

Alaska Native Medical Center

Patient Right to Request Restrictions on Use or Disclosure of Health Information Procedure #1008-05

Reference Policy: Patient Rights to Health Information under the Privacy Rule Policy #1008

1. Purpose:

To ensure ANMC honors a patient's right to request restrictions on the use and disclosure of protected health information (PHI), in accordance with the Privacy Rule at 45 CFR §164.522(a).

2. Scope:

The ANMC accredited campus and its staff, which includes employees, residents, non-physician interns, students, volunteers, and contractors.

3. Procedure:

3.1. Requests.

3.1.1. Patients are informed of their right to request restrictions in the "ANMC Notice of Privacy Practices." This includes restriction of use and disclosure: (a) for treatment, payment, and healthcare operations; (b) disclosed to individuals who are involved in the patient's care; (c) for notification proposes; or (d) to a health plan for a care which has been paid for in full by someone other than the health plan.

3.1.2. A patient must make a request in writing. An "ANMC Request for Restriction form" is available.

3.1.3. Requests are managed by the Health Information Management (HIM) Department. Members of the workforce should direct requests to HIM.

3.1.4. Requests regarding restrictions related to the ANMC directory are handled under the *ANMC In-Patient Directory Procedure*.

3.1.5. HIM will notify the applicable Privacy Officer of all requests.

3.2. Review of Requests.

3.2.1. HIM will verify each requestor's identity and authority in accordance with the *ANMC Verification of Individual's Identity and Authority to Access Health Information Procedure* and evaluate whether the request can be accommodated.

3.2.2. ANMC cannot agree to restrict disclosures which are required by law.

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- 3.2.3. ANMC does not need to agree to requests, except those requests to restrict disclosure 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 health care for which ANMC has been paid in full, by someone other than the health plan.

- 3.3. **Agreement to Restriction.** If a request is granted, ANMC must: (a) inform the individual; (b) document the decision in the EHR with an annotation in the Request Manager Application and by scanning the request and response into EHR's Legal folder; and (c) inform appropriate staff of the communication requirements and require adherence to them. Agreement to a restriction means ANMC will not use or disclose PHI in violation of the restriction, unless the disclosure is needed for emergency treatment. If restricted PHI is disclosed in an emergency situation to a health care provider; ANMC will request that the health care provider not further use or disclose the PHI.

- 3.4. **Denying a Request.** If the request is denied, the individual must be informed in writing (Template Letter Sample Attached). Notice of denial must be timely, written in plain language, and contain the following information:
 - 3.4.1. The basis for the denial;
 - 3.4.2. How the individual may file a complaint with ANMC, or the Secretary of Health and Human Services; and
 - 3.4.3. The name or title, and the telephone number of the designated compliance department contact who handles complaints for ANMC.

- 3.5. **Termination of a Restriction.** ANMC may terminate a restriction if:
 - 3.5.1. The patient agrees to or requests the termination in writing;
 - 3.5.2. The patient orally agrees to the termination and the oral agreement is documented by ANMC; or
 - 3.5.3. ANMC informs the patient it is terminating the restriction.

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| Authority to Approve | Director, Health Information Services |
| Approval Date | 8/27/2018 |
| Effective Date | 8/27/2018 |
| Supersedes | New |
| Responsible for Review | Executive Management Team |

Official Signature on file o/s:
Roald Helgesen
ANMC Administrator

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ATTACHMENT 1: SAMPLE Notice of Denial of Letter Form

DATE

ADDRESS

RE: Notice of Denial of Access to Health Information

Dear [NAME],

We received your request for access to your health information of

(Patient's Name and Address)

As required or permitted by law, your request is denied, as although you have provided proof you are the minor's parent, we are not able to recognize you as the legally designated or personal representative for purposes of this request.

If you believe your rights have been violated, you may file a complaint with the Organization. All complaints may be submitted to our Privacy Officer at 1-877-837-4251. You also may file a complaint with the Secretary of the Department of Health and Human Services. You will not be penalized for filing a complaint.

Sincerely,

Content Required

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