I. 11.3.7 Right to Restrict Certain Disclosures of Protected Health Information to a Health Plan

Chapter 11 - Patient Privacy	Original Effective Date: March 2013
Section: 11.3 Patient's Rights in Regard to Privacy of Protected Health Information	Date Last Reviewed: January 2023
Responsible Entity: Chief Compliance and Privacy Officer	Date Last Revised: January 2023

II. Purpose

An individual has a right to request restrictions on certain disclosures of protected health information to a health plan.

III. Scope

This policy applies to all faculty, staff, students, residents, healthcare providers, researchers, contractors, or any other individual (collectively, Workforce Member, including employees and non-employees) who has direct or indirect access to patient protected health information (PHI) created, held or maintained by any UT Health San Antonio controlled affiliate, including, but not limited to its clinics, hospitals, and research operations.

IV. Policy

A. Requesting a Restriction

1. UT Health San Antonio may use and disclose protected health information without the written consent or authorization to release the information from the individual as defined in this policy. The individual must be informed in advance of the use or disclosure and have the opportunity to agree, prohibit, or restrict certain disclosures.
2. UT Health San Antonio must permit an individual to request that UT Health San Antonio restrict disclosures of protected health information to a health plan for the purpose of carrying out payment or health care operations, provided that the restriction applies to protected health information that pertains solely to a health care item or service for which the health care provider has been paid out of pocket in full. UT Health San Antonio must agree to the requested restriction unless the disclosure is otherwise required by law.
3. If restricted PHI is disclosed to another healthcare provider for emergency treatment, UT Health San Antonio must request that the health care provider not further use or disclose the PHI. A restriction agree to by UT Health San Antonio does not apply to:

a. Uses or disclosures from being made to the individual for inspection and copying their own PHI;

b. The individual from obtaining an accounting of disclosures of PHI;

c. The inclusion of a facility directory if the policy outlining facility directories is followed; or,

d. For uses and disclosures for which consent, authorization or opportunity to agree or object is not required.

4. UT Health San Antonio must document agreement, prohibition, or restriction in the medical record using the Health Plan Restriction Request form.

B. Terminating a Restriction

1. UT Health San Antonio may terminate its agreement to a restriction if:

a. The individual agrees to or requests the termination in writing; or

b. The individual orally agrees to the termination and the oral agreement is documented; or,

c. Any PHI created and received after the termination will not be restricted. However, any PHI created or received before the termination will be restricted.

2. UT Health San Antonio workforce members must document the restriction and maintain such documentation for at least six (6) years.

V. Definitions

Terms used in this document have the meaning set forth in the Patient Privacy Policies Glossary *unless a different meaning is required by context.*

VI. Related References

For questions regarding this policy, contact the Privacy Program Director at 210-567-2014 or compliance@uthscsa.edu.

VII. Review and Approval History

The approving authority of this policy is the University Executive Committee.

Effective Date	Action Taken	Approved By	Approved Date
03/2013	Policy Origination		
01/2023	Policy Review	ICPO	01/13/2023