 <p style="text-align: center;">Heritage Provider Network & Affiliated Medical Groups</p>	Program: HIPAA Compliance			
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	Authored by: Compliance Sub Committee	Date: 01/01/2012	Revised by: Sandy Finley	Date: 02/02/2015
	Approved by: Compliance Committee	Date: 02/02/2015		
Title of Policy: Requests for Restrictions on Personal Health Information				

PURPOSE:

To provide a clear process whereby patient requests for restrictions on PHI will be received and evaluated for a reasonable accommodation.

POLICY:


1. Covered Entities recognize the patient’s right to request that they voluntarily agree to restrict use or disclosure of protected health information (PHI) to carry out treatment, payment, or health care operations that would otherwise be permitted by law.
2. Patients have the right to request restrictions on the information that Covered Entities may release to family or friends.
3. Covered Entities will permit individuals to request to receive the communications of their protected health information by alternative means, or alternative locations.
4. Covered Entities will not require an explanation of such a request.
5. Covered Entities will accommodate reasonable requests, but are not required to agree to all requests for restrictions.

RESPONSIBILITY:

Compliance Officer, Clinical Service Team and all employees as the job responsibilities relate to requested restrictions.

PROCEDURES:

1. Patients will be directed to the Compliance Officer to obtain forms to request restrictions of PHI
2. The nature of the information to be restricted will be determined where the request is routed. The Compliance Officer will determine the management personnel to best make a determination. Determinations will be made only by providers or personnel of manager level or above.
3. Requests for alternative communications may be conditioned upon how payment will be handled, or provision of an alternative address or method of contact.
4. Special restrictions that are accepted will be implemented promptly, with notification to only those employees that are necessary to implement the restrictions.
5. Covered Entities may break the agreement during a medical emergency, if needed. The emergency medical provider will be asked not to further use or disclose the restricted information.
6. An agreement to restrict information does not prevent use or disclosures for the following purposes:
 - a. Certain public health activities

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- b. Reporting abuse, neglect, domestic violence or other crimes
 - c. Health agency oversight activities or law enforcement investigations
 - d. Judicial or administrative proceedings
 - e. Identifying decedents to coroners and medical examiners
 - f. Organ procurement
 - g. Certain research activities
 - h. Worker's compensation
 - i. Uses or disclosures otherwise required by law
7. Covered Entities may terminate such an agreement to special restriction under the following conditions:
- a. Patient requests termination by a written, or a documented oral agreement
 - b. Covered Entities notifies the patient of terminated agreement, effective for only PHI created or received after the notification is received
 - c. All agreed upon restrictions will be clearly documented in the patient record, and will be retained for a period of not less than seven years

REFERENCE:

45 CFR § 164.522