

**PATIENT REQUESTS TO RESTRICT THE USE OR
DISCLOSURE OF PROTECTED HEALTH INFORMATION PROCEDURE**

1. A health care professional, who agrees to restrict the disclosure of certain protected health information, shall make an entry in the patient's medical record to that effect, describing the restriction in sufficient detail to permit other members of the workforce to comply with it.
2. When the requested restriction pertains to a health care item or service for which the health care provider involved has been paid out of pocket, in full and the disclosure is to a health plan for purposes of carrying out payment or healthcare operations (not treatment), the request must be granted. The professional will need to utilize the capabilities of the electronic health record and/or paper record, so that other uses of the record will note the restriction.
 - a. For a required restriction, the BBHMF may choose to collect payment up front, to the extent permitted by law. If payment by an individual making a restriction request is dishonored, the Omnibus Preamble states that it is expected the provider will make a reasonable effort consistent with its usual billing and collections protocols to contact the individual and obtain payment prior to billing the health plan.
 - b. The BBHMF is not responsible to notify future providers of the restriction request but should clearly inform the patient that he/she is responsible to address this request with other providers.
3. For paper records, a sticker will be affixed to the cover of the medical record jacket, before it is re-filed, to alert users of the record that information has been restricted. A separate sheet, describing the details of the restriction, will be inserted in the record. A colored tab will be affixed to this sheet to alert users of the record to the location of the restriction information. For electronic records, an automated process will be used to "flag" information that is restricted so that the health plan will not have ready access to such information as audits are conducted.
4. Any subsequent termination of the restriction will be documented in the same manner as the initial restriction. Such documentation will include identification, including dates of service, of any PHI to which the terminated restriction still applies. Documentation of termination of a restriction will include the effective date, a notation as to whether the patient agreed or not, and a notation of whether such agreement was oral or in writing. If in writing, a copy of the writing will be filed in the medical record as well. A notation on the sticker on the medical record will indicate that the restriction has been terminated, and whether it still applies to any PHI obtained before it was terminated.
5. The Privacy Official or Designee(s) will work with the Director of Information Systems to flag electronically stored health information that is subject to a restriction. Users of the information systems will be referred to a location where they can read the restriction, and termination of the restriction if applicable.

6. The Privacy Official or Designee(s), and the Directors of Medical Records and Information Systems, will develop procedures to restrict access within the organization to information whose use is subject to a restriction under this policy.

REFERENCE: 45 CFR § 164.522(a), 164.502(c)

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