

## POLICY INFORMATION

**Policy Title:** Request for Restriction on Uses and Disclosures of PHI Policy and Procedure

**Departmental Owner:** Chief Compliance, Audit, and Privacy Officer

**Version Effective Date:** 2/28/24

**Last Reviewed:** 2/28/24

## SCOPE

This policy applies to the following individuals and/or groups:

All of the below categories

All Employees  CT Employees  NY Employees  Remote Employees  Contractors  Volunteers  Students/Interns  Vendors

This policy applies to all above listed Nuvance Health workforce members including but not limited to the following locations:

All of the below entities

Nuvance Health Systems

Danbury Hospital (including New Milford Hospital Campus)

Northern Dutchess Hospital

Norwalk Hospital

Putnam Hospital

Sharon Hospital

Vassar Brothers Medical Center

Health Quest Systems, Inc. "(HQSI)"

Health Quest Home Care, Inc

Hudson Valley Cardiovascular Practice, P.C. (aka The Heart Center) ("HVCP")

Other HQSI-affiliated Entities Not Listed

Western Connecticut Home Care, Inc ("WCHN")

Western Connecticut Health Network Physician Hospital Organization ACO, Inc.

Western Connecticut Home Care, Inc

Other WCHN-affiliated Entities Not Listed

Nuvance Health Medical Practices (NHMP PC, NHMP CT, ENYMS & HVCP)

## POLICY STATEMENT/PURPOSE

To establish a policy to ensure Nuvance Health and its affiliates ("Nuvance") compliance with the Health Insurance Portability and Accountability Act ("HIPAA") in providing an individual the right to request restrictions regarding the uses and disclosures of their Protected Health Information ("PHI").

## DEFINITIONS

See HIPAA Glossary

## POLICY

It is the policy of Nuvance to permit individuals the right to request that Nuvance restrict the uses and disclosures of PHI about the individual to carry out treatment, payment or health care operations; and disclosures related to involvement in an individual's care set forth in 45 CFR 164.510(b). Nuvance is not required to agree to a restriction unless it involves a disclosure to a health plan in circumstances where the disclosure is for the purpose of carrying out payment or health care operations and is not otherwise required by law; and the PHI pertains solely to a health care item or service for which the individual, or person other than the health plan on behalf of the individual, has paid the covered entity in full.

Original Effective Date: LHQ= 4/15/03

Revision Dates: 2/28/24

Supersedes: HQ 5.2.14 Request for Restriction on Uses and Disclosures of PHI Policy;  
HQ 5.2.14 Request for Restriction on Uses and Disclosures of PHI Procedure

## PROCEDURE

Nuvance Health has an effective and timely process for the handling of requests to restrict the use and disclosure of PHI.

1. The Privacy Officer or designee must review all requests that are made by individuals to restrict use and disclosure of the individuals PHI; however, Nuvance is not required to agree to the restrictions requested if Nuvance determines that the restrictions would interfere with legitimate treatment, payment or health care operations.
2. All requests for restrictions and termination of the agreement to restrict must be in writing.
3. Should the patient request his/her PHI be restricted, the patient must complete and sign the "Request for Restriction" form. (refer to the policy "Patient Rights to Request Privacy Protection for Protected Health Information")
4. All requests made for restrictions to PHI must be made to the individual designated by the Privacy Officer.
5. The organization will document in the medical record the request to restrict access to the patient's PHI. A copy of the form will be sent to the billing department if applicable. The request is to be linked to each record of care.
6. If Nuvance Privacy Officer or designee agrees to an individual's restriction request, the restriction must be appropriately documented, and such documentation be retained. Also, the restriction must be communicated in a manner as to assure that anyone accessing the information becomes aware of the restriction. For example, clearly indicate the restriction on the face of the chart or somewhere obvious to anyone accessing the chart.
7. The completed "Request for Restriction" form is to be maintained in the patient's designated record set.
8. If Nuvance Privacy Officer or designee agrees to an individual's restriction request, Nuvance is not permitted to use or disclose the specified PHI in any manner, except in the event that the individual is in need to emergency treatment and the restricted PHI is needed to provide such treatment. In this case, Nuvance may use the restricted PHI or disclose the PHI to a healthcare provider to provide such treatment to the individual. In this event, Nuvance must request that such health care provider not further use or disclose the information.
9. The Privacy Officer or designee may terminate its agreement to a restriction if:
  - a. the individual agrees to or requested the termination in writing;
  - b. the individual orally agrees to the termination and the oral agreement is documented; or
  - c. the department informs the individual that it is terminating its agreement to restriction.
10. In the event that Nuvance, for any of the above-mentioned reasons, terminates the agreement to restriction, the termination is only effective with respect to PHI created or received after it has so informed the individual.
11. Requests to modify or terminate a restriction should be in writing and sent to the Privacy Officer. It will be reviewed and promptly responded to. A centralized log will be maintained, and as necessary, periodic review of the log made to confirm the continued applicability of the restriction.

## ENFORCEMENT

All individuals whose responsibilities are affected by this policy are expected to be familiar with the basic procedures and responsibilities created by this policy. Failure to comply with this policy 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 policy.

## REFERENCES

45 CFR § 164.522

45 CFR 164.510(b)

Patient Rights to Request Privacy Protection for Protected Health Information Policy

APPROVAL

DocuSigned by:

*Jared B Gaynor*

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Signature

2/28/2024

Date