

Requests by Patients for Restrictions on Uses and Disclosures of Protected Health Information

RATIONALE

The Health Insurance Portability and Accountability Act (HIPAA) permits requests by patients for restrictions on uses and disclosures of protected health information (PHI). Additionally, it permits covered entities to refuse to agree to certain requests for restrictions, except in some circumstances when the health information relates solely to a health care item or service paid for by the patient or by a person other than the health plan on behalf of the patient.

PURPOSE

This Requests by Patients for Restrictions on Uses and Disclosures of Protected Health Information policy (Policy) establishes and describes Palmer College of Chiropractic's (College) expectations regarding requests by patients for restrictions on uses and disclosures of PHI.

SCOPE

This Policy applies to the entire College community, which is defined as including the Davenport campus (Palmer College Foundation, d/b/a Palmer College of Chiropractic), West campus (Palmer College of Chiropractic West) and Florida campus (Palmer College Foundation, Inc., d/b/a Palmer College of Chiropractic Florida) and any other person(s), groups, or organizations affiliated with any Palmer campus.

DEFINITIONS

For the purposes of this Policy, the following terms shall have the meanings specified below:

- > The term **“College”** refers to Palmer College of Chiropractic, including operations on the Davenport campus; West campus; and Florida campus.
- > The term **“College community”** refers to all students, faculty, staff (including administration), and any other person(s), groups, or organizations affiliated with any Palmer campus.

- > The term “**covered entity**” refers to a health plan, health care clearinghouse, or health care provider that transmits any health information in electronic form in connection with a transaction covered by HIPAA.
- > The term “**designated record set**” refers to a group of records which are maintained by or for the PCC HCC and which (1) includes the health care and/or billing records about individuals maintained by a health care provider; and (2) are used in whole or in part for the healthcare provider to make health care decisions about individuals.
- > The term “**Palmer College of Chiropractic Health Care Component**” (PCC HCC) refers to those health care units of Palmer College Foundation and Palmer College of Chiropractic West that have been designated as part of its health care component. For more information, refer to the Institutional Policy, Designation of the Palmer College of Chiropractic Health Care Component.
- > The term “**protected health information**” (PHI) refers to information, including demographic information, which relates to the individual’s past, present or future physical or mental health or condition; the provision of health care to the individual; or the past, present or future payment for the provision of health care to the individual, and that identifies the individual or for which there is a reasonable basis to believe can be used to identify the individual. PHI includes many common identifiers (e.g. name, address, birthdate, Social Security number) when such can be associated with the health information listed above. PHI does not include student records held by educational institutions or employment records held by employers. However, this information is still treated confidentially under other applicable laws.
- > The term “**record**” refers to any item, collection or grouping of information that includes PHI and is maintained, collected, used or disseminated by or for a health care provider.

ADMINISTRATIVE RULES

The College recognizes a patient’s right to request a restriction to uses and/or disclosures of their PHI. However, due to the nature, volume and complexity of the uses and disclosures of PHI within the PCC HCC, part of a large and complex organization, it will rarely be possible for PCC to implement a requested restriction except those required by law.

This Policy describes how PCC provides patients with an opportunity to request restrictions to the use and/or disclosure of their PHI:

1. For treatment, payment, or health care operations; and/or
2. To family and others for involvement in the patient's care or notification purposes.

General

The PCC HCC unit (hereafter referred to as "department") informs patients of their right to request restrictions on certain uses and/or disclosures of their PHI in the "Notice of Privacy Practices" (see Institutional Policy Notice of Privacy Practices (NPP) Distribution and Acknowledgement). In the Notice, it is advisable to indicate that restrictions will rarely be granted except when required to be granted as described below.

1. The PCC HCC department must agree to the request of an individual to restrict disclosure of PHI about the individual to a health plan if:
 - a) The disclosure is for the purpose of carrying out payment or health care operations and is not otherwise required by law; and
 - b) 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 cost of the item or service in full.
2. Any such request must be in writing. The PCC HCC department may provide the [Request for Restriction on Use and/or Disclosure of Protected Health Information](#) to a patient who wishes to request a restriction.
3. The written request for restrictions must be forwarded to the designated department Privacy Officer (or designee) for review and determination of final action.
4. The PCC HCC department Privacy Officer (or designee) is responsible for granting or denying a patient's request for restrictions. Other staff members may not grant or deny a patient's request for restrictions.
5. The PCC HCC department will refuse or agree to a patient's request for restrictions on the use and/or disclosure of PHI based on the determination of the PCC HCC department Privacy Officer.

When a Request for Restriction Is Denied

If the request for restriction is denied, the PCC HCC department Privacy Officer shall notify the patient in writing. The [Sample Letter of Denial for Request for Restriction](#) may be used. The PCC HCC department is not required to notify the patient of any reasons for denying the request.

When a Request for Restriction Has Been Accepted

The PCC HCC department Privacy Officer has the responsibility to assure that the restriction is adhered to.

The PCC HCC department may use and/or disclose PHI contrary to an accepted restriction if the patient who requested the restriction is in need of emergency treatment and the restricted PHI is needed to provide emergency treatment. If the restricted PHI is disclosed to a health care provider for emergency treatment, the PCC HCC department Privacy Officer must request that the health care provider not further use or disclose the information.

The PCC HCC department Privacy Officer will notify the patient in writing when a request for restriction is accepted. The [Sample Letter of Acceptance of Request for Restriction](#) may be used.

The letter will include notification to the patient that PCC HCC may use and/or disclose PHI in violation of an accepted restriction if the patient is in need of emergency treatment and the restricted PHI is needed to provide emergency treatment, in order to provide such treatment.

If the restricted PHI is disclosed in an emergency, the PCC HCC department must request that such health care provider not further use or disclose the information.

The agreement to restrict will be documented in the patient's medical record and/or identified in an appropriate field in the computerized patient information system.

The PCC HCC department Privacy Officer will notify separately any other departments or entities to which the restriction may apply (e.g., marketing, public relations, administration, billing.).

The PCC HCC department Privacy Officer will notify separately any business associates to which the restriction may apply.

The PCC HCC department will not use or disclose PHI inconsistent with the accepted restriction except as described above.

A restriction agreed to by the PCC HCC does not apply, under the Privacy Rule, to the following uses or disclosures:

1. To the Secretary of the U.S. Department of Health and Human Services to investigate or determine the compliance of PCC with HIPAA;
2. Required by law;
3. For public health activities;
4. Regarding victims of abuse, neglect, violence;
5. For health oversight activities;
6. For judicial and administrative proceedings;
7. For law enforcement purposes;
8. About decedents;
9. Regarding cadaver organ, eye, tissue donations;
10. For research purposes when a waiver of authorization is granted;
11. For review preparatory to research;
12. For research on decedent's information;
13. To avert a threat to health and safety;
14. For certain specialized government functions; and/or
15. For workers' compensation.

Terminating an Agreed Upon Restriction

The PCC HCC department may terminate its agreement to a restriction, except for those restrictions required by law as described in #1 under "General" above if:

1. The patient agrees to or requests the termination in writing;
2. The patient orally agrees to the termination and the oral agreement is documented; or

3. The PCC HCC department informs the patient that it has decided to terminate its agreement to a restriction. Such termination is only effective with respect to PHI created or received after the PCC HCC department has informed the patient of its termination of its agreement to the restriction. Any termination of an agreement to a restriction by the PCC HCC department should be made and confirmed in writing.

Documentation Requirements

PCC HCC staff should document, by a note in the patient record, instances where the provider receives a clearly stated agreement or refusal to share information with individuals referred to in this section.

STANDARD INSTITUTIONAL POLICY PROVISIONS

Institutional policies are supplemented by provisions that are applicable to all institutional policies. It is the responsibility of all employees and students to know and comply with these standards.

- > [Standard Provisions Applicable to All Institutional Policies](#)

Additional Information

ASSOCIATED POLICIES, PROCESSES AND/OR PROCEDURES

This Policy is supplemented below. It is the responsibility of all employees and students to know and comply with policies and procedures as supplemented.

POLICIES

- > [Designation of the Palmer College of Chiropractic Health Care Component](#)
- > [Requests by Patients to Amend Protected Health Information \(PHI\)](#)

PROCESSES AND/OR PROCEDURES

- > N/A

FORMS/INSTRUCTIONS

- > [Request for Restriction on Use and/or Disclosure of Protected Health Information](#)
- > [Sample Letter of Approval of Request for Restriction](#)
- > [Sample Letter of Denial of Request for Restriction](#)

OTHER RELATED INFORMATION

- > 45 CFR 164.502 (HIPAA Privacy Rule)
- > 45 CFR 164.510(b) (HIPAA Privacy Rule)
- > 45 CFR 164.512 (HIPAA Privacy Rule)
- > 45 CFR 164.522(a) (HIPAA Privacy Rule)

CONTACTS

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HISTORY

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