



Department of Health, Housing & Human Services (H3S)

POLICY TITLE:	Individuals Right to Request Restrictions on Uses and Disclosures		
POLICY ID:	HP-08	EFFECTIVE DATE:	
SECTION:	H3S Directors Office	REVISION DATES:	
CHAPTER:	Privacy- HIPAA	NEXT REVIEW:	
CONTACT:	H3S Privacy Coordinator	Reviewed BY:	County Counsel
APPLIES TO:	All H3S workforce members within the hybrid covered component	REPLACES:	
APPROVED BY:	Rich Swift	DATE APPROVED:	4/9/18

I. PURPOSE: The purpose of this procedure is to define steps to approve any use or disclosure restrictions of otherwise permissible uses and disclosures of a client's PHI.

II. POLICY: Individuals, including inmates, must be given an opportunity to request that use or disclosure of PHI for treatment, payment, or healthcare operations or disclosure of PHI to friends and family members be restricted. The request may be denied for any non-discriminatory reason except in the one limited circumstance as stated below.

Individuals may request that their PHI not be shared with a health plan when the Individual or someone on the Individual's behalf pays for the Individual's service in full and the use or disclosure is for payment or healthcare operations and not otherwise required by law. Such restriction request does not impact future disclosures made for the purpose of treatment.

Clackamas County will evaluate such requests in accordance with the Clackamas County covered components procedures for this policy. The Division Privacy Manager shall be notified and consulted when there is a request for restrictions on Uses and Disclosures of an individual's PHI. All Division workforce members shall respond to a client's request for restrictions to the use and/or disclosure of his or her PHI according to County policy and these procedures.

III. DEFINITIONS: See Clackamas County HIPAA Privacy Policy

IV. PROCEDURE: A client may request that a H3S division or program restrict use or disclosure of his or her PHI ("Request") using a Request to Restrict Uses & Disclosures form. The request may include uses and disclosures pursuant to the client's treatment, payment or health care operations. In addition, the Request may include uses and disclosures made to:

1. Personal Representative or other person responsible for the client's care or the client's location, general condition etc.,



Department of Health, Housing & Human Services (H3S)

2. Public or private entities,
3. Family, friends, or any other person identified by client, or
4. Insurance Companies/Payers

A. Review of Requests: All Requests can be made using one of the following two forms; Request for Restriction of Disclosure Do Not Bill Insurance- Client Pays in Full and/or Request for Restriction of Use or Disclosure of Own PHI

1. Use the Request for Restriction of Disclosure Do Not Bill Insurance- Client Pays in Full form in the following circumstance:

A restriction to share information with a health plan when the client or someone on the client's behalf pays for the client's service in full and the use or disclosure is for payment or health care operations and not otherwise required by law.

This request must be accepted, workforce staff will follow Division procedures in processing the restriction and payment. Forward completed form to Division Privacy Manager

2. Use Request for Restriction of Use or Disclosure of Own PHI form in either of the following circumstances:
 - i. A use or disclosure of PHI for treatment, payment, or health care operations;
 - ii. A restriction of disclosure to family and friends involved in the client's care

Before taking action forward completed form to Division Privacy Manager for review and approval. The Division Privacy Manager shall only agree to such Requests when exceptional circumstances exist, when the division or program can reasonably accommodate the Request, and when the division or program determines that the restriction Request can be maintained.

The HIPAA Privacy Rule does not require a Covered Entity to provide a reason for its denial. It also does not provide the client with a right to appeal a denial. The Division Privacy Manager shall use his or her professional judgment in determining how to provide notice of the denial to the client and will consult with the Division or program workforce members involved with the client.



Department of Health, Housing & Human Services (H3S)

- B. Exceptions to Agreed Restrictions: If the Division Privacy Manager and division or program agrees to a client's Request, it will be complied with except under the following circumstances:
1. Uses or disclosures of PHI to the client
 2. Uses or disclosures for any "public purpose" (see 45 CFR 164.512)
 3. Uses or disclosures in order to treat the client in an emergency and we request emergency treatment provider to not further use or disclose the PHI.
- C. Termination of an Agreed Restriction: The Division Privacy Manager may determine that an Agreed Restriction should be terminated if one of the following events takes place:
1. Client agrees to or requests the termination in writing
 2. Client orally agrees to the termination and the oral agreement is documented in the client's permanent record; or
 3. The division or program informs the client that it is terminating its Agreed Restriction. Such termination is only effective with respect to the client's PHI created or received after the division or program has notified the client.
- D. Documentation: Division or program workforce members shall document any Agreed Restriction in the client's permanent record. If in a paper chart, the restriction should be highlighted on the cover, similar to an allergy alert. If in an electronic record, a flag or note informing users of the Agreed Restriction should be placed in client contact screens or other areas as appropriate. All documentation, including the client's Request to Restrict Uses & Disclosures form shall be maintained in the client's chart for ten (10) years from the date when the restriction was last in effect.

V. REGULATIONS:

45 CFR 164.522(a)

VI. REFERENCES:

Clackamas County HIPAA Privacy Policy

VII. LINKS (TITLE & URL):

VIII. ATTACHMENTS:

Request Restrictions of Use and Disclosure