Privacy Procedure





L-04: Request for Restriction of Protected Health Information

POLICY: See L-04 Client Request for Restriction Policy, at www.cosdcompliance.org.

DEFINITIONS: See HHSA Policy L-30.

PROCEDURES:

- A. Requests: An individual may request restrictions on use or sharing of Protected Health Information (PHI).
- B. Form of requests: All requests for restrictions must be in writing, using the County's approved form, (HHSA Form 23-06) or an alternative written request.
- C. Review of Requests: Program shall review the request with the Agency Privacy Officer (APO) before a decision is made to grant or deny the request.
 - 1. The Agency shall only grant requests from the individual with authority (see HHSA Policy L-27).
 - 2. The Agency must grant all requests to restrict information from a health plan for those services that the individual paid in full "out of pocket."
- D. Denying the request: If the Program, in consultation with the APO, determines that the Program cannot meet some or all of the request, the Program shall notify the individual of the denial in writing. This letter shall be reviewed by the APO.
- E. Retention: The Program must maintain the individual's request and the response to the individual's request with the individual's medical or billing record for a minimum of six (6) years.
- F. Terminating a restriction: The County may terminate its agreement to a restriction, if:
 - 1. The individual agrees to or requests the termination. If the individual's request is oral, the Program shall document the agreement or request.
 - 2. The Program informs the individual that it is terminating its agreement to the restriction, except that such termination is only effective with respect to PHI created or received after it has so informed the individual. Such terminations shall be reviewed by the APO prior to implementation.
- G. Medical emergencies: An agreed-upon restriction may be broken in a medical emergency. If restricted information is given to another provider for use in emergency treatment, the other provider must be asked to not further use or disclose the information.
- H. Uses or disclosures to which restrictions do not apply (See HHSA Policy L-25).

QUESTIONS/INFORMATION: HHSA Privacy Officer at 619-338-2808