



TOPIC: CLIENT REQUEST TO RESTRICT USE/DISCLOSURE OF PHI

**JULY 2023** 

#### ADMINISTRATIVE PRACTICES MANUAL

# Client Request to Restrict the Use and/or Disclosure of PHI

### **PURPOSE**

To set forth procedures for requests to restrict the use and disclosure of Protected Health Information (PHI).

## **PROCEDURE**

## Request for Restriction of Use or Disclosure of PHI

- 1. A request for a restriction will be completed by the client/patient or the workforce member using the **Restriction Request Form** and should be given to the HIPAA Privacy & Security Officer.
- 2. The Dane County covered component will respond to the request within 60 days whether the request will be granted.
- 3. The Dane County covered component may approve a client's/patient's request to restrict disclosure of PHI:
  - a. For the purpose of treatment, payment or health care operations;
  - b. To person's involved in the client's/patient's health care; or
  - c. To notify family members or others about the client's/patient's general condition, location or death.
- 4. The Dane County covered component is not required to agree to the restriction unless the disclosure:
  - a. it is to a health plan for purposes of carrying out payment or health care operations (not for treatment);
  - b. not otherwise required by law; and
  - c. PHI that pertains to a health care item or service for which the health care provider involved has been paid out-of-pocket in full by an individual.
- 5. If the agreed upon restriction(s) hampers treatment, a workforce member may ask the individual to modify or revoke the restriction(s). The Dane County covered component may require written agreement to the modification/revocation or document the client/patient's oral agreement. If the client/patient does not agree to the modification or revocation, the Dane County covered component can deny the request (as long as section 4 above does not apply).
- 6. If the Dane County covered component grants the restriction, then the covered component will:
  - a. Notify the client/patient that the request has been granted utilizing the **Response to Request for Restriction** form.
  - b. Ensure the restriction is documented in the client's/patient's record in a manner that ensures compliance with the restriction. The Dane County covered component will flag documents with any PHI pertaining to out-of-pocket restrictions to ensure restricted PHI is not inadvertently disclosed for payment or health care operations purposes.
  - c. The Dane County covered component will inform the individual that the restriction(s) will be honored with the following exceptions:
    - i. Emergency treatment situations in which Dane County may use or disclose information to a health care provider for providing treatment. Dane County will

- request that the emergency treatment provider not further use or disclose the information;
- ii. The restriction is terminated by either the Dane County covered component or the client/patient;
- iii. To the extent applicable, if restrictions prevent uses or disclosures permitted or required under HIPAA.
- iv. Where the PHI requested for restriction was used, disclosed, or released prior to the request.
- 7. If a client's/patient's restriction request includes PHI received from an external entity, the client/patient will be directed by the Dane County covered component to the entity or organization where the PHI originated.
- 8. The Dane County covered component will notify any Business Associate to which the restriction(s) may apply.
- 9. If the request for restriction is denied, The Dane County covered component will complete the **Response to Request for Restriction** form.

#### **Emergency Situations**

Emergency situations are circumstances in which The Dane County covered component may use or disclose PHI in a manner contrary to an agreed upon restriction. In order to use or disclose the PHI in an emergency situation, the following must occur:

- 1. The client/patient that requested the restriction must be in need of emergency treatment, and the restricted PHI must be necessary to provide the emergency treatment.
- 2. The Dane County covered component will inform the emergency treatment health care provider that they may not further use or disclose the restricted PHI.

#### Termination of Restriction

Dane County may terminate restrictions when the client/patient requests the termination in writing, or the client/patient orally requests the termination and a workforce member documents the termination. If Dane County is going to terminate the restriction, Dane County must inform the client/patient. Dane County's termination is only effective for PHI created or received after the termination notice is provided and only when Dane County is not required to agree to the restriction.

#### DOCUMENTATION

Dane County will maintain the documentation associated with this policy for a minimum of seven years.

#### **ROLES & RESPONSIBILITIES**

The HIPAA Privacy & Security Officer is responsible for the implementation, maintenance, and adherence to this policy.

#### **RELATED DOCUMENTS**

Definitions

**Restriction Request form** 

Response to Request for Restriction form

### **DOCUMENT VERSION HISTORY**

Original: 08/2023