

Request for Restrictions on uses and Disclosures of PHI Policy

HIPAA Policy: Privacy 12

Summary: This policy provides instructions on the steps needed to restrict disclosure of PHI to third parties

Affected Individuals: Staff at HIPAA covered entities, patients of HIPAA covered entities

1.0 PURPOSE

The intent of this policy is to ensure that patients are given the right to request that the University of Mississippi's HIPAA covered entities (UM) restrict its uses and disclosures of a patient's protected health information (PHI) for certain purposes.

2.0 SCOPE

The UM Request for Restrictions on Uses and Disclosures of PHI Policy applies to patient's requesting to restrict their PHI and UM employees accepting the requests.

3.1 STANDARDS

UM permits patients to request that restrictions be placed on his/her PHI that is used and disclosed by UM for the following purposes:

- To carry out treatment, payment and health care operations;
- To inform a person(s) directly involved in caring for the patient or directly responsible for payment related to the patient's healthcare services, of the patient's status; and
- To notify a person(s) responsible for the care of the patient, of the patient's location, general condition, or death.

UM is further required to agree to a request for restrictions when a patient makes the following request:

- A request from a patient, who paid for items and services in full, out of pocket, to restrict disclosures of PHI to health plans for payment purposes and disclosures to the health plan for purposes of health care operations.

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The UM HIPAA Compliance Committee is responsible for receiving all such requests. With the exception of the aforementioned request which must be honored by UM, the Committee and/or the treating provider will be responsible for making a decision to either accept or deny all other requests.

The UM HIPAA Compliance Committee will be responsible for reviewing the requests for restrictions on the use and disclosure of PHI for purposes of:

- Payment; and
- Healthcare operations.

The patient's treating provider will be responsible for reviewing requests for restrictions on the uses and disclosures of PHI for the purposes of:

- Treatment;
- Notification of person(s) responsible for the patient, of the patient's location, general condition or death; and
- Informing a person(s) directly involved in caring for the patient or directly responsible for payment related to the patient's healthcare services, of the patient's status.

Once a restriction is agreed to, UM and/or the treating provider is not required to notify the subsequent downstream provider. It is the patient's responsible to request the continuation of the restriction with the subsequent provider.

3.2 Denied Requests:

Instances where requests for restrictions will automatically be denied:

- Emergency Situations – During emergency situations, UM will use and/or disclose a patient's PHI that it has previously agreed to restrict. This includes releasing information to providers outside of UM who are treating the patient in an emergency situation. UM personnel must ask that the outside provider receiving such information to not further use or disclose the information.

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- Disclosures to the patient – UM will not restrict PHI disclosed by UM to the patient.
- A restriction cannot be applied to the use or disclosure of PHI for any of the following uses and disclosures, which are permitted or required under HIPAA:
 - Uses and disclosures that are required by law;
 - Uses and disclosures for public health activities;
 - Disclosures about victims of abuse, neglect, or domestic violence;
 - Uses and disclosures for health oversight activities;
 - Disclosures for judicial and administrative proceedings;
 - Disclosures for law enforcement purposes;
 - Uses and disclosures about decedents;
 - Uses and disclosures for cadaveric organ, eye or tissue donation purposes;
 - Uses and disclosures for research purposes;
 - Uses and disclosures to avert a serious threat to health or safety;
 - Uses and disclosures for specialized government functions; and
 - Disclosures for workers' compensation.

3.3 Handling Requests:

The following are procedures to be used in handling requests from patients for restrictions on the use and disclosure of their PHI.

The request must be in writing and must contain the following information:

- Name of the patient;
- Student ID number if applicable;
- A specific description of the information they wish UM to restrict;
- Dates of service
- For what type of uses and disclosures the restriction will apply, such as restrictions for payment purposes, treatment, etc.;
- For what reason they wish to restrict the information;
- An expiration date, if applicable;
- Signature of the patient making the request; and
- The date the request is being made.
- to which the specific information pertains;

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These requests will be forwarded to the HIPAA Compliance Committee. The Committee will then review the request. Based on the type of restriction being requested, either the Committee or the treating provider will make a decision to agree or deny the request. UM will notify the patient in writing of the decision.

- The HIPAA Compliance Committee or the treating provider will place notation in the record and will notify other departments affected by the restrictions to which UM has agreed.

3.4 Terminating Restrictions:

UM has the right to terminate any restriction to which it has agreed under the following circumstances:

- The patient agrees to or requests the termination in writing;
- The patient orally agrees to the termination and the oral agreement is documented; or
- UM informs the patient in writing that UM is terminating its agreement to a restriction. UM will apply this termination only to PHI that is created or received after it has informed the patient of the termination.

All requests to terminate any restrictions should be forwarded to the HIPAA Compliance Committee.

4.0 CONTACT INFORMATION

For questions about the UM Request for Restrictions on Uses and Disclosures of PHI Policy or for more information, call the Office of General Counsel at 662-915-7014.