



Los Angeles County Department of Health Services

Policy & Procedure Title:		Right to Request Restrictions On The Uses and Disclosures of Protected Health Information (PHI)	
Category:	300-399 Operation Policy	Policy No.:	361.5
Effective Date:	4/14/2003	Update (U)/Revision (R):	10/08/2014 (U)
DHS Division/Unit of Origin:	Audit & Compliance		
Policy Contact – Employee Name and Title and/or DHS Division: Jennifer Papp, DHS Privacy Officer, Audit & Compliance			
Contact Phone Number (s):	(213) 240-7741		
Distribution: DHS-wide <input checked="" type="checkbox"/>	If not DHS-wide, other distribution:		

PURPOSE:

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The purpose of this policy is to ensure patient’s rights to request restriction on the use and disclosure of their Protected Health Information in accordance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA Privacy Rule).

POLICY:

DHS will allow an individual to request a restriction on the use and disclosure 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.

Individual as used in this policy includes patient as well as designated legal representative.

The mission of the Los Angeles County Department of Health Services is to ensure access to high-quality, patient-centered, cost-effective health care to Los Angeles County residents through direct services at DHS facilities and through collaboration with community and university partners.

Revision/Review Dates: 11/20/2008
Department Head/Designee Approval:

PROCEDURES:

1. DHS shall permit an individual to request to restrict the use and disclosure of Protected Health Information for treatment, payment and health care operations purposes, and disclosure to 1) those involved in the patient's care or payment for such patient's care, 2) for notification purposes, 3) if the disclosure is not required by law, and 4) the individual (including another health plan) pays for the item or service out-of-pocket in full. The individual must complete and submit a request to the facility that contains:
 - A. the info the patient wants to limit
 - use or disclosure or both
 - to whom the patient wants limit to apply
2. DHS is not required to agree to the individual's request for restriction.
3. If DHS agrees to such a restriction, DHS may not use or disclose Protected Health Information in violation of such restriction, unless as specified within this policy and procedure.
4. DHS will notify the individual in writing whether the restriction request was approved or denied. The facility may use the ***Response to Request for Special Restriction on Use or Disclosure of Protected Health Information*** form
5. DHS is not required to abide by the agreed upon restriction in the following situation(s):
 - a. If the individual who request 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, DHS will request that such health care provider to not use or disclose the information for any other person.
6. If DHS agrees to an individual's request 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 DHS' 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 and safety; cadaveric organ, eye, or tissue donation; decedents; Workers' Compensation; victims of abuse,

neglect, or domestic violence; specialized government functions; or as required by law.

7. DHS may terminate its agreement to a restriction in the following situations:

- a. The individual agrees to or request the termination in writing;
- b. The individual orally agrees to the termination and the oral agreement is documented;
- c. DHS informs the individual 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 individual.

8. Out-of-Pocket Payments

An individual may also request DHS to restrict disclosure of treatment or services provided that were paid out-of-pocket to a health plan or insurance. DHS must agree to this request unless the law requires us to share that information.

9. Communication/Notification and Documentation of the Patient's Request

a. Upon Admission

If upon admission the patient indicates to registration staff that he/she desires to restrict the release of information, registration staff will document such in the patient's medical record

- The request to restrict disclosure
- To whom the disclosures are restricted

b. During Admission or Treatment

If during admission or treatment, the patient indicates to staff the desire to restrict release of information, the staff person will:

- Document the patient's request for restriction in the medical record
- Notify HIM of the patient's request and document notification of HIM in the medical record
- HIM will enter the restriction on release of information into the patient's medical record and place an alert on the patient's medical record

c. After Discharge

If post-discharge, the patient request restriction on the release of information, the request must be made to HIM. The patient may use the "***Patient's Request for Restrictions of Use and Disclosure of Health Information***" form to submit the request.

If the patient chooses to use the "***Patient's Request for Restrictions of Use and Disclosure of Health Information***" form, staff will locate the form on the DHS intranet or obtain the form from HIM to provide to the patient.

10. Document Retention

DHS 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.

ATTACHMENTS/FORMS:

Forms referenced in this policy may be obtained through the DHS Sharepoint intranet website, under Forms.

- Patient's Request for Restrictions of Use and Disclosure of Health Information
- Response to Request for Special Restriction on Use or Disclosure of Protected Health Information

REFERENCES/AUTHORITY:

45 Code of Federal Regulations, 164.522(a)