I. 11.3.5 Right to Restrict Uses and Disclosures and Confidential Communication of Protected Health Information

Chapter 11 - Patient Privacy	Original Effective Date: April 2003
Section: 11.3 Individual Rights 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 uses and disclosures of protected health information (PHI). An individual may also request to receive confidential communications by alternative means or at alternative locations.

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 Restrictions

1. UT Health San Antonio may use and disclose PHI without 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 certain uses and disclosures of PHI about the individual to carry out treatment, payment, or health care operations using the Restriction Request form.
3. UT Health San Antonio is not required to agree to a restriction. If UT Health San Antonio does agree to a restriction, UT Health San Antonio may not use or disclose PHI in violation of such restriction, except if the individual who requested the restriction needs emergency treatment and the restricted PHI is needed to provide emergency treatment. UT Health San Antonio may use the restricted PHI itself or

may disclose such restricted PHI to a health care provider to provide emergency treatment.

4. If restricted PHI is disclosed to another health care provider for emergency treatment, UT Health San Antonio must request that the health care provider not further use or disclose the PHI. A restriction agreed to by UT Health San Antonio does not apply to:
    a. Uses and disclosures from being made to the individual for inspection and copying their own PHI;
    b. The individual obtaining an accounting of disclosures of PHI;
    c. The inclusion in a facility directory if the policy outlining facility directories is followed; or
    d. Uses and disclosures for which consent, authorization, or opportunity to agree or object is not required.
5. UT Health San Antonio must document agreement, prohibition, or restriction in the medical record using the 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;
    b. The individual orally agrees to the termination and the oral agreement is documented; or,
    c. UT Health San Antonio informs the individual that it is terminating the restriction. 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. If UT Health San Antonio agrees to a restriction, workforce members must document the restriction and maintain such documentation, in electronic or written form for at least six (6) years.

C. Confidential Communication
1. UT Health San Antonio must permit individuals to request and must accommodate reasonable requests by individuals to receive communications of PHI from UT Health San Antonio by alternative means or an alternative location.
2. UT Health San Antonio may require the individual to make a request for confidential communication in writing by completing the Request for Confidential Communication Regarding Medical Information form. UT Health San Antonio may condition the provision of reasonable accommodation on:
    a. When appropriate, information as to how payment, if any, will be handled; and,
    b. Specifications of an alternative address or other method of contact.

3. UT Health San Antonio may not require an explanation from the individual as to the basis for the request as a condition of providing communications on a confidential basis.

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 email compliance@uthscsa.edu.

Office of Civil Rights (OCR),(2015, November 8) *Right of an Individual to Request Restriction of Uses and Disclosures* (§164.522). Audit Protocol. HHS.gov.

VII. Review and Approval History

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

Effective Date	Action Taken	Approved By	Approved Date
04/2003	Policy Origination		
03/2013	Policy Revision		
02/2016	Policy Revision		
01/2023	Policy Review	ICPO	01/13/2023