



UNIVERSITY HOSPITAL

Newark, New Jersey

UNIVERSITY HOSPITAL POLICY

SUBJECT:	COMPLIANCE AND PRIVACY	TITLE:	REQUESTS FOR RESTRICTION OF USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION		
CODING:	831-200-960	ADOPTED:	July 1, 2013	AMENDED/ REVIEWED:	

I. PURPOSE

To establish a policy to ensure University Hospital's (UH) compliance with the Health Insurance Portability and Accountability Act (HIPAA) in providing an individual the right to restrict uses and disclosures of Protected Health Information (PHI).

II. ACCOUNTABILITY

Under the direction of the President/CEO, General Counsel, the Chief Compliance and Privacy Officer, the Department Heads shall ensure compliance with this policy.

III. APPLICABILITY

This policy shall apply to health information that is generated during provisions of health care to patients in any of UH's patient care Departments.

III. DEFINITIONS

A. Protected Health Information (PHI): Protected health information means individually identifiable health information that relates to the past, present or future physical or mental health or condition of an individual, the provision of health care to an individual or the past, present or future payment for the provision of health care to an individual and identifies or could reasonably be used to identify the individual.

1. Except as provided in paragraph two (2) of this definition that is: a) transmitted by electronic media; b) maintained in electronic media; or c) transmitted or maintained in any other form or medium

2. Protected health information excludes individually identifiable health information in: a) Education records covered by the Family Educational Rights and Privacy Act, as amended, 20 U.S.C. 1232g; b) Records described at 20 U.S.C. 1232g(a)(4)(B)(iv); and c) Employment records held by a covered entity in its role as employer.

B. Designated record set - Medical or billing records about individuals maintained by or for a healthcare provider; the enrollment, payment, claims adjudication, and case or medical management record systems maintained by or for a health plan; or records used in whole or in part by or for the provider to make decisions about individuals.

IV. REFERENCES

- A. Code of Federal Regulations Title 45, Section 164, Part 522, Right to Request Privacy Protection for Protected Health Information
- B. Uses and Disclosures of Health Information With and Without Authorization Policy #831-200-954

The following policies provide additional and related information:

- C. Standards for Privacy of Individually Identifiable Health Information Policy #831-200-963
- D. Access of Individuals to Protected Health Information Policy #831-200-955

V. POLICY

A. Requirements:

1. Departments must permit an individual to request that it restrict:
 - uses and disclosures of PHI about the individual to carry out treatment, payment or health care operations (TPO); and
 - disclosures related to involvement in an individual's care.

The Request for Restriction of Health Information form can be accessed on the UH website.

2. Departments may, however, deny the request.
3. All requests for restrictions and termination of the agreement to restrict must be in writing.
4. All requests made for restrictions to PHI must be made to the individual designated by the Chief Compliance and Privacy Officer.

B. Responsibilities:

1. UH must review all requests that are made by individuals to restrict use and disclosure of the individuals PHI; however, UH is not required to agree to the restrictions requested if UH determines that the restrictions would interfere with legitimate treatment, payment or health care operations.
2. If a department agrees to an individual's restriction request, the restriction must be appropriately documented and such documentation be retained. Also, the restriction must be communicated in a manner as to assure that anyone accessing the information becomes aware of the restriction. For example, clearly indicate the restriction on the face of the chart or somewhere obvious to anyone accessing the chart.
3. If a department agrees to an individual's restriction request, UH is not permitted to use or disclose the specified PHI in any manner, except in the event that the individual is in need to emergency treatment and the restricted PHI is needed to provide such treatment. In this case, the department may use the restricted PHI or disclose the PHI to a healthcare provider to provide such treatment to the individual. In this event, UH must request that such health care provider not further use or disclose the information.
4. A department may terminate its agreement to a restriction if:
 - the individual agrees to or requested the termination in writing;
 - the individual orally agrees to the termination and the oral agreement is documented; or

- the department informs the individual that it is terminating its agreement to restriction.
5. In the event that a department, for any of the above mentioned reasons, terminates the agreement to restriction, the termination is only effective with respect to PHI created or received after it has so informed the individual.

APPROVALS BY:	NAME:	SIGNATURE:
President and CEO	James R. Gonzalez	
General Counsel	Paul Wermuth	
Interim Chief Compliance and Audit Officer	John W. Ras	