

**UC Riverside, School of Medicine Policies and Procedures**

**Policy Title:** Patient Requested Restrictions

**Policy Number:** 950-02-025

<b>Responsible Officer:</b>	Compliance Officer
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<b>Origination Date:</b>	06/2013
<b>Date of Revision:</b>	07/19/2021
<b>Scope:</b>	Procedures for responding to patients' requests for restricted use and disclosure of protected health information (PHI).

**I. Policy Summary:**

The HIPAA Privacy Rule, gives patients the right to request restricted use and disclosure of their protected health information (PHI). UCR Health however is not required to agree to the restriction request, except if the patient pays for a service in full and out-of-pocket, and requests a restriction of the information relating to that service to their health plan.

**II. Definitions:**

“Protected Health Information” or “PHI” is any individually identifiable health information regarding a patient’s medical or physical condition or treatment in any form created or collected as a consequence of the provision of health care, in any format including verbal communication.

**III. Policy:**

- A.** Patients have a right to request restrictions on the use and disclosure of their protected health information.
- B.** UCR Health will review all requests for restrictions to determine whether the restriction can be granted.
- C.** UCR Health will accept and honor all requests for restrictions when the patient pays for a service out-of-pocket and in full, and requests that the health information relating to that visit not be provided to their health plan for payment or healthcare operations. Disclosure of the information to the health plan is still permitted for treatment purposes only. Any information relating to the service or testing that is provided to the patient as a result of the encounter is also covered by the patient’s requested restriction.
- D.** All requests for restrictions must be in writing and are to be directed to: University of California Riverside School of Medicine Compliance Office, 900 University Avenue, Riverside, California 92521.
- E.** For any other requests for restrictions except as noted above, the Privacy Rule does not require UCR Health to agree to honor a request for a restriction of the uses and disclosures of protected health information (PHI).
- F.** All requests for restrictions not mandated by law will be reviewed by the Compliance and Privacy Officer. The patient will be informed, in writing, of the decision to accept or reject the restriction including the basis for the approval or

denial. Restrictions not authorized by policy or of a questionable nature must be reviewed by the Compliance and Privacy Officer for approval. An electronic or written record of the restriction decision will be maintained for a minimum of six years from the date of creation or from the last date for which the restriction remains in effect, whichever is later.

- G. If the patient's request is denied, the patient may submit a written disagreement with the decision to the Compliance and Privacy Officer. The patient may also file a complaint with the Department of Health and Human Services.
- H. An agreement to restrict information does not prevent uses or disclosures made for the following purposes:
  - 1. During a medical emergency, if the restricted information is needed to provide emergency care.
  - 2. Certain public health activities.
  - 3. Reporting abuse, neglect, domestic violence or other crimes.
  - 4. Health agency oversight activities, law enforcement investigations or judicial or administrative proceedings.
  - 5. Identifying decedents to coroners and medical examiners or determining a cause of death.
  - 6. Workers' compensation programs.
  - 7. Uses or disclosures otherwise required by law.
  - 8. Disclosures to a health plan for treatment purposes even if requested by the patient when paying out-of-pocket for the service.
- I. If UCR Health agrees to the restriction, it must respect and abide by those restrictions, except when the individual needs emergency treatment. In an emergency, restricted information may be used for treatment, but no further disclosures may be made.
- J. UCR Health may terminate the agreement to honor a special restriction under the following conditions:
  - 1. The individual agrees to or requests the termination in writing.
  - 2. The individual orally agrees to the termination and the oral agreement is documented.
  - 3. UCR Health informs the individual that it is terminating its agreement; however, the termination is only effective with respect to PHI created or received after the individual has been notified of the termination.

#### **IV. Responsibilities: Compliance and Privacy Officer**

#### **VI. Procedures:**

##### **Roles and Process of Submitting and Fulfilling Restriction Requests to UCR Health for Services Paid in Full by Patient.**

##### **A. Patient/Personal Representative**

- 1. The patient may request to pay for services in full at the time of registration, and requests that the information is not to be forwarded to their health plan and the service not billed to their health plan.

##### **B. Registration Staff**

- 1. The registration staff and all ancillary services will register the patient and

- document in the patient's medical record a patient's request for restrictions, if any.
2. The registration staff must immediately contact the Compliance and Privacy Officer for further instructions. The patient must complete the restriction request form "Request for Restriction of Disclosures to Health Plan" (Appendix A).
  3. This restriction request form will be forwarded to University of California Riverside Health Correspondence, Health Information Management Department, 900 University Avenue, Riverside, California 92521.
  4. The registration staff will scan the request into the Patient's electronic health record and flag the Legal Medical Record system with the information on the restriction.
  5. If the request for the restriction to the patient's health plan is made after the service is rendered, the patient will be requested to send a written request to the Health Information Management Department.
  6. The Health Information Management Department will scan the request and electronically distribute the request to:
    - a. Revenue Cycle Manager/ Patient Billing Services
    - b. Compliance Office
  7. Each billing department will flag the appropriate electronic system to flag the record and document the restriction in the release of information system. The Compliance Office will notify any other billing managers or medical records areas.
  8. All requests for information from health plans on patients with a HIPAA Restriction will be reviewed by the Health Information Management Department prior to release.
  9. All restricted information will be excluded from the disclosure to the health plan.

## **Roles and Process of Submitting and Fulfilling Restriction Requests to UCR Health**

### **A. Patient/Personal Representative**

1. Submits request for restriction on use or disclosure of protected health information to Health Information Management Department (see Appendix B).

### **B. Health Information Management Department**

1. Reviews request and determines if request approval is mandated by law. If not, consults with the Compliance and Privacy Officer or designee to make a determination regarding the restriction request, and whether the request will be honored.
2. Completes "Response to Request for Special Restriction on Use or Disclosure of Protected Health Information" (see Appendix C)
  - a. Assures that a copy of response is filed in patient's medical record.
  - b. Assures that the medical record is flagged appropriately to alert users to the restrictions.
  - c. Notifies business associates of need to honor restriction and inclusive

dates, if applicable.

- d. Flags the electronic health record to identify the restricted information.
- 3. Requests that special restriction be terminated. The request to terminate the special restriction should be directed to the Health Information Management Department.
- 4. Files documented request to terminate special restriction in the patient's medical record and assures that medical record is flagged appropriately.
- 5. Notifies business associates of termination of restriction.
- 6. Removes restriction flag from electronic legal health record.

**VII. Forms/Instructions:**

**Appendix A** - Request for Restriction of Disclosure of Information to Health Plan

**Appendix B** - Request for Special Restriction on Use or Disclosure of Protected Health Information

**Appendix C** – Response to Request for Special Restriction on Use or Disclosure of Protected Health Information

**VIII. Contacts**

Unit	Title	Phone
Compliance	Compliance and Privacy Officer	(951) 827-4672
Compliance	Privacy Analyst	(951) 827-7672

**VIII. Related Information: N/A**

**IX. Frequently Asked Questions: N/A**

**X. Revision History: N/A**

Approvals:

COMPLIANCE COMMITTEE (07/28/2021)

\_\_\_\_\_  
 PAUL HACKMAN, J.D., L.L.M.  
 CHIEF COMPLIANCE AND PRIVACY OFFICER,  
 SCHOOL OF MEDICINE

\_\_\_\_\_  
 DATE

\_\_\_\_\_  
 DEBORAH DEAS, M.D., M.P.H  
 VICE CHANCELLOR, HEALTH SCIENCES  
 DEAN, SCHOOL OF MEDICINE

\_\_\_\_\_  
 DATE

Appendix A

UCR HEALTH  
REQUEST FOR RESTRICTION OF DISCLOSURE OF INFORMATION TO A HEALTH PLAN

Patient Name: \_\_\_\_\_ MRN: \_\_\_\_\_

Date of Service: \_\_\_\_\_ Account No.: \_\_\_\_\_

Location: \_\_\_\_\_

I hereby request that UCR Health does not disclose the following information related to the service identified above to my healthcare plan, insurance company or third party payer:

\_\_\_\_\_  
\_\_\_\_\_

**I understand that I am responsible for paying for this service in full for both professional and technical charges. I understand that this request applies only to the information from this service, and that I must separately request the restriction of the information on any future encounters.**

I understand that UCR Health is not required to honor this request when disclosing information to my health plan, insurance company or third party for **treatment** purposes only.

I understand that this request for restricting disclosure of this information does not apply to permitted or legally required disclosures to other individuals including:

- During a medical emergency, if the information is needed to provide emergency care
- Certain public health activities
- Reporting abuse, neglect, domestic violence or other crimes
- Health oversight activities, law enforcement investigations, judicial or administrative proceedings
- Uses or disclosures otherwise required by law

I understand that the restriction request may be terminated if I request or agree to the termination in writing, or I orally agree to the termination and the oral agreement is documented.

Signature of patient or representative \_\_\_\_\_ Date \_\_\_\_\_

Relationship to patient (if representative): \_\_\_\_\_

Forward to: **University of California Riverside Health Correspondence, Health Information Management Department, 900 University Avenue, Riverside, California 92521.**

**Appendix B**

**UCR HEALTH  
REQUEST FOR SPECIAL RESTRICTION ON USE OR DISCLOSURE OF PROTECTED  
HEALTH INFORMATION**

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Date: \_\_\_\_\_

I understand that UCR Health may use or disclose my protected health information (PHI) for the purposes of treatment, payment, and healthcare operations. UCR Health may also disclose information to someone involved in my care or the payment for my care, such as a family member or friend. I understand that UCR Health does not have to agree to my request.

I hereby request a restriction on UCR Health's use or disclosure of protected health information.

The information I want limited is:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I want the limits to apply to the following person/entity:

\_\_\_\_\_

I understand that UCR Health does not have to agree to my request. Even if UCR Health agrees to the restriction, it may share information anyway in the following circumstances:

- During a medical emergency, if the restricted information is needed to provide emergency care.
- Certain public health activities.
- Reporting abuse, neglect, domestic violence or other crimes
- Health oversight activities, law enforcement investigations, judicial or administrative proceedings.
- Identifying decedents to the coroner, or determining a cause of death
- Worker's compensation programs
- Uses or disclosures otherwise required by law

If a special restriction is agreed to, it may be terminated if:

1. I request, or agree to, the termination in writing.
2. I orally agree to the termination and the oral agreement is documented.
3. UC Riverside Health informs me that it is terminating our agreement. In this case, the termination is only effective for PHI created by UC Riverside Health or received by UC Riverside Health after I am notified of the termination.

Signature of patient or representative \_\_\_\_\_ Date \_\_\_\_\_

Relationship to patient (if representative): \_\_\_\_\_

Forward to: **University of California Riverside Health Correspondence, Health Information Management Department, 900 University Avenue, Riverside, California 92521.**

**Appendix C:**

**UCR HEALTH RESPONSE TO REQUEST FOR SPECIAL RESTRICTION ON USE OR DISCLOSURE OF PROTECTED HEALTH INFORMATION**

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Date: \_\_\_\_\_

Approved: \_\_\_\_\_

Denied: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Health Information Management