


Name of Policy: Request for restriction of health information Policy Number: 3364-90-03 Approving Officer: President Responsible Agent: Privacy Officer, Director Health Information Management, Chief of Staff, Vice President Human Resources Scope: Hybrid and affiliated covered entities of the University of Toledo		 Effective date: September 13, 2023 Original effective date: April 14, 2003	
Keywords:			
	New policy		Minor/technical revision of existing policy
	Major revision of existing policy	X	Reaffirmation of existing policy

(A) Policy statement

Individuals have the right to request restrictions on their protected health information (PHI) from the health information management department. Restrictions may be denied in accordance with the privacy laws.

(B) Purpose of policy

The purpose of this policy is to provide guidance on when and how an individual may request a restriction of their PHI and to outline the processes set out by the compliance and privacy office and health information management (HIM) in processing such requests.

(C) Procedure

(1) Individual rights

Patients or their designated representative may request restrictions on the use and disclosure of their PHI for treatment, payment and operations. Individuals

may also request a restriction of use and disclosure of PHI to family members and others identified by the individual as well as to public or private agencies authorized to carry out disaster relief activities. Hybrid and affiliated covered entities of the university of Toledo (UToledo hybrid and ACE) reserve the right to grant or deny a request for restriction except in the following situations:

- (a) Disclosure to a health plan for the purpose of payment or healthcare operations.
- (b) The PHI pertains solely to a healthcare service for which the patient or another person other than the health plan has paid out of pocket and in full on behalf of the patient.

An individual's request for restriction must be granted in this event unless the restriction is prohibited by law.

(2) How to request a restriction

The request for restriction must be made by completing and submitting, within three calendar days of service, a "request for restrictions of protected health information" form (attached to this policy) provided to the patient by financial services, health information management department (HIM) or the compliance and privacy office or in other writing to HIM. HIM, in conjunction with the privacy office, will review and make a decision on the request. A copy of the final decision pertaining to the individual's request for a restriction will be provided to the individual.

(3) Update and downstream users

If the request for a restriction is granted, all pertinent systems will be updated relative to the restriction. A copy of the request and decision will be scanned into the patient's medical record. The individual is responsible for notifying all downstream healthcare providers.

(4) Limitations on request for restrictions

Hybrid and ACE of UToledo will not disclose PHI where a request for restriction has been granted, except if any of the following apply:

- (a) In the event of an emergency, if the individual who requested the restriction is in need of emergency treatment and the restricted PHI is needed to provide the emergency treatment, the restricted PHI may be disclosed to a healthcare provider, in order to provide treatment to the individual. A healthcare provider may not further use or disclose restricted PHI after the emergency treatment of the individual.

(b) The agreement is rendered ineffective by law such as when disclosure is required by the secretary of health and human services, certain uses of PHI in institutional directories, disclosures for public health purposes, law enforcement, judicial or administrative proceedings, health oversight activities, and report of victims of abuse, neglect or domestic violence.

(5) Termination of agreement to restrict PHI

Health information management, in conjunction with the privacy office, may terminate its agreement to a restriction if:

- (a) The individual agrees to or requests the termination in writing.
- (b) The individual orally agrees to the termination and the oral agreement is documented.
- (c) HIM informs the individual that it is terminating its agreement to a restriction, except that such termination is ineffective for restrictions to health plans for purposes described in C1. In addition, a unilateral termination is only effective with respect to PHI created and received after the individual has been duly informed.

(6) Restriction request - pay in full*

- (a) Hybrid and ACE of UToledo are required to honor requests not to disclose PHI to your health plan when the patient is paying out of pocket for the full cost of services.
- (b) Hybrid and ACE of UToledo are not required to honor requests when the patient is not paying in full as promised. At that time, the Hybrid and ACE of UToledo will submit a claim to the patient's health plan or initiate other collection activities. This means if the full payment does not go through for any reason, e.g., bounced check or credit card denied, the Hybrid and ACE of UToledo will contact the patient's health plan for reimbursement.
- (c) Hybrid and ACE of UToledo cannot honor a request to restrict the entity from giving PHI to an insurance company that will be asked to pay a portion of a patient's bill.

*Not subject to any discount

Approved by:

/s/

Gregory Postel, MD
President

Date: September 13, 2023

Review/revision completed by:

- *Privacy and Security Committee*
- *Senior Leadership Team*

Policies superseded by this policy:

- *7-90-3 Patient request for restriction on health information for use/disclosure for the purposes of treatment, payment and hospital operation*

Original effective date:

April 14, 2003

Review/revision date:

August 9, 2006, October 12, 2010, September 1, 2013, September 1, 2016, October 16, 2017, March 30, 2020, June 12, 2020, September 13, 2023

Next review date:

September 13, 2026