



Title:	Patient Right to Request Privacy Protection for Protected Health Information Procedure	Reference Number:	HQ 5.2.12
Signature:	Chief Compliance, Audit & Privacy Officer	Effective Date:	7/28/2023
Approved by:	Audit and Compliance Committee	Page #:	Page 1 of 2
<input checked="" type="checkbox"/> Health Quest Systems, Inc. <input checked="" type="checkbox"/> Northern Dutchess Hospital <input checked="" type="checkbox"/> Putnam Hospital Center <input checked="" type="checkbox"/> Sharon Hospital <input checked="" type="checkbox"/> Vassar Brothers Medical Center <input checked="" type="checkbox"/> Heart Center <input checked="" type="checkbox"/> HQ Home Care <input checked="" type="checkbox"/> HQ Medical Practice <input checked="" type="checkbox"/> Sharon Hospital Medical Practice <input checked="" type="checkbox"/> Thompson House <input checked="" type="checkbox"/> Other HQ Entities Not Listed Above			

PROCEDURE STATEMENT:

Health Quest Systems, Inc. and its' affiliates ("HQ") will provide a patient with a process to request a restriction to the use or disclosure of their protected health information (PHI). HQ will review and honor such requests, as required by law.

PROCEDURE:

1. When a patient submits a completed Request for Restrictions form (Attachment A) to the HQ Affiliate, the request must be reviewed to ensure it is fully and accurately completed, that the requestor can produce photo ID to verify identity and appropriate signatures are evident on the form.
 - a) Reviewed by the HQ Chief Compliance, Audit & Privacy Officer or their designee to determine if the request to restrict the use of Protected Health Information (PHI) for treatment, payment or healthcare operations can be honored.
 - a) If the HQ Affiliate is unable to honor the requested restriction, a copy of the Request for Restriction form will be sent to the patient by HQ Chief Compliance, Audit & Privacy Officer or individuals charged with the responsibility of oversight of Designated Record Set
 - b) If the HQ Affiliate honors the Request to Restrict, confidential healthcare information may not be released for the reason agreed to on the request for restriction or unless the information is needed to provide emergency treatment to the patient or as required by law.
 - c) If the information is released for emergency treatment to the patient, the HQ Affiliate must request that the person(s) providing the treatment not further use or release the confidential healthcare information except as required by law.

2. When a patient submits a completed Request for Restriction of Disclosure of PHI to health plans to the HQ Affiliate, the HQ Affiliate must comply with the requested restriction if the health information pertains to a health care item or service for which the HQ Affiliate was involved, and the patient paid for the item or service in full out-of-pocket. HQ Affiliates have no obligation to notify other health care providers of the requested restrictions; in order for the restrictions to apply to other health care providers, or to care by HQ Affiliates other than on the date(s) identified on the request form, the patient must request a similar restriction when care is rendered and pay out-of pocket for that care.



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3. The HQ Affiliate may terminate an agreement to restrict the use of confidential healthcare information if:
 - a) The patient agrees or requests the agreement to be terminated in writing.
 - b) The patient agrees or requests the agreement to be terminated verbally and the termination is documented in the patient's medical record.
 - c) HQ informs the patient that the agreement to restrict confidential healthcare information is terminated. Information gathered during the terms of the restriction will continue to be restricted. Information gathered after the termination of the agreement will not be restricted.

4. Evidence of agreements of restriction and the termination of such agreements must be made in the patient's medical record. This information is to be maintained by the HQ Affiliate in accordance with the HQ Document Retention and Destruction Policy.

REFERENCES:

45 CFR §164.522

HQ 5.1.06 Document Retention and Destruction Policy and Procedure

HQ 5.2.12 Patient Right to Request Privacy Protection for Protected Health Information Policy

ENFORCEMENT:

All individuals whose responsibilities are affected by this process are expected to be familiar with the basic procedures and responsibilities created by this process. Failure to comply with this process will be subject to appropriate remedial and/or disciplinary action, up to and including termination of any employment or other relationship, in accordance with this process.

POLICY HISTORY:

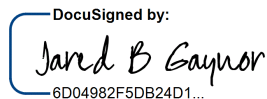
Supersedes: 7/27/2020

Original Implementation Date: 2/27/2014

Date Reviewed: 7/27/2022, 7/28/2023

Date Revised: 2/27/2014, 7/11/2018, 7/25/2019, 7/27/2020, 7/27/2021, 7/27/2022

APPROVAL:

DocuSigned by:

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Policy Owner

8/2/2023

Date