINIMUM NECESSARY STANDARD

a. All VHA personnel must use, disclose, or request protected health information to the minimum amount necessary required to perform their specific job function and to accomplish the intended purpose of the use, disclosure, or request.

b. VHA personnel must not access information that exceeds the limits of protected health information for their functional category as defined in Appendix A. VHA personnel should only access the protected health information needed to perform their official function even if the functional category to which they have been assigned allows for greater access.

7. RESPONSIBILITIES

a. VHA must identify the persons or classes of personnel within the organization who need access to protected health information to carry out their duties, the types of protected health information needed, and conditions appropriate to such access.

b. Each VA health care facility (see subpar. 4h) must:

(1) Ensure that all VHA personnel are classified into at least one designated functional category.

(2) Limit access to protected health information, including electronic and paper records, to the extent that it is necessary to perform job functions, but not to exceed the defined limits in Appendix A.

(3) Ensure supervisors and managers are aware of their subordinate personnel functional categories and protected health information access limitations.

(4) Ensure compliance with the policies and procedures in this Handbook.

(5) Ensure that personnel use, disclose, or request only the minimum amount of protected health information necessary.

(6) Determine routine and recurring requests for protected health information and develop standard protocols to limit the information requested (see par. 10a).

8. USE OF INFORMATION

a. The classes of personnel who need access to health information to carry out their duties, the categories or types of protected health information needed, and the conditions appropriate to such access have been identified (see App. A). VA health care facilities must develop access policies based on functional categories that allow its health care providers and other employees, as appropriate, access to patient information, including entire medical records, for treatment purposes.

b. VA health care facilities will state when the entire medical record is necessary, when limited access is required and when there is no need for access. Case-by-case review of each use of the entire medical record is not required.

c. When using protected health information, VA health care facilities must make reasonable efforts to limit the health information to the minimum amount necessary to accomplish the intended purpose of the use.

d. Uses that are authorized by the individual are exempt from the minimum necessary requirements. The authorization must meet the requirements of VHA Handbook 1605.1 and 45 CFR 164.508.

9. DISCLOSURE OF INFORMATION

a. In certain circumstances VHA may rely on the judgment of the party requesting the disclosure of protected health information that the information requested is the minimum amount of information necessary to meet their requirements regardless of whether the disclosure is routine or non-routine. Such reliance must be reasonable under the particular circumstances of the disclosure. This reasonable reliance is permitted when the disclosure request is made by:

(1) A public official or agency who states that the information requested is the minimum necessary for a purpose permitted under 45 CFR 164.512, such as for public health purposes as found in 45 CFR 164.512(b);

(2) Another covered entity, such as a health plan (e.g., Blue Cross and/or Blue Shield);

(3) A professional who is a VA workforce member or business associate of VHA and who states that the information requested is the minimum necessary for the stated purpose; or

(4) A researcher with appropriate documentation from an Institutional Review Board (IRB) or Privacy Board.

b. VHA retains discretion to make its own minimum necessary determination for any disclosures to which paragraph 8.a. applies.

c. **Routine and Recurring Disclosures.** VHA must standardize policies and procedures for routine and recurring disclosures and must limit protected health information disclosed to the minimum necessary for that disclosure. Individual review of each routine disclosure is not required. *NOTE: See Appendix C for list of Routine and Recurring Disclosures.*

d. **Non-routine and Non-recurring Disclosures.** VHA must develop reasonable criteria for determining and limiting disclosure to only the minimum amount of protected health information necessary to accomplish the purpose of a non-routine and/or non-recurring disclosure. Non-routine and/or non-recurring disclosures must be reviewed on an individual basis in accordance with the following:

- (1) Determine the legal authority for making the disclosure (see VHA Handbook 1605.1) to see if the minimum necessary standards exemptions as described in subparagraph 3d can be used;
- (2) Determine who is requesting the disclosure of protected health information to see if reasonable reliance as described in paragraph 9a can be used; and
- (3) Review the purpose for the requested disclosure and use professional judgment to determine if the amount of information requested is the minimum amount necessary to meet the intended purpose for the information.

NOTE: If it is determined that the disclosure of the requested protected health information would exceed the minimum amount necessary, the facility privacy officer, or designee, needs to notify the requester.

e. VHA may not disclose 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 disclosure.

f. No review to determine the amount of protected health information appropriate to be disclosed is needed for disclosures where the minimum necessary standard does not apply.

NOTE: See subparagraph 3d. for disclosures not covered by the minimum necessary standard.

10. REQUESTS FOR INFORMATION

a. **Routine and Recurring Requests.** For routine and recurring requests of protected health information by VHA, applicable policy and procedures may be standard protocols and must limit protected health information requested to that which is minimally necessary for that particular type of request. Individual review of each request is not required.

b. **Non-routine and Non-recurring Requests.** When making non-routine and non-recurring requests for protected health information, VHA must review each request in order to ask for only that information reasonably necessary for the purpose of the request. For non-routine and non-recurring requests, reasonable criteria for determining and limiting the request to only the minimum amount of protected health information necessary to accomplish the purpose of a non-routine disclosure or request must be applied. Non-routine and non-recurring requests must be reviewed on an individual basis in accordance with these criteria and limited accordingly.

c. To determine the minimum necessary amount of protected health information for making requests VHA must:

- (1) Determine the purpose of the request;
- (2) Identify the data elements required to fulfill the request;
- (3) Verify that the minimum amount of data necessary to complete the request has been requested; and

(4) Make the request.

d. When requesting protected health information from another health care provider, health plan, or health care clearinghouse, VHA must limit its request to only the minimum amount necessary to accomplish the needed purpose.

e. Requests for protected health information by VHA, as a health care provider, for treatment purposes are explicitly exempted from the minimum necessary requirements (see subpar. 3d). However, VHA may not request the whole medical record of an individual, except when the whole medical record is specifically justified as the amount that is reasonably necessary to accomplish the purpose for the request (see 45 CFR §164.514d(5)).

FUNCTIONAL CATEGORIES IDENTIFYING APPROPRIATE LEVELS OF ACCESS TO PROTECTED HEALTH INFORMATION

Functional Categories (Class of Persons)	Type of Protected Health Information Accessible	Allowable Systems of Records for Limited Access (See Appendix B)	Conditions for Access to Information
Direct Care Providers	Entire Medical Record		Treatment of Individuals
Department of Veterans Affairs (VA) Researchers	Entire Medical Record including research records		Activities as approved by an Institutional Review Board or Privacy Board; Preparatory to research
Indirect Care Providers	Entire Medical Record, where necessary to complete assignment		In support of treatment of individuals
Business Office Administrative	Limited Medical Record	23VA163, 24VA136, 33VA113, 54VA17, 79VA19, 89VA19, 114VA17	For oversight of reimbursement, payment and financial services
Health Information Support Services	Entire Medical Record, where necessary to complete assignment		Assign diagnostic codes to transcribe, file, release information, provide or input registry data
Quality, Oversight and Investigations	Entire Medical Record including research records		Medical Inspections, investigations, complaint review and resolution, quality reviews and compliance, congressional response
Safety	Limited Medical Record	04VA115, 24VA136, 32VA00, 33VA113, 34VA12, 79VA19	Patient safety, radiation safety and environmental safety, biomedical safety
Security	Entire Medical Record including research records		Monitoring and tracking of security issues
Operations Support and Environmental Services	No need for access		Contracting, Human Resources Acquisitions, Environmental, Engineering, Employee Education Service, Forms, Publications, Library
Leadership and Management	Entire Medical Record including research records, where necessary to complete assignment		Operation and management, executive decisions for health care operations
Administrative Support	Limited Medical Record, where necessary to complete assignment	04VA115, 23VA163, 24VA136, 32VA00, 33VA113, 54VA17, 79VA19, 89VA19, 114VA17	Administrative Support, medical media, public affairs, mail room, telecommunications, information desk

Functional Categories (Class of Persons)	Type of Protected Health Information Accessible	Allowable Systems of Records for Limited Access (See Appendix B)	Conditions for Access to Information
Eligibility and Enrollment Staff	Limited Medical Record	23VA163, 24VA136, 33VA113, 54VA17, 69VA131, 79VA19, 89VA19, 93VA131, 105VA131	For enrollment, eligibility, income and insurance verification
Information Technology	Entire Medical Record including research records, where necessary to complete assignment		Computer Systems Maintenance and Support
Veterans Canteen Service	No need for access		Cafeteria, Retail Store
Volunteer Services (not covered elsewhere)	Limited Medical Record	24VA136, 79VA19	Transportation and other services

**ACCESSIBLE VETERANS HEALTH ADMINISTRATION SYSTEMS OF RECORDS
AS DEFINED FOR ENTIRE MEDICAL RECORD
(As of April 1, 2003)**

***NOTE:** As new Veterans Health Administration (VHA) systems of records containing protected health information are published they will be considered part of this list.*

VHA SYSTEM OF RECORD NUMBER	VHA SYSTEM OF RECORD NAME
04VA115	Blood Donor Information-Department of Veterans Affairs (VA)
23VA163	Non-VA Fee Basis Records-VA
24VA136	Patient Medical Records-VA
32VA00	Veteran, Employee and Citizen Health Care Facility Investigation Records-VA
33VA113	National Prosthetics Patient Database-VA
34VA12	Veteran, Patient, Employee and Volunteer Research and Development Project Records-VA
54VA17	Health Administration Center Civilian Health and Medical Program Records-VA
64VA15	Readjustment Counseling Service (RCS) Vet Center Program-VA
69VA131	Ionizing Radiation Registry-VA
79VA19	Veterans Health Information System and Technology Architecture (VistA)-VA
89VA19	Health Eligibility Records-VA
93VA131	Gulf War Registry-VA
100VA10NS10	Patient Representation Program
105VA131	Agent Orange Registry
106VA17	Compliance Hotline
108VA11S	Spinal Cord Dysfunction Registry-VA
113VA112	Telephone Care and Service Records-VA
114VA17	The Revenue Program – Billing and Collection Records-VA

ROUTINE AND RECURRING DISCLOSURES

PURPOSE	ENTITY	AUTHORITY REVIEW	MINIMUM AMOUNT
Health Care Operations (Legal Advice)	Office of General Counsel (OGC)	VHA Hdbk 1605.1, subpar. 16a.	Health information necessary to provide the legal support requested.
Health Oversight	Department of Veterans Affairs (VA) Inspector General (IG)	VHA Hdbk 1605.1, subpar. 16b.	Not Applicable (see subpar. 3d.)
Required by Law, i.e., Compliance with Equal Employment Opportunity Requirements	Equal Employment Opportunity Commission (EEOC)	VHA Hdbk 1605.1, par. 26.	Health information necessary to meet the legal requirements. Consult Regional Counsel.
Required by Law	Resolution Management	VHA Hdbk 1605.1, subpar. 16c.	Health information necessary to meet the legal requirements. Consult Regional Counsel.
Eligibility and Entitlement to Benefits	Veterans Benefits Administration (VBA)	VHA Hdbk 1605.1, subpar. 16d.	Health information needed to determine eligibility for benefits.
Adjudication of Claim	Veterans Benefits Administration (VBA)	VHA Hdbk 1605.1, subpar. 16d.	Health information related to the claim submitted by the veteran.
Eligibility for, or Entitlement to, Benefits	Board of Veterans Appeals (BVA)	VHA Hdbk 1605.1, subpar. 16e.	Health information related to the claim being appealed.
Eligibility for, or Entitlement to, Burial Benefits	National Cemetery Administration (NCA)	VHA Hdbk 1605.1, subpar. 16f.	Health information necessary to bury a deceased veteran or provide survivor benefits.
Required by Law, i.e., Compliance with Requirements	Office of Employment Discrimination, Complaints and Adjudication (OEDCA)	VHA Hdbk 1605.1, subpar. 16h.	Health information necessary to meet the legal requirements. Consult Regional Counsel.
Member and Organization Representation	Unions	VHA Hdbk 1605.1, subpar. 16i.	Not applicable (See subpar. 3d.)
Non-VHA Research Studies	Researchers	VHA Hdbk 1605.1, par. 13.	Health information authorized by the Institutional Review Board. (See subpar. 8a(1))
Location and Identification of Suspects, Criminals, and Others under Investigation, etc.	Law Enforcement Agencies	VHA Hdbk 1605.1, par. 21.	Eight data elements listed in VHA Hdbk 1605.1, par. 21.
Audits and Evaluations	General Accounting Office (GAO)	VHA Hdbk 1605.1, subpar. 34a(b)	Not applicable (See subpar. 3d.)

PURPOSE	ENTITY	AUTHORITY REVIEW	MINIMUM AMOUNT
Health Care Oversight	Congressional Oversight Committees	VHA Hdbk 1605.1, subpar. 18b.	Not applicable (See subpar. 3d.)
Complaint of Veteran	Congressman	VHA Hdbk 1605.1, subpar. 18a. (Authorization always required)	Not applicable (See subpar. 3d.)
Payment of Claims	Insurance Company or Health Plan	VHA Hdbk 1605.1, subpar. 22b.	Health information necessary to obtain reimbursement for services being billed or to provide payment information on claims processed by VHA.
Reporting Debt (e.g., co-payment debt of veteran)	Consumer Reporting Agency	VHA Hdbk 1605.1, par. 19.	Health information required by the consumer reporting agency in order to report the individual's debt owed to VA.
Legal Processing	Courts, Judicial Body, or Attorney	VHA Hdbk 1605.1, par. 20. (Court Order provided)	Health information required by the Court Order.
Inquiry Regarding a Patient hospitalized	General Public (Anyone)	VHA Hdbk 1605.1, subpar. 23a. (Individual must be in the Facility or Patient Directory)	Only patient location and general condition may be provided.
Inquiry Regarding a Patient's Condition and Care	Next-of-Kin, Family, and Others with a Significant Relationship Who are Involved in the Veteran's Care	VHA Hdbk 1605.1, subpar. 23b. (Only applies if no other authority exists, e.g., Power of Attorney (POA))	Health information determined appropriate for involvement in care and treatment of the veteran based on good medical ethical judgment of provider.
Treatment of Patients	Non-VA Health Care Providers inc. Physicians, Hospital and Nursing Homes	VHA Hdbk 1605.1, par. 24.	Not applicable (See subpar. 3d.)
Treatment of Patients <u>without</u> Title 38 United States Code (U.S.C.) 7332 conditions	State Veteran Homes	VHA Hdbk 1605.1, par. 29.	Not applicable (See subpar. 3d.)
Treatment of Patients <u>with</u> 38 U.S.C. 7332 Conditions	State Veteran Homes	VHA Hdbk 1605.1, par. 29. (Authorization always required)	Not applicable (See subpar. 3d.)
Determining suitability of Organs or Tissues for Donation	Organ Procurement Organizations (OPO)	VHA Hdbk 1605.1, par. 25. (Authorization always required)	Health information the OPO indicates is necessary to determine suitability.
Reporting Communicable Diseases	Public Health Authorities	VHA Hdbk 1605.1, par. 27.	Health information requested. (See subpar. 8a(1).)
Reporting for Cancer Follow-up	Public Registries	VHA Hdbk 1605.1, par. 27	Health information requested. (See subpara. 8a(1))
Making Funeral Arrangements	Funeral Homes	VHA Hdbk 1605.1, par. 31.	Only health information required to make funeral arrangements.