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| Name of Policy: Policy Number: Approving Officer: Responsible Agent: Scope: | <u>Request for Restriction of Health Information</u> 3364-90-03 Executive Vice President of Clinical Affairs Privacy Officer Director, Health Information Management Chief of Staff Vice President, Human Resources Hybrid and Affiliated Covered Entities of UT of the University of Toledo |  Revision Date: June 12, 2020 Initial Effective Date: April 14, 2003 |
| <input type="checkbox"/> New policy proposal <input type="checkbox"/> Major revision of existing policy | <input type="checkbox"/> Minor/technical revision of existing policy <input checked="" type="checkbox"/> Reaffirmation of existing policy | |

(A) Policy Statement

Individuals have the right to request restrictions on their protected health information (PHI) from the Health Information Management Department. Restrictions may be denied in accordance with the privacy laws.

(B) Purpose of Policy

The purpose of this policy is to provide guidance on when and how an individual may request a restriction of their PHI and to outline the processes set out by the Compliance & Privacy office and Health Information Management (HIM) in processing such requests.

(C) Procedure

1. Individual Rights

Patients or their designated representative may request restrictions on the use and disclosure of their PHI for treatment, payment and operations. Individuals may also request a restriction of use and disclosure of PHI to family members and others identified by the individual as well as to public or private agencies authorized to carry out disaster relief activities. Hybrid and Affiliated Covered Entities of The University of Toledo(UToledo) (Hybrid and ACE) reserve the right to grant or deny a request for restriction except in the following situation:

- a. Disclosure to a health plan for the purpose of payment or healthcare operations
- b. The PHI pertains solely to a healthcare service for which the patient or another person other than the health plan has paid out of pocket and in full on behalf of the patient

An individual’s request for restriction must be granted in this event unless the restriction is prohibited by law.

2. How to Request a Restriction

The request for restriction must be made by completing and submitting, within three calendar days of service, a “Request for Restrictions on Protected Health Information” form (attached to this policy) provided to the patient by Financial Services, Health Information Management Department (HIM) or the Compliance & Privacy office or in other writing to HIM. HIM, in conjunction with the Privacy Office, will review and make a decision on the request. A copy of the final decision pertaining to the individual’s request for a restriction will be provided to the individual.

3. Update and Downstream Users

If the request for a restriction is granted, all pertinent systems will be updated relative to the restriction. A copy of the request and decision will be scanned into the patient's medical record. The individual is responsible for notifying all downstream healthcare providers.

4. Limitations on Request for Restrictions

Hybrid and ACE of UToledo will not disclose PHI where a request for restriction has been granted, except if any of the following apply:

- a. In the event of an emergency, if the individual who requested the restriction is in need of emergency treatment and the restricted PHI is needed to provide the emergency treatment, the restricted PHI may be disclosed to a healthcare provider, in order to provide treatment to the individual. A healthcare provider may not further use or disclose restricted PHI after the emergency treatment of the individual.
- b. The agreement is rendered ineffective by law such as when disclosure is required by the Secretary of Health and Human Services, certain uses of PHI in institutional directories, disclosures for public health purposes, law enforcement, judicial or administrative proceedings health oversight activities and report of victims of abuse, neglect or domestic violence.

5. Termination of Agreement to Restrict PHI

Health Information Management, in conjunction with the Privacy Office, may terminate its agreement to a restriction if:

- a. The individual agrees to or requests the termination in writing
- b. The individual orally agrees to the termination and the oral agreement is documented
- c. HIM informs the individual that it is terminating its agreement to a restriction, except that such termination is ineffective for restrictions to health plans for purposes described in C1. In addition, a unilateral termination is only effective with respect to PHI created and received after the individual has been duly informed.

6. Restriction Request - Pay in Full*

- a. Hybrid and ACE of UToledo are required to honor requests not to disclose PHI to your health plan when the patient is paying out of pocket for the full cost of services.
- b. Hybrid and ACE of UToledo are not required to honor requests when the patient is not paying in full, as promised. At that time, the Hybrid and ACE of UToledo will submit a claim to the patient’s health plan or initiate other collection activities. This means if the full payment does not go through for any reason, e.g., bounced check or credit card denied, the Hybrid and ACE of UToledo will contact the patient’s health plan for reimbursement.
- c. Hybrid and ACE of UToledo cannot honor a request to restrict the entity from giving PHI to an insurance company that will be asked to pay a portion of a patient’s bill.

*Not subject to any discount

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| <p>Approved by:</p> <p style="text-align: right;">6/12/2020</p> <p><u>/s/</u> Christopher Cooper, MD Executive Vice President of Clinical Affairs</p> <p><u>/s/</u> Rick Swaine, Chief Executive Officer of UTMC.</p> <p><i>Review/Revision Completed By: Privacy & Security Committee</i></p> | <p>Review/Revision Date: 08/09/2006 10/12/2010 09/01/2013 09/01/2016 10/16/2017 3/30/2020 6/12/2020</p> <hr/> <p>Next Review Date: 6/12/2023</p> |
| <p>Policies Superseded by This Policy: 7-90-3 Patient Request for Restriction on Health Information for Use/Disclosure for the Purposes of Treatment, Payment and Hospital Operation</p> | |



Request for Restriction of Protected Health Information

Patient Label

To our patients:

Under federal privacy regulations you have the right to request restrictions on how your health information is used and disclosed. Here are some things you should know about this right and how UT Health administers it.

- Except for restrictions on disclosures to your health plan as described below, UT Health is not required to comply with your request for a restriction.
- UT Health is required by law to disclose patient information without your written authorization, to a variety of state, federal, and other entities for a variety of purposes (see the UT Health Joint Notice of Privacy Practices for a complete description). We cannot comply with a request to restrict all disclosures or to obtain your authorization prior to disclosing any of your health information.
- Generally speaking, UT Health will not agree to comply with a restriction unless we can be absolutely confident that we will be able to adhere to the restriction as requested. Many restriction requests are denied for practical reasons.
- You have the right to request restrictions on disclosures to your health plan for services or items for which you have personally paid in full “out of pocket”. UT Health must comply with this type of request. However:
 - You must personally pay in full for the healthcare item or service.
 - If you fail to pay in full, your restriction request is considered invalid and UT Health will submit a claim for reimbursement to your health plan for the item or service.
 - Because inpatient hospital stays are reimbursed by health plans differently from other healthcare services – typically a lump sum payment based on your diagnosis – it is not practical to withhold information about a specific service or item from your health plan. If you wish to restrict a disclosure to your health plan for an item or service provided during an inpatient hospital stay, you must pay in full for the entire hospital stay.
 - If you pay in full for a diagnostic service, such as a lab test or an x-ray exam, and request a restriction on disclosures to your health plan, we will certainly not send your health plan a claim for reimbursement. However, your treating provider may be required to submit the diagnostic results to your health plan in order to be reimbursed for his/her services. You must contact your provider’s office directly to request a restriction.

Once completed, please return to:

Privacy Office – 3065 Arlington Avenue, Mulford Library 048, Toledo, OH 43614 MS 1089

email: complianceoffice@utoledo.edu

Fax: 419-383-2914





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Please complete form and return to:

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email: complianceoffice@utoledo.edu

Fax: 419-383-2914

Patient Information (please print)

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|------------------|-----------------------|---------------|
| Last Name | First Name | Middle |
| Street Address | | Daytime Phone |
| City, State, Zip | | Evening Phone |
| Date of Birth | Medical Record Number | |

I request the following restriction be made for my protected health information:

Uses by, or disclosures to individuals or entities (other than disclosures to my health plan as described below)

Information to be Restricted

Individuals who are to be restricted from the use or disclosure of my protected health information include:

Time frame of the restriction (from) _____ to _____

Disclosures to my health plan regarding items or services for which I am personally paying in full "out of pocket"

Description of Item or Service

Date(s) of Service

Account Number

Restriction rescinded due to failure to pay in full for services. Date: _____

I understand that, that if I am requesting restriction on disclosures to my health plan, I must pay in full for the specified service(s) or UT Health cannot restrict disclosures of my health information to my plan.

Signature of Patient or Legal/Personal Representative

Date

Relationship to patient/authority: _____

FOR UT HEALTH USE ONLY

Routing: Restrictions on disclosures to health plans – HIM; all others to Privacy Officer

Restriction accepted

Restriction Denied (reason): _____

Patient/Personal Representative notified of restriction decision by: _____

Signature

Title

EMR#

Date

Time