

Effective Date: April 24, 2003, Motion #03-013; April 14, 2003  
Revised Date: 5/31/13  
Review Date: 6/13/13

**North Sound Mental Health Administration**  
Section 2500 – Privacy: Right to Restrict Uses and Disclosures of  
Protected Health Information (PHI)

Authorizing Source: RCW 70.02; 45 CFR 165 (HIPAA)

Cancels:

See Also:

Providers must have own “HIPAA & WAC compliant policy”

Responsible Staff: Privacy Officer

Approved by: Executive Director

Signature:

Date: 7/17/2013

**POLICY #2518.00**

**SUBJECT: RIGHT TO RESTRICT USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION (PHI)**

**PURPOSE**

The North Sound Mental Health Administration (NSMHA), in compliance with the Privacy Rules of Health Insurance Portability and Accountability Act (HIPAA) Administrative Simplification provisions sets out in this policy the requirements for responding to consumer-requested restrictions on the use and disclosure of their Protected Health Information (PHI).

**POLICY**

NSMHA will consider all requests that individuals (or a designated representative) submit to us for restriction of the uses and disclosures that we make of the requestor’s PHI for purposes of treatment, payment, and operations. NSMHA policy is to discuss with the requesting individual the potential difficulties that are inherent in such restrictions, including potential interference with the individual’s ability to obtain timely and appropriate treatment.

NSMHA will use the “Notice of Privacy Practices” to inform individuals of their right to restrict certain uses and disclosures of PHI. We will use a “Request for Restrictions” form to document all such requests. While NSMHA is not required by the HIPAA Privacy Rule to agree to requested restrictions, our policy reserves the right to agree to restrictions that we determine, in our sole judgment, to be in the best interests of the requesting individual.

NSMHA will implement any restrictions to which it agrees, unless otherwise prohibited by applicable laws and regulations and except as otherwise described below. NSMHA also will inform Business Associates having, in NSMHA’s judgment, a reasonably apparent need to know of the restriction without disclosing the restricted information itself.

When the individual requires or reasonably appears to require emergency treatment, and restricted PHI is needed to provide such treatment, NSMHA policy is to disclose PHI that is required for such treatment and to accompany it with direction to prohibit any further uses or disclosures of the restricted PHI. In non-emergency situations, when NSMHA receives a request for restricted PHI that reasonably appears to be required for appropriate treatment, we will attempt to locate and discuss with the individual the need to send the PHI and attempt to obtain their agreement to do so. The individual’s agreement or disagreement to the release must be documented. If the individual disagrees, NSMHA will communicate to the individual’s treating provider that portions of the individual’s PHI are restricted and are not being disclosed. This communication should not disclose the restricted information itself.

NSMHA reserves the right to unilaterally terminate any restriction in any case where NSMHA, in its judgment, believes the restriction no longer should be honored. NSMHA policy is to attempt to discuss any such termination with the affected individual and seek his or her agreement with our decision or their acknowledgment of the discussion. All documentation concerning restrictions should be made on the NSMHA's "Request for Restriction" form or an attachment to it.

All PHI that NSMHA created or received during any term of restriction will be flagged to assure that any future uses and disclosures of are made in accordance with all restrictions in place for designated periods.

NSMHA will maintain an electronic or written record of any decision relating to a restriction for a minimum of six (6) years from the date of its creation *or* the last date for which the restriction remains in effect, whichever is later.

Documentation retention requirements include:

1. Policies and procedures for restrictions to use and disclosure of PHI
2. Restrictions granted and denied
3. Terminations

Other policies and procedures to review that are related to this policy:

1. Notice of Privacy Practices
2. Administrative requirements – documentation retention
3. Business Associate Agreement

## **ATTACHMENTS**

2518.01 – Procedure 2518-A

2518.02 – Form 2518-A