

Policy and Procedure for Requests for Restrictions on the Use and Disclosures of Protected Health Information

45 C.F.R. 164.522(a)

PURPOSE: To establish a policy and procedure on the rights of patients to request restriction(s) of the use and disclosure of their Protected Health Information (PHI).

POLICY: Under the HIPAA Privacy Rule, patients have the right to request restrictions on the use and disclosure of their PHI to carry out treatment, payment and health care operations, hospital directory, and disclosures to relatives, family members, close friends, health care givers and any other person involved in the patient's care or payment who is identified by the patient.

IHS is not required to agree to the request. However, a patient still may object to the disclosure of information for hospital directory and to relatives, friends, and others involved in the patient's care under 45 CFR 164.510(b). See the Policy and Procedures for Uses and Disclosures of Protected Health Information for Involvement in the Patient's Care and for Notification Purposes.

PROCEDURES: The following procedures will govern how restrictions will be requested and processed.

1. The request for restriction must be in writing using Form IHS-912-1, Request for Restriction(s). The patient is not required to provide a reason for the request.
2. The Service Unit Director/Chief Executive Officer (SUD/CEO) or designee¹, in consultation with an appropriate official, must review the request, before the patient is notified of the decision, except for acceptance of the request to omit PHI from hospital directories. IHS is not required to agree to the requested restriction. *Before agreeing to the restriction, attempt to contact the Regional Attorney.*
3. If IHS agrees to a restriction, PHI may not be used or disclosed by IHS or its Contractor(s) (Business Associate(s)) in violation of such restriction except if the restricted PHI is needed by IHS or another health care provider to provide emergency treatment of the patient.
4. If restricted information is disclosed to a health care provider for emergency treatment, IHS must request that the receiving health care provider not further use or disclose the PHI, using the following language:

“This is restricted information, provided for the purpose of emergency treatment, which should not be further disclosed or used without the permission of the patient to whom the information pertains.”

¹ For Areas that provide CHS directly through the Area Office, references to the SUD/CEO should be considered references to the Area Director's designee, as applicable.

A restriction agreed to by IHS shall not prevent the use or disclosures for which authorization is not required as outlined in the IHS Notice of Privacy Practices, examples of which may include the following:

- a. disclosures to a patient who requests access to PHI about him/her;
- b. disclosures required by the Secretary of HHS to investigate or determine compliance by IHS with the HIPAA privacy rule;
- c. uses and disclosures of PHI for hospital directory where the patient has not objected to such uses and disclosures;
- d. uses and disclosures required by law;
- e. disclosures about victims of abuse, neglect or domestic violence;
- f. uses and disclosures for health oversight activities;
- g. disclosures for judicial and administrative proceedings;
- h. disclosures for law enforcement purposes;
- i. uses and disclosures about decedents;
- j. uses and disclosures for organ, eye or tissue donation purposes;
- k. uses and disclosures for research purposes;
- l. uses and disclosures to avert a serious threat to health or safety;
- m. disclosures for workers' compensation; or
- n. uses or disclosures for which no authorization is required.

6. If IHS has agreed to a requested restriction, it may terminate its agreement if: (a) the patient agrees to or requests the termination in writing using IHS Form 912-2, Request for Revocation of Restriction(s); or (b) IHS informs the patient that it is terminating the agreement, in which case the termination will be effective with respect to PHI created or received after IHS has so informed the patient. When the patient is informed that it is terminating the agreement, the method of informing, together with the date and signature of the SUD/CEO or designee, shall be noted in the file.