

## Requests, Uses, and Disclosures for Evaluating Work Force Needs

Department	Class of individual	Type of Information to which they have access	Purpose/conditions	PHI individual says they can access but do not need	Is level of access appropriate?*	Actions indicated and comments*
Pre-admission clinic	Pre-admission nurse	Patients' medical records	<p>To patient's third-party payer for obtaining pre-authorization</p> <p>To contract dietary, lab, and therapy departments for securing services</p> <p>To the patient's physicians for treatment and continuity of care</p> <p>To the patient's family/friends as appropriate to their involvement in the patient's care or payment of the bill</p>		Yes	
Volunteers	Volunteers	Information on the computer	Directory information to individuals who ask for the patient by name		No	Ask IS department if they have or can limit information to directory only

\*Fields that can be added to the format in order to make applying the minimum necessary standard and follow-up easier.

This sample form was developed by AHIMA for discussion purposes only. It should not be used without review by your organization's legal counsel to ensure compliance with local and state laws.