



*Issuing Department:* Internal Audit, Compliance, and Enterprise Risk Management

*Effective/Reissue Date:* 10/5/2016

## **Right to Request Additional Restrictions on Use and Disclosure of PHI**

### **Policy**

Patients have the right to request additional restrictions on the Use or Disclosure of his or her Protected Health Information (“PHI”) for Treatment, Payment, or Health Care Operations, to family or friends involved in the patient’s care, or for notification purposes (to family and friends or entities authorized to assist in disaster relief efforts). NYU Langone is not required to agree to this restriction, except in one limited circumstance, governed by the *Restricting Disclosures to a Health Plan Policy*.

If the restriction were agreed upon by the Privacy Officer, NYU Langone would not Use or Disclose PHI in violation of that restriction, unless:

- the Use or Disclosure is necessary for emergency treatment (however, NYU Langone must request that the recipient health care provider not further Use or Disclose the information),
- is required or permitted by law, or
- the restriction has been terminated in accordance with this Policy.

For example, a patient may request that NYU Langone refrain from Disclosing the results of a lab test to a clinician or to a particular family member, who is otherwise specifically authorized to receive PHI.

All agreed upon restrictions will be documented in the patient’s medical record and maintained for a period of at least six (6) years.

### **Procedure**

1. All patient requests for restrictions must be made in writing. Patients must complete the *Patient Request for Restrictions on Uses and Disclosures of Protected Health Information* form.
2. Workforce Members will forward the patient’s completed form to the Privacy Officer.
3. The Privacy Officer will determine, in consultation with appropriate Workforce Members including clinicians, whether a request for restriction should be accepted or denied. The

Privacy Officer will notify the patient in writing of his or her decision within thirty (30) days from the receipt of the request. Other than as provided by the *Restricting Disclosures to a Health Plan Policy*, NYU Langone is not required to agree to a request for a restriction.

4. The Privacy Officer will notify the Workforce Member who submitted the patient's form of the outcome, for documentation purposes.
5. The Privacy Officer will notify any Business Associates in writing, as necessary, about any restrictions it has agreed to. The Privacy Officer will remind the Business Associate(s) that they are bound by the restriction under the terms of its Business Associate Agreement with NYU Langone.
6. To terminate a restriction, NYU Langone must either:
  - obtain the patient's agreement in writing. If the patient orally agrees to terminate the restriction, the oral agreement must be documented in the patient's medical record, including the date of the oral agreement; or
  - inform the patient in writing that the restriction agreement is terminated. In such a case, the termination is only effective with respect to PHI that is created or received after the patient has been informed.
7. Document all agreed upon restrictions in the patient's medical record and maintain for a period of at least six (6) years.

### **Related Documents**

Disclosures of PHI to Family or Friends

Restricting Disclosures to a Health Plan

Patient Request for Restrictions on Uses and Disclosures of Protected Health Information Form

Uses and Disclosures of PHI Required or Permitted by Law

Uses and Disclosures of PHI for Treatment, Payment and Health Care Operations

### **Legal Reference**

45 C.F.R. §164.522(a)

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This version supersedes all previous NYU Langone (as defined in these Policies) entity HIPAA policies, including but not limited to NYU Hospitals Center, New York University School of Medicine, and/or Lutheran Medical Center.