PATIENT'S RIGHT TO REQUEST RESTRICTION ON THE USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION (PHI) POLICY

POLICY
Patient’s Right to Request Restriction On the Use and Disclosure of Protected Health Information (PHI)

PURPOSE
The patient has the right to request specific restrictions on the use and disclosure of PHI in accordance with federal regulations 45 CFR Section 164.522(a). Saint Louis County Department of Health (DOH) is not required to agree to a request for restrictions on the use and disclosure of PHI.

APPLICATION
Saint Louis County DOH, its facilities and workforce.

DEFINITIONS
1. **Patient**
   An individual who has received or is receiving services from Saint Louis County DOH.

2. **Personal Representative**
   Person with a court order appointing them as guardian or with a valid durable power of attorney (POA) or an advance directive signed by the patient specifying the authority to review and make decisions regarding medical and psychiatric treatment.

3. **Protected Health Information (PHI)**
   Individually identifiable health information (IIHI):
   - Transmitted by electronic media,
   - Maintained in any medium described in the definition of electronic media, and
   - Transmitted or maintained in any other form or medium.

REQUEST FOR RESTRICTION ON USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION (PHI)
- The patient shall indicate their request for restriction on the use and disclosure of PHI on the 6.9.1 Request to Restrict Protected Health Information (PHI) Form.
The requested restrictions must be submitted in writing, signed and dated by the patient or personal representative.

AGREEMENT OR DENIAL OF REQUEST
- The Privacy Officer or designee must receive the written request. The Privacy Officer, in consultation with the Medical Record’s Program Manager, shall determine whether it will be approved.
  1. If approved the facility must implement the restrictions.
  2. The restrictions will be identified on the problem sheet, whether in paper or electronic form, of the patient’s medical record.

- The facility’s agreement or refusal of the request shall be documented on the request form, signed and dated by the Privacy Officer or designee.
- For permanent retention, the original will be filed in the medical record behind the “correspondence” tab divider.
- A copy of the approved or denied form will be provided to the patient.

TERMINATION OF RESTRICTION
- Saint Louis County DOH may terminate the agreement to a restriction if:
  1. The patient agrees to the termination in writing,
  2. The patient orally agrees to the termination and the oral agreement is documented,
  3. The facility informs the patient that it is terminating its agreement to a restriction and that such termination is only effective with respect to PHI created or received after it has informed the individual,
  4. When any of the above criteria are met, the restriction will be removed, and the form will be dated and signed by the Privacy Officer or designee.
  5. If the restriction was identified on the problem sheet of the patient’s medical record, that information shall be removed by the direction of the Privacy Officer or designee.

EMERGENCY EXCEPTION
- If the facility has agreed to the restriction but the patient who requested the restriction is in need of emergency treatment, and the restricted PHI is required to provide emergency care, the facility may disclose that PHI to a health care provider.
- If such PHI is disclosed in an emergency situation, the facility must require that the health care provider to whom the information was disclosed shall not further use or disclose the PHI.

SANCTIONS
*Failure of staff to comply or assure compliance with this policy may result in disciplinary action up to and including dismissal.*