

Indian Health Service Protected Health Information Restrictions

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Learning Objectives

- Restrictions Defined
- Laws and Regulations
- Procedure for Requests, Approvals, Denials, and Terminations
- Best Practices for Privacy
- References

Restrictions

Protected health information restrictions are the process by which an individual can request to prohibit the use and disclosure of their protected health information by healthcare providers.

There may be many reasons why an individual would request a restriction. For IHS, this is usually a request by a patient to prohibit an employee from accessing their record.



Examples

Example 1:

A covered health care provider may agree to an individual's request not to use or disclose PHI related to their treatment for a prostate condition. However, if the individual has a medical emergency, the provider may share PHI about the individual's prostate condition with another health care provider if the PHI is needed to provide emergency treatment. The disclosing provider must request that the emergency treatment provider not use or disclose the information other than for the purpose of providing the emergency treatment.

Example 2:

For example, if an individual pays for a reproductive health care visit out-of-pocket in full and requests that the covered health care provider not submit PHI about that visit in a separate claim for follow-up care to their health plan, the provider must agree to the requested restriction.

Health Insurance Privacy and Accountability Act (HIPAA)

45 CFR § 164.522 Rights to request privacy protection for protected health information

(a) (1) Standard: Right of an individual to request restriction of uses and disclosures.

(i) A covered entity must permit an individual to request that the covered entity restrict:

(A) Uses or disclosures of protected health information about the individual to carry out treatment, payment, or health care operations; and

(B) Disclosures permitted under § 164.510(b) Standard: Uses and disclosures for involvement in the individual's care and notification purposes

(ii) Except as provided in paragraph (a)(1)(vi) of this section, a covered entity is not required to agree to a restriction.

Health Insurance Privacy and Accountability Act (HIPAA)

(iii) A covered entity that agrees to a restriction under [paragraph \(a\)\(1\)\(i\)](#) of this section may not use or disclose protected health information in violation of such restriction, except that, if the individual who requested the restriction is in need of emergency treatment and the restricted protected health information is needed to provide the emergency treatment, the covered entity may use the restricted protected health information, or may disclose such information to a health care provider, to provide such treatment to the individual.

(iv) If restricted protected health information is disclosed to a health care provider for emergency treatment under [paragraph \(a\)\(1\)\(iii\)](#) of this section, the covered entity must request that such health care provider not further use or disclose the information.

Health Insurance Privacy and Accountability Act (HIPAA)

(a)(1)(vi) A covered entity must agree to the request of an individual to restrict disclosure of protected health information about the individual to a health plan if:

(A) The disclosure is for the purpose of carrying out payment or health care operations and is not otherwise required by law; and

(B) The protected health information pertains solely to a health care item or service for which the individual, or person other than the health plan on behalf of the individual, has paid the covered entity in full.

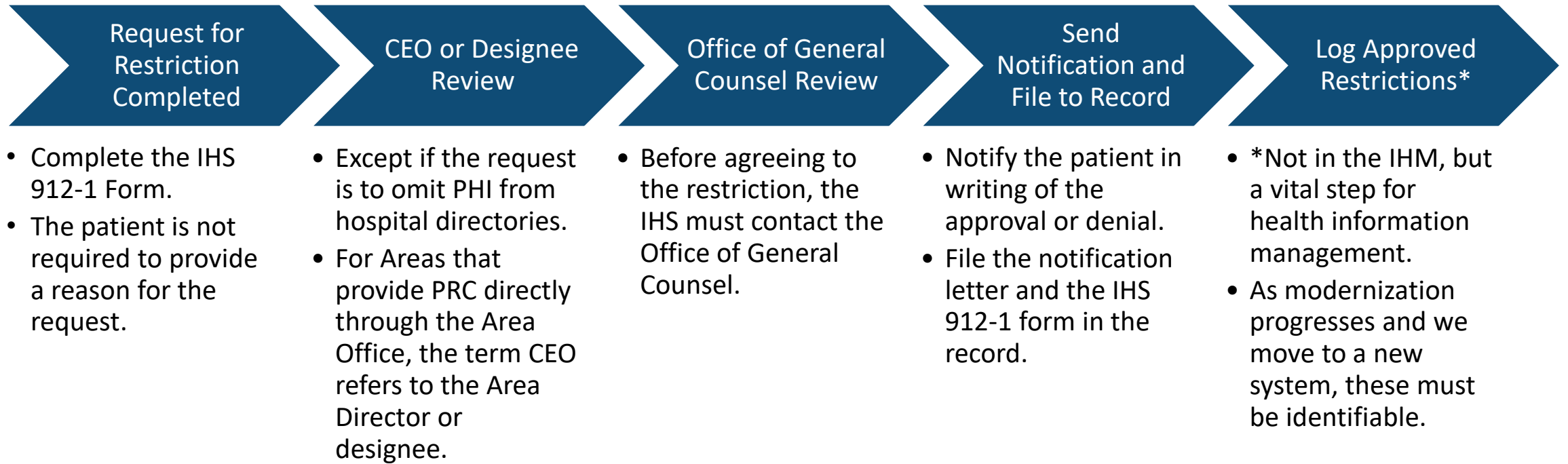
Indian Health Manual (IHM)

Part 2 Chapter 7 Health Insurance Portability and Accountability Act Privacy Rule and the Privacy Act

Policy. Under the HIPAA Privacy Rule, patients have the right to request restriction(s) of the use and/or disclosure of their PHI to carry out treatment; payment and health care operations; inpatient hospital directory; and disclosures to relatives, family members, personal representatives, close friends, health care givers, and any other person involved in the patient's care or payment who is identified by the patient.

The IHS is not required to agree to the request. However, a patient still may object to the disclosure of information for the inpatient hospital directory and to relatives, friends, and others involved in patient care under 45 CFR 164.510(b).

Indian Health Manual Procedure



Request for Restriction(s) Form

[FORM IHS 912-1](#)



DEPARTMENT OF HEALTH AND HUMAN SERVICES
Indian Health Service

REQUEST FOR RESTRICTION(S)

Form Approved: OMB No. 0910-0030
Expiration Date: December 31, 2026
See OMB Statement below.

I understand that I have the right to request restriction(s) as to how my protected health information may be used and/or disclosed to carry out treatment, payment or health care operations, or disclosed to family members and others involved in my care. I understand that IHS may not be required to agree to the restriction(s) requested. Even if my request for restriction is denied, I will generally have an opportunity to agree or object prior to disclosures to persons involved in my care. If IHS agrees to a requested restriction, it will be binding except in the case of emergency treatment. If restricted information is released for my emergency treatment, IHS will request the provider not to further use and/or disclose that information.

I request the following restriction(s) on the use and/or disclosure of my protected health information:

SIGNATURE OF PATIENT OR PERSONAL REPRESENTATIVE
(If Personal Representative, state relationship to patient)

DATE *(mm/dd/yyyy)*

SIGNATURE OF WITNESS
(If signature of patient is a thumbprint or mark)

DATE *(mm/dd/yyyy)*

Request for Restriction(s) Form

[FORM IHS 912-1](#)

- ACCEPTED
- DENIED
- OGC REVIEWED

If accepted, state which of the restriction(s) accepted:

SIGNATURE OF CHIEF EXECUTIVE OFFICER OR DESIGNEE

DATE (mm/dd/yyyy)

OMB STATEMENT

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0917-0030. The time required to complete this information collection is estimated to average less than 10 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, to review and complete the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: Indian Health Service, OMS/DRPC, 5600 Fishers Lane, Rockville, MD 20857, Attention: Information Collections Clearance Officer.

PATIENT IDENTIFICATION

	NAME (Last, First, MI)	
	ADDRESS	
	CITY/STATE	
	DATE OF BIRTH (mm/dd/yyyy)	RECORD NUMBER

IHS 912-1 (01/24)

PSC Publishing Services (301) 443-6740 EF

Disclosure for Emergency Treatment

If restricted information is disclosed to a health care provider for emergency treatment, the 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."

IHS Notice of Privacy Practices

A restriction agreed to by the IHS shall not prevent the use or disclosure for which authorization is not required as outlined in the IHS Notice of Privacy Practices.

To a patient who requests access to their own PHI.

As required by the Secretary, HHS, to investigate or determine compliance by the IHS with the HIPAA Privacy Rule.

For an inpatient hospital directory where the patient has not objected to such uses or disclosures.

As required by law.

For public health activities.

About victims of abuse, neglect, or domestic violence.

For health oversight activities.

For judicial and administrative proceedings

For law enforcement purposes.

About decedents.

For organ, eye, or tissue donation purposes.

For research purposes.

To avert a serious threat to health or safety.

For specialized government functions.

For workers' compensation.

Revocation of Restriction

45 CFR 164.522(a)(2) Implementation specifications: Terminating a restriction.

A covered entity may terminate a restriction, if:

- (i) The individual agrees to or requests the termination in writing;
- (ii) The individual orally agrees to the termination and the oral agreement is documented; or
- (iii) The covered entity informs the individual that it is terminating its agreement to a restriction, except that such termination is:
 - (A) Not effective for protected health information restricted under paragraph (a)(1)(vi) of this section; and
 - (B) Only effective with respect to protected health information created or received after it has so informed the individual.

IHM Revocation of Restriction

If the IHS has agreed to a requested restriction, it may terminate its agreement if:

- (1) The patient is informed that the IHS is terminating the agreement.
 - a. The termination will be effective with respect to PHI created or received after IHS has so informed the patient.
 - b. The method of informing, together with the date and signature of the CEO or (his or her) designee, shall be noted in the file.
- (2) The patient agrees to or requests the termination in writing using the IHS-912-2 form, "Request for Revocation of Restriction(s)."

Request for Revocation of Restriction(s) Form

[FORM IHS 912-2](#)



DEPARTMENT OF HEALTH AND HUMAN SERVICES
Indian Health Service

REQUEST FOR REVOCATION OF RESTRICTION(S)

Form Approved: OMB No. 0910-0030
Expiration Date: December 31, 2026
See OMB Statement below.

I hereby revoke the following restriction(s) except to the extent that IHS has already taken action in reliance thereon:

Large empty light blue box for listing restrictions to be revoked.

SIGNATURE OF PATIENT OR PERSONAL REPRESENTATIVE
(If Personal Representative, state relationship to patient)

DATE *(mm/dd/yyyy)*

SIGNATURE OF WITNESS
(If signature of patient is a thumbprint or mark)

DATE *(mm/dd/yyyy)*

Request for Revocation of Restriction(s) Form

[FORM IHS 912-2](#)

IHS is revoking the following restriction(s):

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SIGNATURE OF CHIEF EXECUTIVE OFFICER OR DESIGNEE

DATE (mm/dd/yyyy)

OMB STATEMENT

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0917-0030. The time required to complete this information collection is estimated to average less than 10 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, to review and complete the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: Indian Health Service, OMS/DRPC, 5600 Fishers Lane, Rockville, MD 20857, Attention: Information Collections Clearance Officer.

PATIENT IDENTIFICATION

	NAME (Last, First, MI)	
	ADDRESS	
	CITY/STATE	
	DATE OF BIRTH (mm/dd/yyyy)	RECORD NUMBER

IHS 912-2 (01/24)

PSC Publishing Services (301) 443-6740 EF

Additional Best Practices for Patient Privacy

Special Ethical Conduct

Outlined in the Indian Health Manual Part 3 Chapter 23

Sensitive Patient Tracking Audits

Allows a facility to track access to sensitive patient records

Privacy Training

Ensure an educated workforce

Specific Ethical Conduct

Indian Health Manual Part 3 Chapter 23 – Ethical and Professional Conduct of Health Care Providers

3-23.3 SPECIFIC ETHICAL CONDUCT

A. Relationships Between Providers and Patients.

- (4) Except in emergency situations, it is usually inappropriate to provide treatment to a person with whom the provider has had a previous sexual or close personal relationship.
- (7) Consistent with many State medical boards and prescribing practices, except for minor and self-limited medical conditions or emergencies, providers should not treat their immediate family members or themselves. Professional objectivity may be compromised when an immediate family member of the provider or the provider is the patient; the provider's personal feelings may unduly influence his or her professional medical judgment, thereby interfering with the care being delivered.

Specific Ethical Conduct

C. Relationships Between Coworkers/Colleagues.

- (1) All health care staff should treat coworkers/colleagues with respect, courtesy, and honesty.
- (2) Except for minor and self-limited medical conditions or emergencies, the provision of services to supervisors and direct subordinates is discouraged.
- (3) The provision of behavioral health care to colleagues may be undertaken only if there is no reasonable alternative available, and then only if professional role conflicts between the role of provider and colleague are determined to pose no threat to the ability of the provider or the patient/colleague to otherwise provide patient care or maintain their professional working relationship. A note documenting the health services provided to a colleague should be maintained in the colleague's medical record.

Specific Ethical Conduct

C. Relationships Between Coworkers/Colleagues.

- (4) Behavior toward colleagues that is routinely disrespectful, harassing, intimidating, coercing and/or inappropriately unpleasant is unethical and a violation of several policies regarding conduct and the consideration of others.
- (5) It is the ethical responsibility of provider staff members to share appropriate information with other staff members about the care of patients within the constraints of the Privacy Act, HIPAA Privacy Rule, and the confidentiality of the provider-patient relationship in the provision of ongoing care.

Sensitive Patient Tracking

- Sensitive patient tracking allows a facility to track who accesses patient records marked as sensitive.
- The site security parameter can be set to “Track All Patient Access” which allows tracking for all patients but does not display the restricted record warning.
- Perform routine random user access audits for suspicious activity.

Privacy Training

Request adequate time for new employee orientation to educate on privacy laws.

Ensure all staff complete annual privacy training.

Send out routine privacy reminders and tips.

Educate staff on privacy concerns that affect our communities.

Reminder, there is no right to privacy on our systems. Unauthorized access can be discovered.

References

[Health Insurance Portability and Accountability Act 45 C.F.R. § 164.522\(a\)](#)

[Indian Health Manual Part 2 Chapter 7](#)

[Indian Health Manual Part 3 Chapter 23](#)

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