



**Request to Restrict Uses and Disclosures of
Protected Health Information (“PHI”) Policy
May 13, 2016**

SCOPE

This policy applies to Florida Atlantic University’s Covered Components and those working on behalf of the Covered Components (collectively “FAU”) for purposes of complying with the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

POLICY

To allow patients to restrict the use or disclosure of their Protected Health Information (“PHI”) in accordance with the HIPAA Privacy Rule.

REASON FOR THE POLICY

To establish a procedure by which FAU will allow individuals to restrict the use or disclosure of their PHI.

DEFINITIONS- Refer to Glossary and Terms

PROCEDURE

1. When an individual requests a restriction, the person requesting the restriction should complete the “Request to Restrict Uses and Disclosures of Protected Health Information” form. Place the completed form in the patient’s medical record.
2. An individual has the right to request a restriction on the use or disclosure of his or her PHI (a) for treatment, payment, or health care operations, and (b) disclosures to family and friends involved in the individual’s care.
3. Although FAU does not generally have to honor restriction requests, it shall honor all reasonable requests, except that the individual may not restrict information disclosed to the Department of Health and Human Services for compliance purposes and other disclosures permitted or required by law.
4. FAU must agree to the request of a patient to restrict disclosure of PHI about the patient 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 PHI 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.
5. In emergency situations, where the individual needs emergency care and the restricted PHI

is needed to provide the care, FAU may use the restricted PHI, or disclose such information to another health care provider, to provide such treatment to the individual. If restricted PHI is disclosed to a health care provider for emergency treatment, FAU must request that the health care provider not further use or disclose the information.

6. FAU may terminate a restriction that it was not legally required to agree to if:
 - a. the individual agrees or requests the termination in writing; or
 - b. the individual orally agrees to the termination and the oral agreement is documented; or
 - c. FAU informs the individual that it is terminating its agreement to a restriction, except that the termination is only effective with respect to PHI created or received after FAU has informed the individual.
7. FAU will document and retain agreed-upon restrictions (in written or electronic form) and an individual's oral agreement to terminate a restriction for six (6) years from the date created or last date of use, whichever is later.
8. Denying Restrictions. If you believe, within your professional judgment, that a request for restriction should be denied, please contact the Chief Compliance Officer for guidance. If a request for restriction is denied, FAU will notify the individual requesting the restriction of the denial.
9. Notifying Business Associates. Business Associates of FAU who use or disclose the patient's PHI must be notified of, and abide by, any agreed upon restrictions.