



**BACKGROUND:**

The Facility maintains Medical Records in accordance with State and Federal regulations.

**PURPOSE:**

To inform residents of their right to request restrictions on the use and disclosure of protected health information.

**POLICY:**

Covered Entity shall permit residents to exercise their right to request restrictions on the use and disclosure of their protected health information (“PHI”), including the right to direct Covered Entity to restrict certain disclosures to health plans. Covered Entity will not use or disclose PHI in a manner inconsistent with an agreed-upon restriction, except as permitted by law.

**PROCEDURES:**

<b>NATHANIEL WITHERELL</b>	<b>POLICY # 4.29.2021( Supersedes): 2010</b>
<b>DEPARTMENT: Medical Records</b>	<b>SUBJECT: Right to request Restrictions on Use &amp; Disclosure of Protected Health Information</b>

- All residents will be informed in the Notice of Privacy Practices of their right to request restrictions on the use and disclosure of PHI.
- A resident may request that Covered Entity restrict uses and/or disclosures of PHI associated with treatment, payment or health care operations. This includes the right to request restrictions on disclosures of PHI to a health plan for payment or health care operations if the PHI pertains solely to a health care item or service for which the resident paid out-of-pocket in full. Residents wishing to request to restrict the use and/or disclosure of PHI will complete the *Request to Restrict Use or Disclosure Form*.
- The *Request to Restrict Use or Disclosure Form* will inform the resident that Covered Entity is not required to agree to the resident’s request for restrictions, except if the request is to restrict disclosures of PHI to the resident’s health plan for payment or health care operations when the PHI pertains solely to an item or service that the resident paid for out-of-pocket in full.
- All requests to restrict must be forwarded to the Executive Director/Designee. Employees may not agree to or deny a request without authorization from the Executive Director/Designee.



- If the request is granted, the resident will be notified in writing of the agreed-upon restriction and any limitations that Covered Entity has imposed on the restriction.
  - The resident will be notified that Covered Entity is not required to comply with the agreed-upon restriction in emergency treatment situations.
  - All relevant staff members will be informed of the agreed-upon restriction. Covered Entity will not use or disclose the resident’s PHI in a manner inconsistent with the agreed-upon restriction except as permitted by law, and will notify any business associate that performs a function or service affected by the agreed-upon restriction.
  - A copy of the notification sent to the resident shall be kept in the resident’s medical record.
- In the event that a request is denied, the resident will be informed in writing of the denial with an explanation of the reason for the denial. A copy of the denial letter will be kept in the resident’s medical record.
- Covered Entity may terminate its agreement to restrict uses and disclosures of PHI if:

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- the resident agrees to the termination in writing, or
- the resident agrees to the termination verbally and the agreement is later documented in writing.
- Covered Entity shall maintain all documentation regarding requests for restrictions in accordance with the *Policy on Retention of Records and Documentation*.