

NUMBER: 2.1.19**DATE: 04/01/2003****REVISION: 03/01/04; 10/08/09; 10/05/11; 10/02/13; 02/10/15; 11/09/20; 02/07/2023****PAGE: 1 of 4****SECTION: HIPAA****AREA: HIPAA PRIVACY/SECURITY POLICIES****SUBJECT: PATIENT INFORMATION RESTRICTION REQUESTS****PURPOSE**

To inform the University of Arkansas for Medical Sciences (“UAMS”) Workforce about the UAMS Patient Information Restriction Requests Policy and the procedures related to restriction requests.

SCOPE

The UAMS Workforce.

DEFINITIONS:

Protected Health Information (“PHI”) shall mean information that is part of an individual’s health information that identifies the individual or there is a reasonable basis to believe the information could be used to identify the individual, including demographic information, and that (i) relates to the past, present or future physical or mental health or condition of the individual; (ii) relates to the provision of health care services to the individual; or (iii) relates to the past, present, or future payment for the provision of health care services to an individual. This includes PHI which is recorded or transmitted in any form or medium (verbally, or in writing, or electronically). PHI excludes health information maintained in educational records covered by the federal Family Educational Rights Privacy Act and health information about UAMS employees maintained by UAMS in its role as an employer and health information regarding a person who has been deceased for more than 50 years.

UAMS Workforce shall mean physicians, employees, volunteers, residents, students, trainees, visiting faculty, and other persons whose conduct, in the performance of work for UAMS, is under the direct control of UAMS, whether or not they are paid by UAMS.

Go to the UAMS HIPAA Office website at hipaa.uams.edu to access any other terms or definitions referenced in this policy.

POLICY

All UAMS patients have the right to request restrictions on the use and disclosure of their Protected Health Information (PHI). UAMS is not required to agree to any restriction request, except that UAMS must agree to a requested restriction of disclosures to a health plan when the services to which the restriction applies have been paid in full. UAMS will not agree to any request to restrict information that UAMS is required by law to use or disclose.

PROCEDURE

- A. **Right to Request Restrictions:** Patients will be advised by the *UAMS Notice of Privacy Practices* that they have a right to request restrictions on the use and disclosure of their PHI. Specifically, patients have the right to request that:
1. UAMS restrict uses or disclosures of PHI about the patient to carry out treatment, payment, or health care operations of UAMS; or
 2. UAMS restrict disclosures made to family and friends involved in the patient's care; or
 3. UAMS restrict disclosures to a health plan for the purpose of carrying out healthcare operations or payment (not treatment), where the PHI pertains solely to a health care item or service for which UAMS has been paid in full.

- B. **Requirements for Requesting Restrictions:** The patient's request for restrictions must be in writing and must include the following:
1. A description of the information that is to be restricted;
 2. A statement whether the restriction applies to use, disclosure or both; and
 3. To whom the restrictions will apply.

The *Patient Request to Restrict Use/Disclosure of Health Information* form, available on UAMS Forms OnDemand, must be completed and signed by the patient in order to process the request. The completed form should be maintained in the patient's medical record and a copy sent to the UAMS HIPAA Office, mail slot #829, or via email to hipaa@uams.edu.

- C. **UAMS Process for Responding to Restrictions:**
1. All Restriction Requests must be sent to the UAMS HIPAA Office for processing. The UAMS HIPAA Office, in conjunction with Health Information Management and other UAMS Departments affected by the restriction, will determine whether the request will be granted or denied.
 2. Reasonable attempts should be made to honor the patient's requests if possible while the request is being evaluated by the UAMS HIPAA Office.
 3. Although UAMS is not required to inform the patient, the UAMS HIPAA Office may inform the patient verbally or in writing of a denial of a request submitted in writing and in accordance with this Policy. If the patient is informed verbally of a denial of a restriction request, this should be documented on the form.
- D. **Emergency Situations:** If UAMS has agreed to a restriction, UAMS may not use or disclose PHI in violation of the restriction, except that, if the patient is in need of emergency treatment and the restricted PHI is needed to provide the emergency treatment, UAMS may use the restricted PHI, or may disclose such information to a health care provider, to provide the treatment to the patient.
- E. **Ineffective Restrictions:** A restriction agreed to by UAMS is not effective to prevent disclosures to:

1. Secretary of the United States Department of Health and Human Services to investigate or determine UAMS's compliance with the HIPAA regulations;
2. Uses or disclosures required by law;
3. Uses or disclosures related to:
 - a. public health activities;
 - b. health oversight activities;
 - c. to report abuse, neglect or domestic violence;
 - d. judicial and administrative proceedings;
 - e. compliance with workers' compensation proceedings in which patient has filed a workers' compensation claim;
 - f. law enforcement purposes;
 - g. to report a crime in an emergency;
 - h. coroners and medical examiners;
 - i. funeral home directors;
 - j. organ, eye or tissue donation purposes;
 - k. circumstances in which UAMS believes in good faith is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or to the public;
 - l. research activities;
 - m. to provide general patient directory information about a patient to an individual who identifies the patient by name as long as the patient has not opted out of the patient directory; or
 - n. correctional institutions or other law enforcement custodial situations.
4. Insurance companies or other third party payors for purposes of payment of health care services provided to the patient, unless the PHI pertains solely to a health care item or service for which UAMS has been paid in full.

See Administrative Guide 2.1.13, *Use and Disclosure of PHI and Medical Records Policy* for more information.

F. Termination of Agreed Restrictions: UAMS 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
3. UAMS 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 UAMS has informed the patient.

UAMS is not required to abide by the "Termination of Agreed Restrictions" requirements when the restrictions do not apply in emergencies as described in Section E of this Policy, or when the restrictions are ineffective under the HIPAA regulations as described in Section D of this Policy.

SANCTIONS

Violation of this Policy will result in disciplinary action, in accordance with UAMS Administrative Guide 4.4.02, *Employee Discipline Policy* and UAMS Administrative Guide 2.1.42, *HIPAA Sanctions Policy*.

Signature:  _____

Date: February 7, 2023