



Title:	Patient Right to Request Privacy Protection for Protected Health Information	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 1
<input checked="" type="checkbox"/> Health Quest Systems, <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			

PURPOSE:

The purpose of this policy is to respond appropriately to requests from patients to restrict the use or disclosure of their Protected Health Information ("PHI").

POLICY:

It is the policy of the Health Quest Systems, Inc. and its' affiliates ("HQ"), to permit a patient to request a restriction on the use or disclosure of their PHI as required by law.

REFERENCES:

45 CFR §164.522

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

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, 8/8/2018, 7/25/2019, 7/27/2020, 7/27/2021, 7/27/2022

APPROVAL:

DocuSigned by:  6D04982E5DB24D1	8/2/2023
Policy Owner	Date