



Harris County Hospital District

POLICY AND REGULATIONS MANUAL HIPAA ADMINISTRATIVE POLICY

Requests for Restricting Use
and Disclosure of Protected
Health Information

Policy No: 3.11.204
Page Number: 1 of 6

Effective Date: 06/26/03
Board Motion No: 03.6-270

**TITLE: REQUESTS FOR RESTRICTING USE AND
DISCLOSURE OF PROTECTED HEALTH
INFORMATION**

PURPOSE:

The purpose of this policy is to define the process for receiving, evaluating and responding to requests for restrictions on the use and disclosure of patient Protected Health Information (PHI).

This policy supports Harris County Hospital District's Health Insurance Portability and Accountability Act (HIPAA) policy and may require development of department specific procedures.

[Key words: Restrictions, Use, and Disclosure]

POLICY STATEMENT:

Pursuant to Federal and state Privacy laws, Harris County Hospital District will use reasonable efforts to comply with requests from patients to restrict the Use and Disclosure of their Protected Health Information. If HCHD can no longer abide by a restriction, the Privacy Officer, or designee, may terminate a restriction.

POLICY ELABORATION:

I. DEFINITIONS

- A. Acceptance – To agree to assume the obligation to abide by the requested restrictions regarding the Use and Disclosure of Protected Health Information.
- B. Disclosure – The release of information outside the facility.
- C. Protected Health Information (PHI) - Individually Identifiable patient Health Information in any form, including demographic



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Policy No: 3.11.204
Page Number: 2 of 6

Effective Date: 06/26/03
Board Motion No: 03.6-270

information, that is created or received by a healthcare provider, and relates to the patient's healthcare condition, provision of healthcare, or payment for the provision of healthcare.

- D. Use – With respect to Individually Identifiable Health Information, the sharing, employment, application, utilization, examination, or analysis of such information within an entity that maintains such information.

II. REQUESTS FOR RESTRICTIONS ON USE AND DISCLOSURE OF PHI

- A. A patient has the right to request that Harris County Hospital District (HCHD) restrict its Use or Disclosure of PHI in the following circumstances:
1. Treatment, Payment, or Healthcare Operations (TPO), or
 2. Individuals involved in the patient's care.
- B. Harris County Hospital District is not required to accept the requested restriction. However, if Harris County Hospital District agrees to the restriction, it must not violate the Restriction except when the patient requires emergency treatment and the restricted PHI is needed to provide such treatment. Under emergency situations, presumptive authorization is inferred. In such case, Harris County Hospital District may use or disclose the restricted PHI to a healthcare provider to provide emergency treatment to the patient if Harris County Hospital District requests the healthcare provider not to further use or disclose the PHI.



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and Disclosure of Protected
Health Information

Policy No: 3.11.204
Page Number: 3 of 6

Effective Date: 06/26/03
Board Motion No: 03.6-270

III. PROCESSING REQUESTS FOR RESTRICTIONS ON USE AND DISCLOSURE OF PHI

- A. Requests for restrictions on Use and Disclosure of PHI shall be submitted to the HCHD Privacy Officer, or designee.
- B. If Harris County Hospital District denies a request for restriction, the HCHD Privacy Officer, or designee, shall inform the patient of the decision in writing.
- C. Requests for restrictions and the Harris County Hospital District's decision to accept or deny the requests shall be prominently documented in the patient's medical and billing records.
- D. If Harris County Hospital District accepts the request for Restriction, Harris County Hospital District must maintain the documentation of the restriction for six (6) years from the date the document was created or the date on which it was last effective, whichever is later.
- E. Accepted Restrictions and terminated restrictions shall be communicated to all areas involved in the Use or Disclosure of the patient's PHI, including but not limited to: clinical staff and providers; HIM Department; Patient Business Services; other HCHD support services; Business Associates who may have received the PHI; and providers to whom PHI has been disclosed in an emergency care situation.

IV. TERMINATION OF RESTRICTIONS ON USE AND DISCLOSURE OF PHI

- A. HCHD Privacy Officer, or designee, may terminate a previously approved restriction on use and disclosure of PHI.



Harris County Hospital District

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Requests for Restricting Use
and Disclosure of Protected
Health Information

Policy No: 3.11.204
Page Number: 4 of 6

Effective Date: 06/26/03
Board Motion No: 03.6-270

- B. HCHD Privacy Officer, or designee, must inform the patient of the termination and document the communication of the termination in the patient's medical and billing records. Such unilateral termination is only effective for PHI created or received after HCHD Privacy Officer, or designee, has informed the patient of the termination.
- C. The patient's, or patient's personal representative's, request for restrictions may be written or orally expressed and documented on the Request for Restriction on Use and Disclosure of Patient Information [Form 282020(06/03)], by the Workforce member who communicated with the patient, or patient's representative.

REFERENCES/BIBLIOGRAPHY:

- Policy 3.11.000, HCHD HIPAA Policy
- Policy 3.11.105, Use and Disclosure of Protected Health Information for Treatment, Payment, and Health Care Operations
- Policy 3.11.201, Use and Disclosure of Protected Health Information for Facility Directories
- Policy 3.11.303, Patient's Access to the Designated Record Set
- Policy 3.11.304, Accounting of Disclosures of Protected Health Information
- Policy 3.11.306, Permitted Use and Disclosure of Protected Health Information Without Authorization

OFFICE OF PRIMARY RESPONSIBILITY:

Office of Privacy Administration.



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Requests for Restricting Use
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Health Information

Policy No: 3.11.204
Page Number: 5 of 6

Effective Date: 06/26/03
Board Motion No: 03.6-270

REVISION HISTORY:

Record revisions below:

Effective Date	Version	Approved by:
04/14/03	V1.0	Policy Review Committee

Request for Restriction on Use and Disclosure of Patient Information

I hereby request the following restrictions for use and disclosure of patient information contained in medical records or billing records maintained by Harris County Hospital District.

Restriction Request:

Harris County Hospital District is not required to accept your request. However, if we do, we will comply with your request unless the information is needed to provide you with emergency treatment. If we can no longer comply with the request, we will notify you in writing of the termination of the agreed to restriction.

Signature _____ Date _____

Printed Name _____

Relationship if not Patient _____

Personal Representative's Address
(if applicable) _____

Acceptance/Denial Response
For Harris County Hospital District Use Only:

The above request has been **accepted/denied** (circle one).

Your request for restrictions has been denied for the following reason/s:

[Signature of Privacy Officer or Designee] [Date]