

# UConn HEALTH

**POLICY NUMBER 2003-14**

**April 12, 2016**

**POLICY: PATIENT RIGHT TO REQUEST RESTRICTIONS ON USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION (Privacy & Security of Protected Health Information (PHI))**

**PURPOSE:**

To allow the patient to request restrictions as follows:

- A. To request that UConn Health not disclose PHI to the patient's health plan; and/or
- B. To request exclusion from appointment reminders; and/or
- C. To request restriction on release of psychiatric information

**SCOPE:**

This policy applies to all UConn Health patients. Only section C applies to Correctional Managed HealthCare (CMHC) patients.

**POLICY STATEMENT:**

**UConn Health must permit an individual to request restrictions on the use or disclosure of PHI to carry out treatment, payment or health care operations. It is not necessary for UConn Health to agree to a requested restriction except as outlined below:**

**A. Patient Request For Restrictions on Disclosures of PHI to Health Plans:**

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

- The disclosure is to the patient's health plan for purposes of carrying out payment or health care operations and
- The protected health information (PHI) pertains solely to healthcare items or services for which UConn Health is paid out-of-pocket in full.

**Patient Request For Restrictions on Disclosures of PHI to Health Plans:**

1. Patients must complete and sign the Form (HCH 2448) "Request: Restrict Disclosure to Health Plan/Termination" (see attachments to this policy).
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 UConn Health to accept the restriction.

3. Should failure to collect payment in full occur, UConn Health reserves the right to terminate the agreement pursuant to the process outlined in Procedure Attachment: A to this policy under the **Termination of Restrictions** section.
4. Releases of any record for a visit or admission where restrictions exist must **ONLY** be handled by UConn Health Release of Information staff or applicable Dental Records staff, to assure proper controls are in place preventing the release of restricted PHI to a health plan.

**Termination of Restrictions on Disclosures to a Health Plan:**

1. Either the patient or UConn Health may terminate any restriction on the disclosure of protected health information to a Health Plan by notifying the other party in writing of the termination. The termination of the restriction will apply only to use and/or disclosure of protected health information after the termination date.
2. The original completed Form (HCH 2448) “Request: Restrict Disclosure to Health Plan/Termination” must be obtained from the Health Information Management Department or Dental Records Department and completed by the patient.

**B. Patient Request For Exclusion from Appointment Reminders:**

1. Patients will be allowed to request to be excluded from UConn Health’s automated, verbal and written appointment reminders.
2. Patients may be excluded from one or more reminder types, but exclusion will apply to all appointments at UConn Health, regardless of provider or department.
3. Documentation of the restriction is made in the various UConn Health electronic systems. (see process outlined in Procedure Attachment: A to this policy)

**Termination of Exclusion from Appointment Reminders:**

1. The patient may terminate his/her request to be excluded from appointment reminders by notifying the physician’s office either in writing or verbally.
2. Documentation of the termination is made in the various UConn Health electronic systems. (see process outlined in Procedure Attachment: A to this policy)

**C. Patient Request for restriction on Release of Psychiatric Information:**

1. As required by state law, patients will be allowed to request restrictions on UConn Health’s release of psychiatric information, unless the release of this information is required to treat the patient.

2. Documentation of the patient’s refusal is obtained using Form HCH 2589 “Refusal to Consent to Release of Psychiatric Information”

References:

- §164.522 (a)(1)(vi), Health Insurance Portability and Accountability Act of 1996 as amended by HITECH Rule 1/25/13

Attachment A: [Procedures for Patient Right to Request Restrictions](#)

Attachment: [Form HCH 2448 “Request: Restrict Disclosure to Health Plan/Termination”](#)

Jeffrey Geoghegan (Signed)

4/25/16

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**Jeffrey Geoghegan**  
**Chief Financial Officer**

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**Date**

Iris Mauriello (Signed)

4/21/16

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**Iris Mauriello**  
**Compliance Integrity/Privacy Officer**

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**Date**

Thomas Murphy (Signed)

5/25/16

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**Thomas Murphy**  
**Chief Information Security Officer**

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**Date**

Andrew Agwunobi (Signed)

6/1/16

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**Andrew Agwunobi, M.D., M.B.A.**  
**Chief Executive Officer**  
**Executive Vice President for Health Affairs**

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**Date**

New Policy: 4/14/03

Revised: 4/15/04, 6/15/05, 3/20/09, 9/17/13, 4/12/16