

# Policy and Procedure to Request Restrictions on Use and Disclosure of Protected Health Information

## Cardiac Surgery Associates, SC

**Date:** April 14, 2003

**Authority:** Executive Management Committee, Drs. Bakhos, Blakeman, Bonilla, and Foy; M. Budzynski

### **Responsibility:**

1. It will be the responsibility of the Physician to receive requests for and agree to any restrictions on use and disclosure of protected health information.
2. It will be the responsibility of the Office Manager to monitor that any restrictions to which the office agrees will be followed.

### **General Policy:**

1. We will supply any individual who requests restrictions placed on use and disclosure of protected health information a Form to Request Restrictions.
2. We will agree to requested restrictions if, in the judgment of a licensed healthcare professional, we believe the restriction will not limit our ability to provide quality healthcare treatment or manage our healthcare operations, and if our information management procedures and systems will permit us to comply consistently with the requested restrictions. We will also provide confidential communications by alternative means or to an alternative address provided if we obtain assurance that payment for our healthcare services will be handled and we receive specification of the alternative address or other method of contact.

### **Procedure:**

1. When an individual requests restrictions, supply the individual with our Form to Request Restrictions.
2. The Physician will review the Form to Request Restrictions and determine whether we are able to accept the restrictions. The Physician will complete and sign the Form to Request Restrictions, supply the individual with a copy, and place the original in the individual's permanent health record. The Physician will also make the necessary postings to the individual's health record and/or billing record to enable the restrictions to be carried out.
3. If the individual makes the request for restrictions in our office, we will attempt to complete the Form to Request Restrictions during the time the individual is present in our office, but no later than 30 days after receipt.
4. If at any time we find that we cannot carry out the restrictions requested by an individual, we will prepare a written notice to send to the individual terminating our agreement, which will be applicable only to information created or received after such notice has been sent to the individual.
5. We will accept a written request from the individual to terminate the restrictions at any time or will document any oral request to terminate restrictions from the individual. If an oral request is received, this will be documented on the original Form to Request Restrictions, a copy of which will be supplied to the individual.

# State Law Information for Request Restrictions on Use and Disclosure of Protected Health Information

## **Cardiac Surgery Associates, SC**

State: IL

Your state's laws regarding Protected Health Information must be considered along with the HIPAA Privacy Regulation when updating your organization's policies and procedures. We are providing the information below as a guide to what those other considerations may be. Consult your state's laws to make sure you are meeting all of the requirements.

**We have been unable to find any state statutes for this policy.**

### **General Policy**

Under HIPAA, a patient is allowed to request restriction on the use and disclosure of their PHI. State law may differ in the conditions to accept or reject a person's request for restrictions in use and disclosure or PHI.

We have not discovered any relevant state statutes for this section.