Scope: This policy applies to all Renown-affiliated facilities including, but not limited to, hospitals, ambulatory surgery centers, home health agencies, rehabilitation facilities, skilled nursing facilities, managed care plans, physician practices, service centers, and all Corporate Departments. This policy applies to all workforce members.

Purpose: To document the process to permit individuals to request restrictions in how Renown uses and discloses their protected health information (PHI) to carry out treatment, payment, or health care operations; and those uses and disclosures for which an individual has the right to agree or object [§ 164.510(b)], in accordance with § 164.522 of the Health Insurance Portability and Accountability Act (HIPAA), Standards for Privacy of Individually Identifiable Health Information (Privacy Standards), 45 CFR Parts 160 and 164, and any and all other applicable Federal and state laws, rules, regulations and interpretive guidelines.

Policy: Patients generally have the right to request a restriction or limitation on the health information Renown uses or discloses to someone who is involved in patient’s care or in the payment of the patient’s care, such as a family member or friend.

Renown is not required to agree with the request unless the request seeks a restriction on the disclosure of information to a health plan, the disclosure is for the purpose of carrying out payment or health care operations, and is not otherwise required by law, and the information relates to an item or service that the has paid in full.

If Renown does agree with the restriction, it will comply with the request unless the information is needed to provide emergency treatment.

Definition of Terms:
1. Health Care Operations – Means any of the following activities of the covered entity to the extent that the activities are related to covered functions:
   a. Conducting quality assessment and improvement activities, including outcomes evaluation and development of clinical guidelines
   b. Reviewing the competence or qualifications of health care professionals
   c. Underwriting, premium rating, and other activities relating to the creation, renewal or
replacement of a contract of health insurance or health benefits
d. Conducting or arranging for medical review, legal services, and auditing functions, including fraud and abuse detection and compliance programs
e. Business planning and development
2. HIPAA – Health Insurance Portability and Accountability Act (which is often referred to as the Privacy rule).
3. Payment – The activities undertaken by a health care provider or health plan to obtain or provide reimbursement for the provision of health care; determinations of eligibility or coverage; adjudication or subrogation of health benefit claims; and risk adjusting amounts due based on enrollee health status and demographic characteristics. It also includes billing, claims management, and collection activities.
4. Protected Health Information (PHI) – For the purpose of this policy, is defined as any individually identifiable health information collected or stored by a health care provider, including billing information. Individually identifiable health information includes demographic information and any information that relates to past, present or future physical or mental condition of an individual.
5. Restriction – An agreed upon limitation on use and disclosure of PHI about an individual to carry out Treatment, Payment or Health Care Operations (TPO) and disclosures for involvement in the individual’s care.
6. Treatment – The provision, coordination, or management of health care and related services by one or more health care providers, including the coordination or management of health care by a health care provider with a third party; consultation between health care providers relating to a patient; or the referral of a patient for health care from one health care provider to another.
7. Workforce Member – Employees, volunteers, trainees, medical staff, residents and other persons whose conduct, in the performance of work for a Renown Health, is under the direct control of Renown, whether or not they are paid by Renown.

Procedure:

1. Renown Health will allow patients to request restrictions on the use and disclosure of their PHI to carry out treatment, payment, or health care operations (TPO).
2. Renown is not required to comply with these requests unless it explicitly agrees to do so. If Renown agrees to the restriction we must abide by the restriction except in emergency situations.
3. Any decision to accept such a restriction must be approved by the Privacy Officer.
RENEWN HEALTH NETWORK POLICY

Title: Patient Right to Request a Restriction

Category: Corporate Compliance

Number: RENOWN.CCD.745

Author: Houeida Saad, General Counsel
       Melinda Montoya, Chief Compliance and Privacy Officer

Owner: Chief Compliance and Privacy Officer

4. Renown must permit patients to request restrictions on those disclosures for which an individual has the right to agree or object under § 164.510(b) of the Rule. These uses include:
   a. Use and disclosure for facility directories (See Renown Health Policy HIPAA – RENOWN.CCD.760, Patient Right to Exclude PHI from Facility Directory)
   b. Uses and disclosures for involvement in the individual’s care and notification purposes

5. Permitted uses and disclosures
   a. Disclose to a family member, other relative, or a close personal friend of the individual, or any other person identified by the individual, the protected health information directly relevant to such person’s involvement with the individual’s care or payment related to the individual’s health care
   b. To notify, or assist in the notification of (including identifying or locating), a family member, a personal representative of the individual, or another person responsible for the care of the individual of the individual’s location, general condition, or death.

6. Uses and disclosures with the individual present – If the individual is present and has the capacity to make health care decisions, Renown may use or disclose PHI if:
   a. Renown obtains the individual’s agreement;
   b. Renown provides the individual with the opportunity to object to the disclosure and the individual does not express an objection; or
   c. Renown reasonably infers from the circumstances, and based on the exercise of professional judgment, that the individual does not object to the disclosure.

7. Limited uses and disclosures when the individual is not present –
   a. If the individual is not present, or the opportunity to agree or object to the use or disclosure cannot practicably be provided because of the individual’s incapacity or an emergency circumstance, Renown may, in the exercise of professional judgment, determine whether the disclosure is in the best interests of the individual.
   b. If the determination is made that the disclosure is in the best interest of the individual, Renown will disclose only the PHI that is directly relevant to the person’s involvement with the individual’s health care.
   c. Renown may use professional judgment and its experience with common practice to make reasonable inferences of the individual’s best interest in allowing a person to act on behalf of the individual to pick up filled prescriptions, medical supplies, X-rays, or other similar forms
8. Use and disclosures for disaster relief purposes –
   a. Renown may use or disclose PHI to a public or private entity authorized by law or by its
      charter to assist in disaster relief efforts, for the purpose of coordinating with such entities the
      permitted uses or disclosures of PHI. (See Renown Health Policy HIPAA –
      RENOWN.CCD.760, Patient Right to Exclude PHI from Facility Directory)

9. Individuals have the right to request restrictions on the disclosure of health information in electronic
   or any other form to a health plan for payment or healthcare operations with respect to specific items
   and services for which the individual has paid the covered entity out of pocket in full. Renown must
   abide by the restriction if the PHI pertains solely to a health care item or service for which the
   individual or person on their behalf has paid out-of-pocket to restrict disclosure of PHI related to that
   service or item to a health plan.

10. Restriction of this PHI extends to business associates of Renown.

11. Renown Health may orally inform the individual of and obtain the individual’s oral agreement or
    objection to a use or disclosure.

12. If, during the registration process, a patient requests to opt out of inclusion in the facility directory,
    refer to and follow Renown Health Policy HIPAA – RENOWN.CCD.760, Patient Right to Exclude
    PHI from Facility Directories.

13. If a patient requests restrictions on use and disclosure of PHI for the purpose of carrying out TPO,
    inform the patient that Renown’s policy is to not agree to such restrictions.
   a. If there is reason to believe there are extenuating circumstances surrounding the request, have
      the patient complete the Restriction Request Form and forward it to the Compliance and
      Privacy Officer for review and approval or denial. Do not agree to a restriction on the use of
      PHI for TPO in the meantime.
   b. The Compliance and Privacy Officer will review the request, make a determination as to
      whether to accept or deny it and will communicate with the patient as to the disposition of
      their request.
   c. Documentation of this review process will be retained for a period of six (6) years.
14. The Compliance and Privacy Officer has the responsibility of facilitating compliance with these procedures.

15. Each individual with treatment, payment or health care related responsibilities is responsible for attending ongoing education on patient privacy and rights as directed.


**References:** Health Insurance Portability and Accountability Act (HIPAA), Standards for Privacy of individually Identifiable Health Information, 45 CFR Parts 160 and 164.

RENOWN.HRM.810 Coaching and Corrective Action

**Contributors:**

**Approvals:**