

HARBOR-UCLA MEDICAL CENTER

**SUBJECT: RIGHT TO REQUEST RESTRICTION ON THE USES AND DISCLOSURES
OF PROTECTED HEALTH INFORMATION POLICY NO. 709****PURPOSE:**

To establish a policy and procedure pursuant to the Health Information Portability and Accountability Act of 1996 (HIPAA Privacy Rule) to ensure patient's rights to request restrictions on the use and disclosure of their Protected Health Information.

POLICY:

Harbor-UCLA Medical Center will allow a patient to request a restriction on the use and disclosures of his or her Protected Health Information (PHI).

DEFINITIONS:

Protected Health Information (PHI) means individually identifiable information relating to past, present or future physical or mental health or condition of an individual, provision of health care to an individual, or the past, present or future payment for health care provided to an individual.

PROCEDURE:

1. Harbor-UCLA Medical Center shall permit a patient to request to restrict the use and disclosure of Protected Health Information for treatment, payment, and health care operations purposes, and disclosure to those involved in the individual's care or payment for such individual's care and for notification purposes. The patient must complete and submit the ***Patient's Request for Restriction on the Use and Disclosure of Health Information*** form (Attachment A), which will be available in the Medical Records Information (MRI) Office, PCDC, Rm. 101. MRI staff will enter request in the HIS/Correspondence Log, and refer request to the Privacy Coordinator for review and instructions on processing the request.
2. Harbor-UCLA Medical Center is not required to agree to the individual's request for restriction.
3. If Harbor-UCLA Medical Center agrees to such a restriction, Harbor-UCLA Medical Center may not use or disclose Protected Health Information in violation of such restriction, unless as specified within this policy and procedure
4. Harbor-UCLA Medical Center/MRI staff will notify the individual in writing as to whether or not Harbor will agree to or deny the restriction request using the ***Response to Request for Special Restriction on Use or Disclosure of Protected Health Information*** form (Attachment B).

EFFECTIVE DATE: 04/14/03**SUPERSEDES****REVISED:****REVIEWED: 12/08, 03/14, 07/17****REVIEWED COMMITTEE: N/A****APPROVED BY:**

Kim McKenzie, RN, MSN, CPHQ
Chief Executive Officer

Anish Mahajan, MD
Chief Medical Officer

Patricia Soltero Sanchez, RN, BSN, MAOM
Chief Nursing Officer

Signature(s) on File.

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- a. The MRI staff will complete the above form and send to individual requesting the restriction of PHI.
 - b. Response information will be entered in HIS/Correspondence Log in “Comments” field.
5. Harbor-UCLA Medical Center is not required to abide by the agreed upon restriction in the following situation(s):
- a. 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;
 - b. If restricted Protected Health Information is disclosed to a health care provider for emergency treatment, Harbor-UCLA Medical Center will request that such health care provider not further use or disclose the information.
6. If Harbor-UCLA Medical Center agrees to a patient’s requested restriction, the restriction does not apply to the following uses and disclosures:
- a. To the Secretary of the Department of Health and Human Services to investigate or determine Harbor-UCLA Medical Center’s compliance with the HIPAA Privacy Rule;
 - b. Facility directories;
 - c. Instances for which an authorization or opportunity to agree or object is not required, such as judicial and administrative purposes; health oversight; research; law enforcement; public health; to avert a serious threat to health and safety; cadaveric organ, eye, or tissue donation; decedents; Workers’ Compensation; victims of abuse, neglect, or domestic violence; specialized government functions; or required by law.
7. Harbor-UCLA Medical Center may terminate its agreement to a restriction in the following situations:
- a. The patient agrees to or requests the termination in writing;
 - b. The patient orally agrees to the termination and the oral agreement is documented;
 - c. Harbor-UCLA Medical Center informs the patient that it is terminating its agreement to a restriction. Such termination is only effective with respect to Protected Health Information created or received after it has so informed the patient.
 - d. MRI enters the termination date and reason in the HIS/Correspondence Log in “Comments” field. When the medical record is obtained, the documentation is filed in the medical record.
8. Harbor-UCLA Medical Center will retain all documents created or completed under this policy for a period of at least six years from the date of its creation or the date when it was last in effect, whichever is later.

REFERENCES:

45 Code of Federal Regulations § 164.522(a).

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ATTACHMENT A



PATIENT'S REQUEST FOR RESTRICTION ON THE USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION

Patient Name: _____ Date: _____
Date of Birth: _____ Medical Record #: _____

1. I understand that DHS may use or disclose my protected health information ("PHI") for the purposes and under the circumstances described in the DHS Notice of Privacy Practices, and that otherwise, DHS must not use or disclose my PHI.

2. I understand that I may request DHS to refrain from certain uses or disclosures of my PHI that the law would otherwise allow. Specifically, I understand that I may request DHS to refrain from using or disclosing my PHI for any of the following purposes:

- a. For my treatment;
b. To obtain payment for services rendered to me;
c. For its various "health care operations", as defined by federal law;
d. If I am an inpatient and do not object, to provide very limited information about my location and general status from its facility directory to persons who ask for me by name and to members of the clergy;
e. If I do not object, to family members, individuals involved in my care or payment for my care; and
f. If I do not object, to disaster relief agencies.

3. I also understand that even though I have the right to ask that DHS not make one or more of these disclosures, DHS does not have to agree to my request.

4. If you ask us to restrict our uses and disclosures of your PHI even more than the law requires, and if we agree to do so, we are required to honor that agreement. We will notify you in writing as to whether or not DHS approved or denied your restriction request. Until a decision is made, we will continue to use and disclose your PHI as allowed or required by law.

5. I hereby request that DHS agree to limit its use or disclosure of my PHI as follows:
a. The information I want to have specially protected is:

Four horizontal lines for handwritten text.

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- b. I want to limit:
 - The inside use of this information by DHS (i.e., the communication of this PHI among DHS workforce personnel for otherwise lawful purposes).
 - The outside disclosure of this information by DHS (i.e., the communication of this PHI to persons or organizations outside of DHS, for otherwise lawful purposes).
 - Both the inside use and the outside disclosure of this information.
- c. Complete, only if applicable: I do not want the following person/entity to receive the information described in paragraph 5(a) above:

NOTE: If LACDHS agrees to the requested restriction, we may still use or disclose the information in the following circumstances:

- If you are in need of emergency treatment and the restricted information is needed to provide emergency treatment. In this circumstance, LACDHS may use the restricted protected health information itself or may disclose the restricted protected health information to a health care provider to provide treatment to you. If the restricted protected health information is disclosed to another health care provider for your emergency treatment, LACDHS will ask the health care provider not to further use or disclose the protected health information.
 - For certain public health activities.
 - For reporting abuse, neglect, or domestic violence.
 - For health agency oversight activities, law enforcement purposes, and specialized government functions.
 - For judicial or administrative proceedings.
 - For identifying decedents to coroner and medical examiners or determining a cause of death.
 - For organ procurement purposes.
 - For certain research activities.
 - For workers' compensation programs
 - For uses or disclosures otherwise required by law.
- d. If an additional restriction is agreed to, it may be terminated if:
 - I request, or agree to, the termination in writing
 - I orally agree to the termination and the oral agreement is documented
 - DHS informs me that it is terminating the agreement. In this case, the termination is only effective for PHI created by LACDHS or received by LACDHS after I am notified of the termination

Signature of patient or representative: _____

If representative, give relationship: _____

Approved by: _____ Title: _____ Date: _____

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USE OFFICIAL COUNTY/FACILITY LETTERHEAD

RESPONSE TO REQUEST FOR SPECIAL RESTRICTION ON USE OR DISCLOSURE OF
PROTECTED HEALTH INFORMATION

{insert date}

{insert individual's address}

Dear {insert Mr. Mrs. Miss and name}

On {insert date}, you requested that {insert facility name} restrict its use or disclosure of protected health information.

- This facility agrees to the restriction you requested.
- This facility has determined that it must deny your request
- Basis for denial (if applicable):

Even if the Department of Health Services (DHS) agrees to the requested restriction, DHS may still use or disclose the information in the following circumstances:

- If you are in need of emergency treatment and the restricted information is needed to provide emergency treatment. In this circumstance, DHS may use the restricted information itself, or may disclose the restricted Protected Health Information to a health care provider to provide treatment to you. If the restricted information is disclosed to another health care provider for emergency treatment, the facility will request the health care provider not to further use or disclose the Protected Health Information.
 - **For certain public health activities;**
 - For reporting abuse, neglect, domestic violence;
 - For health agency oversight activities, law enforcement purposes and specialized government functions;
 - For judicial or administrative proceedings;
 - For identifying decedents to coroner and medical examiners or determining a cause of death;
 - For organ procurement purposes;
 - For certain research activities;
 - For workers' compensation programs; and
 - For uses and disclosures required by law.
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USE OFFICIAL COUNTY/FACILITY LETTERHEAD

**RESPONSE TO REQUEST FOR SPECIAL RESTRICTION ON USE OR DISCLOSURE OF
PROTECTED HEALTH INFORMATION**

Even if a special restriction is agreed to, it may be terminated if:

- You request, or agree to, the termination in writing
- You verbally agree to the termination and the verbal agreement is documented
- The facility informs you that it is terminating the agreement. In this case, the termination is only effective for PHI created by the facility or received by the facility after you are notified of the termination.

For more information about your health privacy rights, ask a staff member for a copy of our **Notice of Privacy Practices**. You may also obtain a copy by visiting our website at <http://www.dhs.co.la.ca.us/>.

Thank you for providing us with this opportunity to assist you and we look forward to continuing to serve your health care needs.

Sincerely,

Facility Representative