

SEPA Labs	Policy & Procedure HIPAA / PRIVACY RESTRICTIONS TO PERMITTED USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION	FUNCTION
		NUMBER 3e
		PRIOR ISSUE
		EFFECTIVE DATE January 1, 2014

PURPOSE

To provide a process for a patient to request a restriction to an otherwise permitted use or disclosure of the patient’s Protected Health Information (“PHI”), and for SEPA Labs to respond to such request.

POLICY

A patient has the right to request that otherwise permitted uses and disclosures of PHI be restricted. Specifically, the patient may request restrictions on:

- The use and disclosure of PHI for treatment, payment or health care operations, or
- The disclosures to family, friends or others for involvement in care and notification purposes.

SEPA Labs is not required to comply with such requests for restriction, but will consider and may agree to a restriction. SEPA Labs will consider the need for access to PHI for treatment purposes when considering a request for a restriction. A request for restriction must be made in writing. A SEPA Labs Privacy Official will notify the patient of its determination with respect to the request.

PROCEDURE

1. The patient will be notified of the right to request restrictions on the use and disclosure of PHI in SEPA Labs’s *Notice of Privacy Practices* and that the request must be in writing.
2. The SEPA Labs Privacy Official shall manage requests for restrictions. All documentation associated with this request will be placed in the patient’s Laboratory Record.
3. The SEPA Labs Privacy Official will provide the patient a *Request to Restrict Use and Disclosure of Protected Health Information* (“*Request to Restrict*”) form if the patient asks to make a restriction.

(See sample *Request to Restrict* form following this Policy.)
4. A request for restriction will not be reviewed until the *Request to Restrict* form is completed and signed by the patient. The SEPA Labs Privacy Official may assist the patient in completing the form, if necessary.
5. The SEPA Labs Privacy Official will review the request in consultation with other Facility staff to determine the feasibility of the request. SEPA Labs shall give primary consideration to the need for access to the PHI for treatment and payment purposes in making its determination.
6. The SEPA Labs Privacy Official shall complete the “SEPA Labs Response” section of the *Request to Restrict* form and provide a copy to the patient.

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Restriction Not Accepted

If SEPA Labs declines the request for restriction, the SEPA Labs Privacy Official will provide the patient with a copy of the signed response (part of the *Request to Restrict* form).

Restriction Accepted

1. If SEPA Labs agrees to the requested restriction, it must abide by the accepted restriction with the following exceptions:
 - a. SEPA Labs may use the restricted PHI, or may disclose such information to a health care provider if:
 - i. The patient is in need of emergency treatment, and
 - ii. The restricted PHI is needed to provide emergency treatment. In this case, SEPA Labs will release the information, but ask the emergency treatment provider not to further use or disclose the patient’s PHI.
 - b. SEPA Labs may disclose the information to the individual who requested the restriction.
 - c. SEPA Labs may use and disclose Directory Information unless the patient has objected to such use or disclosure (see the Policy “Uses and Disclosures of Protected Health Information for the Directory”).
 - d. SEPA Labs may use and disclose the restricted PHI when statutorily required to use and disclose the information under the HIPAA Privacy Rule.
2. A SEPA Labs Privacy Official will notify appropriate staff of the restriction.
3. A SEPA Labs Privacy Official will document the restriction on the *Request to Restrict* form, provide the patient with a copy and maintain the original in the patient’s Laboratory Record.

Terminating the Restriction

Termination with the patient’s agreement

1. SEPA Labs may terminate the accepted restriction if:
 - a. The patient agrees to the termination in writing; or
 - b. The patient agrees to the termination verbally and the verbal agreement is documented.
2. A SEPA Labs Privacy Official will notify the appropriate Facility staff of the termination of the restriction.

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3. A SEPA Labs Privacy Official will document the patient's agreement to the termination of the restriction on the *Request to Restrict* form, provide the patient with a copy and maintain the documentation in the patient's record.
4. Termination of a restriction with the patient's agreement is effective for all PHI created or received by SEPA Labs.

Termination without the patient's agreement

1. SEPA Labs may terminate the restriction without the patient's agreement if it informs the patient that the restriction is being terminated.
2. Such termination is only effective with respect to PHI created or received after SEPA Labs has informed the patient that it is terminating the restriction.

Note: SEPA Labs must continue to abide by the restriction with respect to any PHI created or received before it informed the patient of the termination of the restriction.

3. Inform by mail: If the patient is informed by mail that SEPA Labs is terminating the restriction, the notification shall be sent via certified mail, return receipt requested. SEPA Labs shall maintain a copy of the notification and of the return receipt with the *Request to Restrict* form. SEPA Labs shall not terminate the restriction until it receives confirmation that the patient has received the notification.
4. Inform in person: It is preferable to have the patient sign and date a notification of termination of a restriction. However, it will be acceptable to document that the patient was so notified on the *Request to Restrict* form.
5. Inform via telephone: If the patient is informed by telephone, this action shall be documented on the *Request to Restrict* form. In addition, a letter shall be sent via certified mail, return receipt requested. The termination shall be effective as of the date the patient is informed by telephone.

SEPA
Labs

Policy & Procedure

HIPAA / PRIVACY
**RESTRICTIONS TO
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**SAMPLE
REQUEST TO RESTRICT USE AND DISCLOSURE
OF PROTECTED HEALTH INFORMATION**

Patient Name: _____ Laboratory Record No: _____

Address: _____

Facility Name: _____

Directory Information Restriction: I request that the disclosure of my information maintained in SEPA Labs directory be restricted in the following manner:

_____ Do not include my name, location, general condition or religious affiliation in SEPA Labs directory.

_____ Do not disclose my name or religious affiliation to members of the clergy.

_____ Do not disclose my location in the building to: _____.

_____ Do not disclose my general condition to: _____.

Signature of Patient or Personal Representative

Date

Print Name

Personal Representative's Title (e.g., Guardian, Executor of Estate,
Health Care Power of Attorney)

Other Restrictions: I request the following restriction(s) on the use or disclosure of my Protected Health Information:

_____ Do not release information to the following person(s):

Other restriction (please specify):

Signature of Patient or Personal Representative

Date

Print Name

Personal Representative's Title (e.g., Guardian, Executor of Estate,
Health Care Power of Attorney)

**REQUEST TO RESTRICT USE AND DISCLOSURE
OF PROTECTED HEALTH INFORMATION - side 2**

FACILITY RESPONSE:

_____ Your request for restriction has been declined.

Note: SEPA Labs may not deny a request for restriction of Directory Information.

_____ Your request for restriction has been accepted. In the case of an emergency or if necessary to comply with the law, we may use and disclose your health information in violation of the restriction. Other than in those circumstances, we will abide by your request unless and until the restriction is terminated (with or without your agreement) and you are notified.

Signature of SEPA Labs Privacy Official

Date

Print Name

TERMINATION OF RESTRICTION

_____ The above name patient agreed to terminate this restriction on: _____.

_____ The above named patient was notified on _____ (date) that this restriction was terminated.

- Patient was notified: (check appropriate box)

_____ In person

_____ By telephone (attach documentation of notification)

_____ By mail (attach documentation of notification)

Signature of SEPA Labs Privacy Official

Date

Print Name

Distribution of copies: Original to patient's Laboratory Record; copy to patient.