

## **Request for Restriction of the Use or Disclosure of PHI**

### **POLICY:**

It is the policy of Purdue University to permit an individual or their representative to request a restriction of the use and disclosure of their protected health information (PHI) to carry out treatment, payment or healthcare operations or for involvement in the individual's care and notification purposes, and for the request to be promptly reviewed.

If an individual requests a restriction of the disclosure of their PHI, Purdue covered components must comply with the requested restriction, if (1) the disclosure is to a health plan for purposes of carrying out payment or health care operations, is not for purposes of carrying out treatment and is not otherwise required by law; and (2) the PHI pertains solely to a health care item or service for which the individual, or person on behalf of the individual, has paid the covered component in full. The restriction includes prohibition of disclosures to the individual's health plan and also business associates of the health plan and may include only the health care items or services for which the restriction was requested and where the items were paid in full.

Regarding other requested restrictions, Purdue University is not required to agree to the restriction. However, if the HIPAA Privacy Officer agrees to such restriction, Purdue may not use or disclose the PHI in violation of the restriction. If the individual who requested the restriction is in need of emergency treatment and the restricted information is needed to provide the emergency treatment, Purdue may use the restricted information or may disclose the information to a health care provider to provide such treatment and must request that the health care provider not further use or disclose the information.

Any restriction agreed to by Purdue is not effective to prevent the following uses or disclosures permitted or required in the HIPAA Privacy Rule: uses or disclosures to the Secretary of Health and Human Services; facility directory information; required by law, for public health activities, about victims of abuse, neglect or domestic violence, for health oversight activities, for judicial or administrative proceedings, for enforcement purposes, about decedents, for cadaveric organ, eye or tissue donation purposes, for research purposes, to avert a serious threat to health or safety, or for specialized government functions.

### **PROCEDURE:**

#### **Requests for Restriction of Disclosure by a Healthcare Provider for Items Paid For In Full**

- When a request is made by the patient or their representative that PHI not be provided to a health plan (i.e. insurance company) for payment or healthcare operations purposes, and the service or item that is to be excluded from the disclosure was paid for out of pocket in full by the patient or another family

- member or person on the patient's behalf, Purdue is required to agree to the request.
- The request will be verified with the patient verbally and documented within the medical record. Information to be documented shall include the specific information/item to be excluded from disclosure to the health plan that the item charges were paid in full, date of the charges and date of restriction request. Requests must be made by the individual for each incidence of disclosure where a restriction is requested.
  - If an individual has a restriction in place with respect to a health care service but does not pay out of pocket and request a restriction with regard to follow-up treatment, and the provider needs to include information that was previously restricted in the bill to the health plan in order to have the service deemed medically necessary or appropriate, then the provider is permitted to disclose such information. The provider should counsel the individual, however, to ensure that they are aware that previously restricted PHI may be disclosed to the health plan unless they request an additional restriction and pay out of pocket for the follow-up care.

#### **Notification of Downstream Providers to Restrict Disclosures to a Health Plan**

- If a patient would also like to request restriction of disclosure of an item to a health plan, by a downstream provider, it is the patient's responsibility to request the restriction from the downstream provider.
- In the case where a patient expresses concern that a prescription not be submitted to their health plan by their pharmacy, the provider may offer the option of providing a paper prescription to allow the patient ample time to request a restriction and pay prior to the Pharmacy submitting a bill to the health plan.

#### **Other Requests for Restriction of Disclosures**

- For other restriction requests, the form "REQUEST FOR RESTRICTION OF THE USE OR DISCLOSURE OF PHI" should be used. This form is available on the [www.purdue.edu/hipaa](http://www.purdue.edu/hipaa) web site.
- The form should be provided to a patient or patient's representative upon request and should be mailed or faxed to:
  - HIPAA Privacy Officer
  - Purdue University Health Center, Room B54
  - 601 Stadium Mall Drive
  - West Lafayette, IN 47907-2052
  - Phone: (765) 496-1927
  - FAX: (765) 496-1227
- The HIPAA Privacy Officer will review the request, make a determination as to whether the restriction is merited and if approved, determine which of the covered components are impacted.

- The HIPAA Privacy Officer will mail a copy of the “REQUEST FOR RESTRICTION OF THE USE OR DISCLOSURE OF PHI” indicating the status of the request to the requestor and, if the restriction was approved, will notify each of the impacted entities of the restriction.
- Any restriction will be effective on the date indicated on the form after approval of the HIPAA Privacy Officer.
- Approved restrictions must be documented in the medical record or appropriate designated record set to flag the information restricted to ensure that such information is not inadvertently disclosed or made available, for example, for healthcare operations purposes.

**Termination of the Restriction**

- The patient may revoke the restriction orally or in writing at any time by mailing or delivering a written revocation to the HIPAA Privacy Officer. An oral revocation will be documented on the original restriction request form. The revocation will be effective 2 business days after receipt by the HIPAA Privacy Officer.
- Purdue may terminate a restriction by giving the requestor written or oral notice of the termination. In this case, the termination will be effective with respect to any PHI created or received after the termination date indicated by Purdue.