

PATIENT'S RIGHT TO REQUEST RESTRICTION ON USES / DISCLOSURES OF PROTECTED HEALTH INFORMATION

PURPOSE:

Under state and federal laws, patients have the right to request restrictions on how their health information is used and disclosed. For example, a patient may not want certain family members to know about certain health conditions. This Policy is intended to ensure that patients are able to exercise these rights, and that the staff of Generations Family Practice knows the procedures for responding to patient requests in this regard.

POLICY:

Generations Family Practice patients have the right to request restrictions on certain uses and disclosures of their individual health information, subject to the provisions of this Policy.

PROCEDURE:

1. A patient has the right to request that Generations Family Practice restrict how the patient's protected health information is used or disclosed to treat the patient, obtain payment for Generations Family Practice's treatment of the patient, or operate Generations Family Practice.
2. The patient has the right to object to uses and disclosures of the patient's protected health information:
 - a. to a family member, other relative, or a close personal friend of the patient, or any other person identified by the patient, to the extent that these individuals are involved in the patient's care;
 - b. to notify a family member, the patient's personal representative, or another person responsible for the patient's care, of the patient's location, general condition, or death; and
 - c. to obtain payment related to the patient's health care.
3. Generations Family Practice is not required to agree to any requested restrictions, unless the use or disclosure to which the patient objects:
 - a. is to a health plan for payment or health care operations purposes and is not otherwise required by law; and
 - b. the protected health information to be disclosed relates solely to a health care item or service for which the patient has already paid out of pocket in full. "Paid out of pocket in full" means the patient has paid [Entity's] full charge for the item or service, not merely the copayment, deductible, or coinsurance for which the patient would be responsible if his or her insurer were paying for the item or service.

In such cases where the patient has already paid out of pocket in full, Generations Family Practice must agree to the requested restriction. The information related to the item or service for which the patient has paid out of pocket may not be provided to the patient's insurer for **any** payment or health care operations purpose unless the patient later withdraws his or her requested restriction. Thus, if the health plan conducts an audit of Generations

Family Practice's records, Generations Family Practice must ensure that information related to the paid for item or service is not provided to the health plan for its review.

4. If Generations Family Practice agrees to any requested restriction, the restriction is binding on Generations Family Practice, and Generations Family Practice may not thereafter use or disclose protected health information in violation of such restriction.
5. If the patient who requested the restriction is in need of emergency treatment and the restricted protected health information is needed to provide the emergency treatment, Generations Family Practice may use the restricted protected health information. It also may disclose such information to another health care provider to provide such treatment to the patient. If restricted protected health information is disclosed to another health care provider for emergency treatment, Generations Family Practice will request that the other health care provider make no further use or disclosure of the information.
6. Generations Family Practice may terminate its agreement to a restriction if:
 - a. The individual agrees to or requests the termination in writing;
 - b. The individual orally agrees to the termination and the oral agreement is documented; or
 - c. Generations Family Practice informs the individual that it is terminating its agreement to a restriction, except that such termination (i) is only effective with respect to protected health information created or received after Generations Family Practice has so informed the individual, and (ii) does not apply to protected health information relating solely to an item or service for which the patient paid out of pocket in full without resort to any third party payor.
7. Generations Family Practice will document its acceptance of a restriction and maintain such documentation for six (6) years.
8. A restriction agreed to by Generations Family Practice is not effective and does not prevent uses or disclosures:
 - a. when required by the Secretary of the Department of Health and Human Services to investigate or determine Generations Family Practice's compliance with the Privacy Rule;
 - b. where a patient's authorization, or the opportunity to agree or object, is not required; and
 - c. made prior to [Entity's] agreement to the restriction.

RESPONSIBILITY:

Responsibility for the content and administration of this Policy resides with the Privacy Officer and the Health Information Management Department.

ENFORCEMENT:

Violation of patient confidentiality policies will be grounds for disciplinary action, up to and including termination. In addition, persons violating patient confidentiality practices may be subject to civil and criminal liability under applicable law.

APPROVED FORMS:

Form: Request for Restriction on Use/Disclosure of Health Information
Form: Letter Denying Restriction on Use/Disclosure of Health Information
Form: Letter Approving Restrictions on Use/Disclosure of Health Information