

<p>WEBER HUMAN SERVICES</p>	<p><b>Policy &amp; Procedure</b></p>	<p>NUMBER 09</p>
	<p>HIPAA/PRIVACY</p>	<p>APPROVED 2/21/2014</p>
	<p><b>RESTRICTIONS TO PERMITTED USES AND DISCLOSURES OF PHI</b></p>	<p>REVIEWED 5/11/2017</p>
		<p>REVISED</p>

**PURPOSE:**

To provide a process for a client to request a restriction to an otherwise permitted use or disclosure of the client’s Protected Health Information (“PHI”), and for the Facility to respond to such request.

**POLICY:**

1. The Facility will inform clients of their right to request restrictions on how their PHI is used and/or disclosed for treatment, payment, and healthcare operations in the published “Notice of Privacy Practices.”
2. The client has the right to request restrictions. The Facility requires the request to be in writing (Attachment A). The Privacy Officer (or designee) reviews each request and makes a determination of final actions. Effective February 18, 2010, the American Recovery and Reinvestment Act (ARRA) allows a client the right to request that a healthcare provider must comply with the client’s request for restriction of disclosure to a health plan for purposes of payment or healthcare operations when the client’s health care information pertains to a service for which the healthcare provider has been paid in full prior to the delivery of the service by the client “out of pocket.”
3. The Facility may agree to a client’s request for restrictions on the use and disclosure of their PHI if the request is determined to be reasonable and in the client’s best interests. The Privacy Officer (or designee) will notify the client of its determination with respect to the request.

**PROCEDURE**

1. The client will be notified of the right to request restrictions on the use and disclosure of PHI in the Facility’s *Notice of Privacy Practices* and that the request must be in writing.
2. The Privacy Officer or designee shall manage requests for restrictions. All documentation associated with this request will be placed in the client’s Medical Record.
3. The Privacy Officer or designee will provide the client a *Request to Restrict Use and Disclosure of Protected Health Information* (“Request to Restrict”) form if the client asks to make a restriction. (See sample *Request to Restrict* form following this Policy.)

4. A request for restriction will not be reviewed until the *Request to Restrict* form is completed and signed by the client. The Privacy Officer may assist the client in completing the form, if necessary.
5. The Privacy Officer will review the request in consultation with other Facility staff to determine the feasibility of the request. The Facility shall give primary consideration to the need for access to the PHI for treatment and payment purposes in making its determination.
6. The Privacy Officer shall complete the “Facility Response” section of the *Request to Restrict* form and provide a copy to the client.

### **Restriction Not Accepted**

If the Facility declines the request for restriction, the Privacy Officer will provide the client with a copy of the signed response (part of the *Request to Restrict* form).

### **Restriction Accepted**

1. If the Facility agrees to the requested restriction, it must abide by the accepted restriction with the following exceptions:
  - a. The Facility may use the restricted PHI, or may disclose such information to a health care provider if:
    - i. The client is in need of emergency treatment, and
    - ii. The restricted PHI is needed to provide emergency treatment. In this case, the Facility will release the information, but ask the emergency treatment provider not to further use or disclose the client’s PHI.
  - b. The Facility may disclose the information to the individual who requested the restriction.
  - c. The Facility will notify separately any other business associates to which the restrictions may apply.
  - d. The Facility may use and disclose the restricted PHI when statutorily required to use and disclose the information under the HIPAA Privacy Rule.
2. The Privacy Officer will notify appropriate Facility staff of the restriction, including but not limited to the Compliance Officer.
3. The Privacy Officer will document the restriction on the *Request to Restrict* form, provide the client with a copy and maintain the original in the client’s Medical Record.

### **Terminating the Restriction**

#### *Termination with the client’s agreement*

1. The Facility may terminate the accepted restriction if:
  - a. The client agrees to the termination in writing; or

- b. The client agrees to the termination verbally and the verbal agreement is documented.
2. The Privacy Officer will notify the appropriate Facility staff of the termination of the restriction.
3. The Privacy Officer will document the client's agreement to the termination of the restriction on the *Request to Restrict* form, provide the client with a copy and maintain the documentation in the client's record.
4. Termination of a restriction with the client's agreement is effective for all PHI created or received by the Facility.

#### *Termination without the client's agreement*

1. The Facility may terminate the restriction without the client's agreement if it informs the client that the restriction is being terminated.
2. Such termination is only effective with respect to PHI created or received after the Facility has informed the client that it is terminating the restriction.  
**Note:** The Facility must continue to abide by the restriction with respect to any PHI created or received before it informed the client of the termination of the restriction.
3. Inform by mail: If the client is informed by mail that the Facility is terminating the restriction, the notification shall be sent via certified mail, return receipt requested. The Facility shall maintain a copy of the notification and of the return receipt with the *Request to Restrict* form. The Facility shall not terminate the restriction until it receives confirmation that the client has received the notification.
4. Inform in person: It is preferable to have the client sign and date a notification of termination of a restriction. However, it will be acceptable to document that the client was so notified on the *Request to Restrict* form.
5. Inform via telephone: If the client is informed by telephone, this action shall be documented on the *Request to Restrict* form. In addition, a letter shall be sent via certified mail, return receipt requested. The termination shall be effective as of the date the client is informed by telephone.

***SAMPLE REQUEST FOR RESTRICTIONS ON USE/DISCLOSURE OF  
PHI FOR TREATMENT, PAYMENT, AND HEALTH CARE OPERATIONS***

Name of Client: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

ID # of Client: \_\_\_\_\_

I am requesting a restriction on the use/disclosure of my health information in the manner described below. I understand that Weber Human Services may deny this request for any reason. If my request is approved, I understand that the restriction will not apply in case of an emergency.

Description of Specific Health Information to be Restricted: \_\_\_\_\_

\_\_\_\_\_

Persons/Organizations Restricted from Use/Disclosure: \_\_\_\_\_

\_\_\_\_\_

Signature of Client: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Personal Representative (if applicable): \_\_\_\_\_

Signature of Personal Representative: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to Client: \_\_\_\_\_

**REQUEST TO RESTRICT USE AND DISCLOSURE  
OF PROTECTED HEALTH INFORMATION – Facility Response**

**FACILITY RESPONSE:**

\_\_\_\_ Your request for restriction has been declined.

**Note: The Facility may not deny a request for restriction of Directory Information.**

\_\_\_\_ Your request for restriction has been accepted. In the case of an emergency or if necessary to comply with the law, we may use and disclose your health information in violation of the restriction. Other than in those circumstances, we will abide by your request unless and until the restriction is terminated (with or without your agreement) and you are notified.

\_\_\_\_\_  
Signature of Facility Privacy Officer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

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**TERMINATION OF RESTRICTION**

\_\_\_\_ The above name client agreed to terminate this restriction on: \_\_\_\_\_.

\_\_\_\_ The above named client was notified on \_\_\_\_\_ (date) that this restriction was terminated.

- Client was notified: (check appropriate box)

\_\_\_\_ In person

\_\_\_\_ By telephone (attach documentation of notification)

\_\_\_\_ By mail (attach documentation of notification)

\_\_\_\_\_  
Signature of Facility Privacy Official

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

**Distribution of copies: Original to client's Medical Record; copy to client.**