

PRIVACY POLICY AND PROCEDURES

LSU Health Sciences Center New Orleans

Date Effective: April 14, 2003

Date Revised: September 23, 2013

Restriction Policy

Patient's Request for Restriction of Uses and Disclosures of Their Protected Health Information

Policy #: 2100.9

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SCOPE:

All Louisiana State University (LSU) System health care facilities and providers including, but not limited to hospitals, physician practices, clinics, schools, etc. on the LSU Health Sciences Center New Orleans Academic Campus.

Nota Bene: All LSU System health care facilities and providers including, but not limited to hospitals, physician clinics, schools, etc. on the LSU Health Sciences Center New Orleans Academic Campus, are referred to in this policy as LSUHSC-NO.

PURPOSE:

To provide guidance to the health care facilities and providers affiliated with the LSU System on a patient's right to request restriction(s) of the uses and disclosures of their Protected Health Information to carry out treatment, payment, health care operations, or for involvement in the individual's care and notification purposes as required by the Health Insurance Portability and Accountability Act, Standards for Privacy of Individually Identifiable Health Information (HIPAA Privacy Regulations), and any other applicable state or federal laws or regulations.

POLICY:

All LSU System health care facilities, providers and affiliates must provide patients with an opportunity to request a restriction of the uses and disclosures of their Protected Health Information prior to disclosure.

DEFINITIONS:

Capitalized terms herein not defined in this section shall have the same definition as the identical term in 45 CFR §160 and §164.

Protected Health Information (PHI) – for purposes of this policy means individually identifiable health information that relates to the past, present or future health care services provided to an individual. Examples of Protected Health Information include medical and billing records of a patient.

PROCEDURE:

1.0 A patient must be afforded an opportunity to request orally or in writing that LSUHSC-NO restrict or prohibit:

- Uses or disclosures of PHI about the patient used to carry out treatment, payment or health care operations; and
- Disclosures of PHI to persons involved with the patient's care or payment or for notification purposes. (See Policy U Use or Disclosure of Protected Health Information to Persons Involved in the Patient's Care and for Notification Purposes)

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2.0 LSUHSC-NO does not have to agree to a restriction requested by the patient unless:

- The requested restriction is related to uses and disclosures to persons involved in the patient's care and for notification purposes (See CM-53 Section U Policy 2100.21)
- The requested restriction is related to uses and disclosures of PHI resulting from a health care item or service for which the patient has paid in full, and, the restriction is related to payment or healthcare operations, not treatment,

in which case, LSUHSC-NO must agree to the restriction.

The patient shall be notified in writing that the request has been granted.

3.0 If the requested restriction is denied, the patient should be notified in writing of the denial.

4.0 If LSUHSC-NO agrees to the restriction, LSUHSC-NO must abide by such restriction, except:

- If the patient is in need of emergency treatment and the restricted PHI is needed to provide the emergency treatment.
- If restricted PHI is disclosed under this exception, LSUHSC-NO must request that the emergency care provider not further use or disclose the restricted PHI.
- If restricted PHI is disclosed to a health care provider, LSUHSC-NO must request that the health care provider not further use or disclose the restricted PHI.

5.0 A restriction agreed to by LSUHSC-NO is not effective to prevent uses or disclosures permitted or required to the Department of Health and Human Services, for facility directories and where the patient's opportunity to object is not required.

6.0 LSUHSC-NO may terminate its agreement to a restriction, if:

- The patient agrees to or requests the termination in writing;
- The patient orally agrees to the termination and the oral agreement is documented; or
- LSUHSC-NO informs the patient that it is terminating the agreement. This termination is only effective with respect to Protected Health Information created or received after LSUHSC-NO has informed the patient.

7.0 All correspondence and associated documentation related to patient requests for restrictions, including denials, must be maintained and retained for 6 years.

REFERENCE:

45 C.F.R. § 164.522