



Patient's Request for Restrictions of Uses and Disclosures of their Personal Health Information Policy

Policy #:	HP009.1
Policy Type:	University
Responsible Executive:	VP for Academic Affairs
Responsible Office:	Academic Affairs
Originally Issued:	November 8, 2023
Latest Revision:	November 8, 2023
Effective Date:	November 8, 2023

I. Policy Statement

The University of Louisiana at Monroe's Patient's Request for Restrictions of Uses and Disclosures of their Personal Health Information (PHI) Policy establishes the requirements for providing patients with an opportunity to request a restriction of the uses and disclosures of their Protected Health Information prior to disclosure.

II. Purpose of Policy

To provide guidance to the health care facilities and providers affiliated with ULM on a patient's right to request restriction(s) of the uses and disclosures of their Protected Health Information to carry out treatment, payment, health care operations, or for involvement in the individual's care and notification purposes as required by the Health Insurance Portability and Accountability Act, Standards for Privacy of Individually Identifiable Health Information (HIPAA Privacy Regulations), and any other applicable state or federal laws or regulations.

III. Applicability

This policy is applicable to all faculty and staff.

IV. Definitions

Protected Health Information (PHI) – for purposes of this policy means individually identifiable health information that relates to the past, present or future health care services provided to an individual. Examples of Protected Health Information include medical and billing records of a patient.

V. Policy Procedure

1.0 A patient must be afforded an opportunity to request orally or in writing that ULM restrict or prohibit:

- Uses or disclosures of PHI about the patient used to carry out treatment, payment or health care operations; and
- Disclosures of PHI to persons involved with the patient's care or payment or for notification purposes.

2.0 ULM does not have to agree to a restriction requested by the patient unless:

- The requested restriction is related to uses and disclosures to persons involved in the patient's care and for notification purposes
- The requested restriction is related to uses and disclosures of PHI resulting from a health care item or service for which the patient has paid in full, and, the restriction is related to payment or healthcare operations, not treatment, in which case, ULM must agree to the restriction.

The patient shall be notified in writing that the request has been granted.

3.0 If the requested restriction is denied, the patient should be notified in writing of the denial.

4.0 If ULM agrees to the restriction, ULM must abide by such restriction, except:

- If the patient is in need of emergency treatment and the restricted PHI is needed to provide the emergency treatment.
- If restricted PHI is disclosed under this exception, ULM must request that the emergency care provider not further use or disclose the restricted PHI.
- If restricted PHI is disclosed to a health care provider, ULM must request that the health care provider not further use or disclose the restricted PHI.

5.0 A restriction agreed to by ULM is not effective to prevent uses or disclosures permitted or required to the Department of Health and Human Services, for facility directories and where the patient's opportunity to object is not required.

6.0 ULM may terminate its agreement to a restriction, if:

- The patient agrees to or requests the termination in writing;
- The patient orally agrees to the termination and the oral agreement is documented; or
- ULM informs the patient that it is terminating the agreement. This termination is only effective with respect to Protected Health Information created or received after ULM has informed the patient.

7.0 All correspondence and associated documentation related to patient requests for restrictions, including denials, must be maintained and retained for 6 years.

VI. Enforcement

The Vice President of Academic Affairs will be responsible for enforcement of this policy.

VII. Policy Management

The Vice President of Academic Affairs will be responsible for enforcement of this policy.

VIII. Exclusions

None

IX. Effective Date

This policy will become effective upon signature of the University President.

X. Adoption

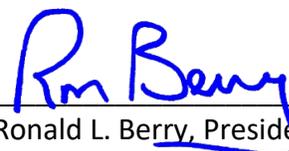
This policy is hereby adopted on this 8th day of November 2023.

Recommended for Approval by:

Approved by:



Dr. Mark Arant, VP for Academic Affairs



Dr. Ronald L. Berry, President

XI. Appendices, References and Related Materials

45 C.F.R. § 164.522

XII. Revision History

Original Adoption Date: November 8, 2023.