

# TITLE

Right of an Individual to Request Restrictions of Uses and Disclosures of Protected Health Information & Confidential Communications

### PURPOSE

In accordance with 45 CFR § 164.522, this procedure provides guidance to The University of Arizona (UA) Health Care Components (HCCs) regarding the proper implementation of:

- Processing of a patient's or their personal representative's request for restrictions on the use or disclosure of Protected Health Information (PHI) for treatment, payment, or health care operations purposes; and
- Defining the process for complying with a patient's reasonable request(s) for confidential communications of the patient's PHI.

## **REVIEW/REVISIONS**

• 06/2015

## REFERENCES AND RELATED FORMS

- Capitalized terms are defined in HIPAA Privacy Program Guidance (Definitions of Key Words) and 45 CFR Parts 160 and 164
- HIPAA Privacy Program Form M (Request for Confidential Communication of PHI)

### PROCEDURES

Individuals have the right to request: (1) restrictions on the use and disclosure of their PHI and (2) confidential communications regarding their PHI.

- 1. <u>Right to Request Restrictions</u>: HCCs must establish procedures and practices that permit individuals to request restrictions to the HCC's use of PHI and that comply with the provisions of 45 CFR § 164.522.
  - a. <u>If the HCC Agrees to the Request</u>: If a HCC agrees to a restriction, it must not violate the restriction except in the event that the patient is in need of emergency treatment and the restricted PHI is needed to provide the treatment. In the event of such circumstances, the HCC may use the restricted PHI or disclose it to a health care provider in order to provide emergency treatment to the patient. If restricted PHI is disclosed to a health care provider, the HCC must request the health care provider not use or disclose the information further.
  - b. <u>If the HCC Denies the Request</u>: HCCs may deny a request for restriction for any reason and must inform the patient or their personal representative of the decision to deny and the reason for the denial. In general, HCCs are encouraged to deny requests for unreasonable or difficult to implement restrictions, since the failure to comply with a granted restriction could expose UA to complaints and other risks.

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- i. Restriction Requests That The HCC May Choose To Deny: HCCs may deny requests to restrict the use of PHI for:
  - 1. Treatment;
  - 2. Payment;
  - 3. Health Care Operations;
  - Disclosures to persons identified by the individual pursuant to 45 CFR § 164.510(b)(1)(i) (e.g. family or friends involved the individual's care or payment for care, etc.); and
  - Disclosures for notification purposes pursuant to 45 CFR § 164.510(b)(1)(ii) (e.g. notification to family or friends involved in the individual's care of the individual's location, general condition or death).
- c. <u>Restriction of Disclosure to Health Plans (45 CFR § 164.522(a)(vi))</u>: If requested by the individual, HCCs must not disclosure PHI to a Health Plan if:
  - i. The disclosure is for treatment, payment or health care operations; and
  - ii. The disclosure is not required by law; and
  - iii. The PHI pertains solely to a health care item or service for which the individual (or person other than the health plan on behalf of the individual) has paid the HCC in full.
- 2. <u>Confidential Communications</u>: HCCs must accommodate reasonable requests by individuals to receive communications regarding PHI by alternative means or at alternative locations. HCCs may not require an explanation from the individual as to the basis of the request for confidential communications.
  - a. <u>Conditions</u>: HCCs may establish the following conditions for requests for confidential communications:
    - i. Requests for confidential communications must be made in writing (please see HIPAA Privacy Program Form M); and
    - ii. The provision of a reasonable accommodation may be conditioned on:
      - 1. Information as to how payment will be handled; and
      - 2. Specification of an alternative address or other method of contact.