


Emma Eccles Jones College of Education & Human Services

POLICY INFORMATION

Document # 103	Title: HIPAA Privacy- Patient Request for Restricting Use Disclosure of PHI	Print Date: 5/18/2016
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I. INTRODUCTION

To provide guidance on the processing of a patient's or his/her personal representative's request for restrictions on the use or disclosure of PHI for treatment, payment, or health care operational purposes in accordance with 45 CFR § 164.522.

II. POLICY STATEMENT

It is the policy of CEHS to establish a procedure whereas patients can request restrictions on the use or disclosure of their PHI.

III. AUTHORITY AND RESPONSIBILITIES

CEHS has component units that are listed as a hybrid entity in accordance with USU's HIPAA Hybrid Covered Entity Declaration. Only the Health Care Component/HCC (i.e., covered functions) of CEHS must comply with this policy. All references in this policy to "CEHS" shall be construed to refer only to the health care component of CEHS.

IV. PROCEDURES TO IMPLEMENT

1. A patient or his/her personal representative has the right to request restrictions on the use or disclosure of PHI for treatment, payment, or health care operations purpose. The restriction must be limited to a specific encounter and must be restated for any subsequent encounters.
2. CEHS may choose to agree to the requested restriction if it can abide by the request. Except as set forth in number 5 below, regarding requests for restrictions concerning payment for out-of-pocket medical expenses, CEHS is not required to comply, in whole or in part, with a patient's request to restrict the use or disclosure of PHI.
3. Requests for restriction shall be routed to the health care component's Privacy Officer.
4. Pursuant to the HITECH Act of 2009, individuals have the right to request a restriction preventing the disclosure of PHI to a payor or health plan regarding PHI the individual paid for "out of pocket". CEHS must grant such requests.

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5. If CEHS agrees to a restriction, it must not violate the restriction except in the event that the patient is in need of emergency treatment and the restricted PHI is needed to provide the treatment. For such event, CEHS may use the restricted PHI or disclose the information further.
6. CEHS may deny a request for restriction for any reason and must inform the patient or his/her personal representative of the decision to deny and the reason for the denial. In general, CEHS is encouraged to deny requests for unreasonable or difficult to implement restrictions, since the failure to comply with a granted restriction could expose CEHS to complaints and other risks.
7. CEHS may terminate a previously approved restriction if:
 - a. The patient or his/her personal representative agrees to or requests the termination in writing.
 - b. The patient or his/her personal representative orally agrees to the termination and the oral agreement is documented; or
 - c. CEHS informs the patient or his/her personal representative that it is terminating its agreement to a restriction and such unilateral termination will only be effective with respect to the PHI created or received after informing the patient or his/her personal representative. Any such communications must be included in the patient's medical records and/or billing records.
8. The patient or his/her personal representative may request a termination of a restriction orally or in writing. This termination must be documented in the patient's medical records and/or billing records.
9. Any requests for restrictions, decisions to accept or deny, and revocation of agreement to a restriction shall be documented and included in the patient's medical records and/or billing records. See Attachment A- Restricting Uses and Disclosures of Protected Health Information.
10. Accepted restrictions and terminated restrictions must be communicated to all workforce members involved in the use or disclosure of the patient's PHI.

V. ATTACHMENTS

Attachment A- Restricting Uses and Disclosures of Protected Health Information

VI. REFERENCES

45 CFR §164.522

HIPAA Privacy Policy 100

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Attachment A
Restricting Uses and Disclosures of Protected Health Information

Patient Request for Restrictions to Use and Disclose Protected Health Information

I request that CEHS restrict the use and disclosure of the following protected health information (PHI). I understand that CEHS may not agree to this request; however, CEHS may be required by law to grant a restriction preventing disclosure to my health plan concerning services or items for which I have paid CEHS out of pocket.

Describe the restriction requested:

This restriction shall be in effect until (date or event):

Patient Name, printed _____

Signature: _____ Date: _____

Relationship if not patient:

Mailing Address for future correspondence regarding this restriction:

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CEHS Response to Patient Request for Restrictions of Use and Disclosure of Protected Health Information

CEHS has reviewed the request to restrict the use and disclosure of protected health information (PHI) and **(check one)**

Denies the request as CEHS cannot reasonably assure or guarantee the restriction can be met.

Accepts and will honor the request for the above stated restriction. If you need emergency treatment and the restricted PHI is needed to provide emergency treatment, we may use the restricted PHI or may disclose this information to another health care provider to provide you with the emergency treatment. We will ask the health care provider to not further use or disclose the PHI. In the future, to the extent permitted by law, we may need to terminate or revoke our acceptance of this restriction. We will notify you of such unilateral termination.

Signed: _____ Date: _____

Title: _____

Revoking or Terminating Restrictions of Use and Disclosure of Protected Health Information

Check One:

Patient: I hereby **revoke** the restriction of the use and disclosure of my protected health information (PHI) effective _____ (date).

CEHS: CEHS previously agreed to the restriction of the use and disclosure of your protected health information (PHI). To the extent permitted by law, CEHS **terminates this previous agreement** and we no longer will restrict the use and disclosure of your protected health information effective _____ (date).

Signed: _____ Date: _____

Printed Name: _____

Relationship if not patient: _____

Or

CEHS Clinic Privacy Official: _____

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File copies in medical record and or billing record.