

# REQUEST FOR RESTRICTION FOR PROTECTED HEALTH INFORMATION

**Policy:** The University of Connecticut must permit an Individual to request restrictions on the use or disclosure of protected health information (PHI) to carry out treatment, payment or health care operations. It is not necessary for the University to agree to a requested restriction except as outlined below.

**Rationale:** To maintain compliance with Title 45 CFR Part 164.522, Rights to request privacy protection for PHI.

## **I. For Restrictions on Disclosures of PHI to Health Plans:**

### **A. When Granting the Restriction is Required:**

The University must permit an Individual to request restrictions on the use or disclosure of PHI (**except for covered services for patients covered by Medicaid**) when:

1. The disclosure is to the Individual's health plan for purposes of carrying out payment or health care operations and
2. The PHI pertains solely to healthcare items or services for which the University is paid out-of-pocket in full.

### **B. Process for Allowing Patient Request:**

1. In order to make a request to restrict access to PHI, at the time of service to which the restriction will apply, the Individual will be required to sign the Request: *Restrict Disclosure to Health Plan/Termination Form*. Signature on this *Form* documents the Individual's request for restriction on disclosure of PHI or billing information to his/her health plan for specific services or items, and holds the Individual financially responsible for payment of all charges for those services or items.
2. Payment out of pocket, in full, of the estimated total charges for the restricted services or items must be made at the time of service in order for the University to accept the restriction.
3. Should the Individual not have the funds to pay in full at the time of service, or only an estimated amount is known at the time of service, follow-up collection action will be made by or on behalf of the University to collect from the patient the amount owed on the restricted service.

4. Should failure to collect payment in full occur, the University reserves the right to terminate the agreement pursuant to the procedure outlined in this policy below under the *Process for Termination of Restrictions* section.
5. The applicable billing offices will assure that no insurance billing takes place for those specific services designated as restricted on the *Request: Restrict Disclosure to Health Plan/Termination Form*. Services on the same day that have not been restricted will be billed according to regular processes.
6. The original signed *Request: Restrict Disclosure to Health Plan/Termination Form* will be maintained in the Individual's file.

**C. Process for Termination of Restrictions:**

1. Documentation of the termination is completed on the original Request: Restrict Disclosure to Health Plan/ Termination Form, regardless of whether it is initiated by the Individual or the University.
  - a) The original completed Request: Restrict Disclosure to Health Plan/ Termination Form must be obtained from the HIPAA-Covered Component.
  - b) The Individual may terminate his/her request for a restriction by signing the Termination section of the original Request: Restrict Disclosure to Health Plan/ Termination Form.
  - c) The University may terminate the restriction if after 30 days the Individual fails to pay for the requested restricted services in full. The Individual will be informed via certified letter that the agreement will be terminated effective 30 days from the date of the letter.
2. The effective date of the termination will be as follows:
  - a) Termination by the Individual: the date of the Individual's signature on the Termination section of the Form, OR
  - b) Termination by the University: 30 days from the date of the certified termination letter.
3. The University will then update all necessary systems and files to reflect the termination of the agreement. Any prior payment made by

the Individual on the restricted service will be refunded to the Individual and/or moved to other self-pay balances that may exist for that Individual.

## **II. Request for Restrictions on Disclosure of PHI Other Than to a Health Plan:**

### **A. Permissible Restrictions on Disclosure**

1. The University will permit an Individual to request restrictions to the use and disclosure of PHI about the Individual. The University requires Individuals to make requests for restrictions in writing and will inform Individuals of that requirement.
2. When the University agrees to an Individual's request for restriction of the use and disclosure of PHI about that Individual, the University will not use or disclose PHI in violation of this restriction. If the Individual who requested the restriction is in need of emergency treatment and the restricted PHI is needed to provide the emergency treatment, then the University may nevertheless disclose such information to a health care provider to provide the treatment. The University will request that the agency to which PHI is released does not further use or disclose the information provided.
3. The University may terminate its agreement to a restriction if:
  - a) The Individual agrees to or requests the termination in writing;
  - b) The Individual orally agrees to the termination and the oral agreement is documented and;
  - c) The University informs the Individual it is terminating the agreement and the termination is effective with respect to PHI created or received after the Individual is informed.
4. The University will document restrictions and terminations of restriction that are requested.