



DEPARTMENT OF MENTAL HEALTH

HIPAA MINIMUM NECESSARY PHI STAFF ACCESS FORM

Name

Employee Number

Date

Position/Title

Facility/Clinic

Position change Date

Transfer/Termination Date

Supervisor/Program Head

Signature: _____
Supervisor/Program Head

Type of PHI	Create	Edit	Use	View	Disclose	Transport	Destroy	None
Entire Designated Record Set								
Progress Note								
Demographics								
Financial								
Medication Orders								
Research								
MIS Reports								

Type of Use Guide

- Create:** Primary source of documentation.
Edit: Changing incorrect data.
Use: Read to make decisions appropriate for your position.
View: Employee position requires them to view information but is not expected to make decisions.
Disclose: Conveyance of the information to persons or entities outside of the practice.
Transport: Moving Information from one place to another.
Destroy: Final legal disposition of the records.