

CONNECTICUT VALLEY HOSPITAL OPERATIONAL PROCEDURE MANUAL

SECTION II: ORGANIZATION-FOCUSED FUNCTIONS POLICY 10: Management of Information PROCEDURE 10.22: Restrictions on the Use and Disclosure of Protected Health Information

Purpose:

To inform Health Information Management (HIM) and clinical staff that the patient has the right to request restrictions on the uses and disclosures of his/her Protected Health Information (PHI) and that the request must be submitted by the patient or personal representative in writing.

Definitions:

1. *Disclosure*: The release, transfer, provision of access to, or the divulging in any other manner of information outside the agency holding the information.
2. *Individually Identifiable Health Information*: Information that is a subset of health information, including demographic information collected from an individual, and that: (1) is created or received by a health care provider, health plan, employer, or health care clearinghouse; and (2) relates to the past, present, or future physical or mental health or condition of an individual, the provision of health care to an individual, or the past, present, or future payment for the provision of health care to an individual, and (3) which identifies the individual, or (4) with respect to which there is a reasonable basis to believe that the information can be used to identify the individual. Note: Individually identifiable health information is to be treated as protected health information.
3. *Personal Representative*: A person who has authority under applicable law to make decisions related to health care on behalf of a patient.
4. *Protected Health Information (PHI)*: Individually identifiable information relating to past, present or future physical or mental health or condition of an individual, provision of health care to an individual, or the past, present or future payment for health care provided to an individual.
5. *Use*: With respect to individually identifiable health information, the sharing, employment, application, utilization, examination, or analysis of such information within an entity that maintains such information.

Procedure:

1. Staff provides the patient with form CVH-523, Request for Restrictions of Protected Health Information, when the patient requests a restriction on the use and disclosure of his/her PHI.
2. Staff receiving the request submit the form to HIM for processing.
3. HIM forwards the request to the Attending Psychiatrist for a decision to allow or deny the restriction.
4. HIM staff informs the patient of the decision in writing within 30 days using CVH-523.
5. The original form CVH-523 is filed in the Correspondence section of the medical record.
6. If the Hospital agrees to the requested restriction, HIM staff will not use or disclose PHI in violation of this restriction. Additionally, the HIM staff alerts others who have already received this information of the restriction.
7. CVH may terminate its agreement to a restriction if:
 - a. the patient agrees to or requests the termination in writing;
 - b. the patient orally agrees to the termination and the oral agreement is documented; or
 - c. CVH notifies the patient it is terminating the agreement and the termination is effective after the individual is informed.
8. If a restriction is denied, CVH notifies the patient in writing using CVH-523 and informs the patient of his/her right to appeal the denial to the CVH Privacy Officer.
9. If the patient chooses to appeal the denial, he/she completes the Request for Appeal of Denial form (CVH-666) which is sent to the Privacy Officer.
10. The Privacy Officer determines whether or not to uphold the denial and provides written notice to the patient within 30 days using CVH-666.
11. If the denial is upheld, the patient is informed of his/her right to a further review by the Office of Healthcare Information, using CVH-666, Request for Appeal of Denial.
12. HIM staff files the forms CVH-523 and CVH-666 in the Correspondence section of the medical record.
13. On an annual basis, HIM reviews denials on restrictions and verifies consistency and adherence with best practice standards.

Illustrations/Examples:

Example 1: A behavioral health outpatient facilities/statewide programs uses a specific form called “Request for Restriction on Uses and Disclosures of Protected Health Information (PHI).”

A client completes this form, requesting that her parents be restricted from access to her medical record. The form is submitted to the client’s clinician who gives it to the Medical Records Department for inclusion in the client’s record.

Example 2: A patient in a psychiatric hospital completes the “Request for Restriction on Uses and Disclosures of Protected Health Information (PHI) form requesting that the Outpatient Clinic that referred him to the hospital be restricted from access to his medical record. The form is submitted to the patient’s social worker, who reviews it with the treatment team and denies the restriction because clinicians from the outpatient clinic are involved in planning for the patient’s discharge. The patient is informed of this decision and his/her right to appeal. The reason for the denial is documented on the request form, which is placed in the patient’s medical record.