



UNIVERSITY OF ARKANSAS
FOR MEDICAL SCIENCES

UAMS ADMINISTRATIVE GUIDE

NUMBER: 3.1.34

DATE: 04/01/2003

REVISION: 03/01/2004; 10/08/2009; 10/05/2011

PAGE: 1 of 6

SECTION: ADMINISTRATION

AREA: GENERAL ADMINISTRATION

SUBJECT: PATIENT INFORMATION RESTRICTION REQUESTS

PURPOSE

To inform the UAMS Workforce about the UAMS Patient Information Restriction Requests Policy.

SCOPE:

UAMS Workforce

DEFINITIONS:

Protected Health Information (PHI) means information that is part of an individual's health information that identifies the individual or there is a reasonable basis to believe the information could be used to identify the individual, including demographic information, and that (i) relates to the past, present or future physical or mental health or condition of the individual; (ii) relates to the provision of health care services to the individual; or (iii) relates to the past, present, or future payment for the provision of health care services to an individual. This includes PHI which is recorded or transmitted in any form or medium (verbally, or in writing, or electronically). PHI excludes health information maintained in educational records covered by the federal Family Educational Rights Privacy Act and health information about UAMS employees maintained by UAMS in its role as an employer.

UAMS Workforce means for purposes of this Policy, physicians, employees, volunteers, trainees, and other persons whose conduct, in the performance of work for UAMS, is under the direct control of UAMS, whether or not they are paid by UAMS.

To access any other terms or definitions referenced in this policy:

<http://hipaa.uams.edu/DEFINITIONS%20-%20HIPAA.pdf>

POLICY:

All UAMS patients have the right to request restrictions on the use and disclosure of their Protected Health Information. UAMS is not required to agree to any restriction request, except that UAMS must agree to a requested restriction of disclosures to a health plan when the services to which the restriction applies have been paid in full. UAMS will not agree to any request to restrict information that UAMS is required by law to use or disclose.

PROCEDURE:

- A. **Right to Request Restrictions:** Patients will be advised by the UAMS Notice of Privacy Practices that they have a right to request restrictions on the use and disclosure of their Protected Health Information. Specifically, patients have the right to request that UAMS restrict:
1. Uses or disclosures of PHI about the patient to carry out treatment, payment or health care operations of UAMS; or
 2. Disclosures made to family and friends involved in the patient's care; or
 3. Disclosures to a health plan for the purpose of carrying out healthcare operations or payment (not treatment), where the PHI pertains solely to a health care item or service for which UAMS has been paid in full.

- B. **Requirements for Requesting Restrictions:** The patient's request for restrictions must be in writing and must include the following:
1. A description of the information that is to be restricted;
 2. A statement whether the restriction applies to use, disclosure or both; and
 3. To whom the restrictions will apply.

The Patient Request to Restrict Use/Disclosure of Health Information form attached to this Policy must be completed and signed by the patient in order to process the request. The completed form should be maintained in the patient's medical record and a copy sent to the UAMS HIPAA Office, #829..

- C. **UAMS Process for Responding to Restrictions:** All Restriction Requests must be sent to the UAMS HIPAA Office for processing. The UAMS HIPAA Office, in conjunction with Health Information Management and other Departments affected by the restriction, will determine whether the request will be granted or denied.
1. The patient should be informed that the request, if agreed upon, will apply only to the UAMS clinic or facility or to the specific inpatient or emergency room visit for which the patient has submitted the request. If the patient wishes for restrictions to apply to other clinics or facilities of UAMS involved in the patient's care, or to another inpatient or emergency room visit, the patient should be informed that he/she must submit the request form to the individual UAMS clinics or facilities and at each inpatient and emergency room visit.
 2. Although UAMS is not required to inform the patient, UAMS may inform the patient verbally or in writing of a denial of a request submitted in writing and in accordance with this Policy. If the patient is informed verbally of a denial of a restriction request, this should be documented on the form.
- D. **Emergency Situations:** If UAMS has agreed to a restriction, UAMS may not use or disclose PHI in violation of the restriction, except that, if the patient is in need of emergency treatment and the restricted PHI is needed to provide the emergency

treatment, UAMS may use the restricted PHI, or may disclose such information to a health care provider, to provide the treatment to the patient.

E. Ineffective Restrictions: A restriction agreed to by UAMS is not effective to prevent disclosures to:

1. Secretary of the United States Department of Health and Human Services to investigate or determine UAMS's compliance with the HIPAA regulations; or
2. Uses or disclosures required by law for:
 - a. public health activities;
 - b. health oversight activities;
 - c. to report abuse, neglect or domestic violence;
 - d. judicial and administrative proceedings;
 - e. compliance with workers compensation proceedings in which patient has filed a workers' compensation claim;
 - f. law enforcement purposes;
 - g. to report a crime in an emergency;
 - h. coroners and medical examiners;
 - i. organ, eye or tissue donation purposes;
 - j. circumstances in which UAMS believes in good faith is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or to the public; or
 - k. correctional institutions or other law enforcement custodial situations.
3. Insurance companies or other third party payors for purposes of payment of health care services provided to the patient, unless the PHI pertains solely to a health care item or service for which UAMS has been paid in full.

See UAMS [Uses and Disclosure of PHI and Medical Record Policy, 3.1.28](#) for more information.

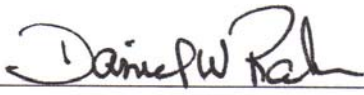
F. Termination of Agreed Restrictions: UAMS may terminate its agreement to a restriction if:

1. the patient agrees to or requests the termination in writing;
2. the patient orally agrees to the termination and the oral agreement is documented; or
3. UAMS informs the patient that it is terminating its agreement to a restriction, except that such termination is only effective with respect to PHI created or received after UAMS has informed the patient.

UAMS is not required to abide by the "Termination of Agreed Restrictions" requirements when the restrictions do not apply in emergencies as described in Section E of this Policy, or when the restrictions are ineffective under the HIPAA regulations as described in Section D of this Policy.

SANCTIONS

Violation of this Policy will result in disciplinary action, in accordance with [Policy 4.4.02 Disciplinary Notice Policy](#).

Signature: 

Date: October 5, 2011

Patient label if available or

Print patient name

and account number



UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES

Patient Request to Restrict Use/Disclosure of Health Information (to be completed with assistance of clinic/facility manager or other designee)

CLINIC/FACILITY NAME: _____

Patient Name _____ Medical Record No. (if known) _____

Date of Birth _____ Phone _____

Address _____

Street Address City State Zip

I want to request the following restriction on the use or disclosure of my health information:

- Describe the information you want restricted:

- Check whether you want the information restricted from use by UAMS or disclosure outside of UAMS, or both by checking one or both of the boxes that apply to your request:

[] Do not disclose this information to individuals or organizations outside UAMS

[] Do not use this information within UAMS (This would include your UAMS Physicians & other staff)

- Specify the persons or entities you want this restriction applied to:

THIS REQUEST WILL APPLY ONLY TO THIS CLINIC/FACILITY OR TO THIS INPATIENT OR EMERGENCY ROOM VISIT. IF YOU WISH FOR RESTRICTIONS TO APPLY TO ANY OTHER UAMS CLINIC OR FACILITY OR TO ANY OTHER INPATIENT OR EMERGENCY ROOM VISIT, PLEASE CONTACT THAT CLINIC/FACILITY AND COMPLETE A RESTRICTION REQUEST FORM.

THIS REQUEST IS SUBJECT TO REVIEW AND MAY NOT BE APPROVED.

Signature of Patient or Legal Representative

Date

If Legal Representative, authority of Legal Representative _____

(such as parent of a minor, court-appointed guardian, administrator of estate of deceased, attorney-in-fact appointed with power of attorney, or healthcare proxy)

Staff Use Only

UAMS response to request: [] agreed to request [] denied request

Informed Patient: [] verbally [] in writing Date: _____

Comments: _____

Signature of UAMS Authorized Personnel

Date

File Original in Patient's medical record and send a copy to the UAMS HIPAA Office, #829

EPF Barcode UAMS Administrative Guide policy 3.1.34