

<b>DEPARTMENT:</b> Information Protection	<b>POLICY DESCRIPTION:</b> Patients' Right to Request Privacy Restrictions
<b>PAGE:</b> 1 of 3	<b>REPLACES POLICY DATED:</b> 4/1/03, 5/1/08, 2/17/10, 9/23/13, 10/6/14
<b>EFFECTIVE DATE:</b> November 1, 2024	<b>REFERENCE NUMBER:</b> IP.PRI.006 (formerly HIM.PRI.006)
<b>APPROVED BY:</b> Ethics and Compliance Policy Committee	

**SCOPE:** All Company-affiliated facilities including, but not limited to, hospitals, ambulatory surgery centers, imaging and oncology centers, physician practices, laboratories subject to CLIA, and shared services centers. All members of the workforce including, but not limited to employees, physicians, contractors, and volunteers.

**PURPOSE:** To ensure patients the right to request privacy restrictions on the use or disclosure of their protected health information (PHI) as required by the Health Insurance Portability and Accountability Act (HIPAA), Standards for Privacy of Individually Identifiable Health Information (Privacy Standards), 45 CFR Parts 160 and 164, the Health Information Technology for Economic and Clinical Health Act (HITECH) component of the American Recovery and Reinvestment Act (ARRA) of 2009, and the Information Blocking restrictions set forth at 45 CFR Part 171 and issued pursuant to the 21<sup>st</sup> Century Cures Act and any and all other Federal regulations and interpretive guidelines promulgated thereunder.

**POLICY:** Patients will be provided the right to request restriction of certain uses and disclosures of their PHI that is contained within the designated record set. Exceptions include psychotherapy notes, information compiled for use in civil, and criminal or administrative actions. **Requests for such restrictions must be made in writing to the Facility Privacy Official (FPO). No other facility workforce member or business associate may process such a request unless specifically authorized by the FPO.** A determination to restrict uses or disclosures must be made very carefully to ensure the request can be met. Unless otherwise indicated below, the facility may deny a request under certain circumstances.

Required Disclosure Restriction: A facility must comply with a patient's request to restrict or limit the disclosure of the patient's PHI if 1) except as otherwise required by law, the disclosure is to a health plan for purposes of carrying out payment or health care operations (and is not for purposes of carrying out treatment), **and** 2) the PHI pertains solely to a health care item or service for which the patient paid the facility out of pocket in full.

Emergency Treatment Exception: If the facility agrees to a restriction, the HIPAA privacy regulations provide an exception in emergency treatment situations for a hospital or provider to use and disclose necessary information to treat the patient.

**PROCEDURE:**

Requests for Restrictions and Timely Action

1. The facility must permit a patient to request restrictions on the use and disclosure of PHI as contained in the designated record set. Requests for restrictions must be presented in writing (see attached sample restriction request form).
2. The written request must be routed to the FPO. The FPO and his or her designee are the only individuals who may agree to any restriction requests.

<b>DEPARTMENT:</b> Information Protection	<b>POLICY DESCRIPTION:</b> Patients' Right to Request Privacy Restrictions
<b>PAGE:</b> 2 of 3	<b>REPLACES POLICY DATED:</b> 4/1/03, 5/1/08, 2/17/10, 9/23/13, 10/6/14
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3. The right to request restrictions and the process for making the request must be outlined in the Notice of Privacy Practices.
4. Unless otherwise required by law, the facility must agree to a patient's request for restrictions or limitations for disclosures to the patient's health plan for payment or health care operations purposes if the patient has paid out of pocket in full for the health care item or service and the PHI pertains solely to that item or service.
5. For requests that are not required restrictions, the facility is not required to act immediately and should investigate its ability to meet the request prior to agreeing to the restriction.
6. The patient's request and the letter notifying the patient of the FPO's decision must be filed with the designated record set.

Providing the Restriction

Unless the request cannot be denied by law, the FPO must ensure that the request can be met and that the designated record set is flagged per facility procedure. The facility is not required to notify other providers of restrictions.

Denial of Request

1. Except as otherwise required by law, the facility may not deny a patient's request for restrictions or limitations for disclosures to the patient's health plan for payment or health care operations purposes if the patient has paid out of pocket in full for the health care item or service and the PHI pertains solely to that item or service.
2. The facility may deny any other request that is not a required restriction.
3. The patient must be notified of the denial by the FPO in writing (see attached sample denial letter).

Required Documentation

1. The facility must document the following:
  - a. The designated record sets that are subject to restriction; and
  - b. The titles of the persons or offices responsible for receiving and processing requests for access by individuals.
2. All correspondence and associated documentation related to patient requests for restrictions, including denials, must be maintained and retained per the Records Management Policy, EC.014, or for six (6) years, whichever is longer.

Terminating a Restriction

A facility may terminate its agreement to a restriction, 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

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<b>PAGE:</b> 3 of 3	<b>REPLACES POLICY DATED:</b> 4/1/03, 5/1/08, 2/17/10, 9/23/13, 10/6/14
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3. The facility informs the patient that it is terminating its agreement to a restriction, except that such termination is only effective with respect to PHI created or received after it has so informed the patient. Note: restrictions may not be terminated without the patient's permission for disclosures to the patient's health plan for payment or health care operations purposes if the patient has paid out of pocket in full for the health care item or service and the PHI pertains solely to that item or service.

**REFERENCES:**

1. Patient Privacy Program Requirements Policy, [IP.PRI.001](#)
2. Privacy Official Policy, [IP.PRI.002](#)
3. Notice of Privacy Practices Policy, [IP.PRI.007](#)
4. Records Management Policy, [EC.014](#)
5. Health Insurance Portability and Accountability Act (HIPAA), Standards for Privacy of Individually Identifiable Health Information, 45 CFR Parts 160 and 164
6. American Recovery and Reinvestment Act of 2009, Title XIII, Subtitle D

**Sample Denial of Request for Restriction**

Patient Name:  
Date of Birth:  
Patient Medical Record Number:

Dear (patient):

At (facility) each patient is provided the right to request restrictions on uses and/or disclosures of his or her protected health information. Each request is reviewed subject to the limitations outlined in HIPAA Federal Standards for Privacy of Individually Identifiable Health Information (45 CFR Parts 160 and 164).

Reason for denial of request (check those that apply):

- Based on our system and process requirements we are unable to make the restriction you requested.
- The request was not made in writing.
- The request was not made to the Facility Privacy Official or designee per the Notice of Privacy Practices and Facility Policy.

You may request a review of this denial by contacting the Facility Privacy Official. The request must be made in writing.

Emergency Treatment Exception: If the facility agrees to a restriction request or a portion thereof, HIPAA privacy regulations provide an exception in emergency treatment situations for a hospital or provider to use and disclose necessary information to treat the patient.

Please contact me with any questions or concerns you might have.

<Signature of Facility Privacy Official>

Facility Privacy Official  
Phone: (xxx)  
Address: <insert address here>

cc: (Attending physician)

**\*PTQRS\***

\*PTQRS\*

**Sample Request for Privacy Restrictions Request Form**

SAMPLE

***Please complete the following information:***

1. Today's Date: \_\_\_\_\_
2. Patient Full Legal Name: \_\_\_\_\_
3. Patient Street Address  
\_\_\_\_\_  
\_\_\_\_\_
4. City, State and Zip: \_\_\_\_\_
5. Patient Birth Date: \_\_\_\_\_
6. Date associated with information to be restricted (e.g., date of office visit, treatment, or other health care services).  
\_\_\_\_\_
7. Describe the information to be restricted (e.g., lab test results, physician notes).  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
8. What is your reason for making this request? (Optional)  
\_\_\_\_\_  
\_\_\_\_\_
9. Signature of patient/legal representative:  
\_\_\_\_\_

Forward to:

Facility Privacy Official  
Phone number  
Address

**\*PTQRS\***

\*PTQRS\*