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**PROCEDURE 2518-A****Approval, Notification, and Acting on a Restricted Authorization**

1. The right of an individual served by the North Sound Mental Health Administration (NSMHA) to ask for a restriction on uses and disclosures of his or her Protected Health Information (PHI) for treatment, payment and operations is included in NSMHA's Notice of Privacy Practices.
2. If an individual asks about requesting such a restriction, they should be advised:
  - a. NSMHA will not agree to any restriction that in NSMHA's judgment would prevent billing, interfere with our direct treatment of the individual or prevent NSMHA from complying with the Privacy Rule, or other applicable laws and regulations.
  - b. By a qualified healthcare professional, of any reasonably apparent possible or potential adverse consequences to the individual's treatment, by the restriction on disclosure of their PHI. (NSMHA should designate trained staff at each site having responsibility for dealing with restriction requests.)
3. All restrictions must be documented. For example, "The individual has requested and NSMHA has agreed that information about the consumer's diagnosis will not be disclosed to the requesting individual's spouse or therapist providing couples therapy." Similarly, if the request is denied, it also should be documented.
4. The restriction should be word-processed or must be legibly written and should be initialed by the consumer and the staff person.
5. The request must then be sent promptly to the Privacy Officer/designee for review, and a decision as to whether the restriction can be agreed to, and logging.
  - a. The Privacy Officer/designee must respond within 2 business days to the request.
  - b. The request should be returned with approval/denial by the Privacy Officer/designee of the restriction.
  - c. All restrictions must be filed in the individual's record. The record shall be flagged to notify all staff that there is a restricted consent.
  - d. Paper records will have a colored sticker applied to the outside of the chart with "Restricted Authorization" written on it.
  - e. Electronic records will be flagged to notify anyone gaining access to the record that there is a restricted consent.
6. The billing and other consumer databases, as appropriate, will be flagged to notify staff of the restriction.
7. Restrictions later terminated, or new requests for restrictions, will require documentation completed and signed by the individual, where the individual can be located and is willing to do so. The request for a new restriction will require a new approval by the Privacy Officer/designee.
8. Anyone authorized member of NSMHA's workforce gaining access to, or copying a record or database, must:
  - a. Check in every case to see if there is a restriction;
  - b. Thoroughly read the restriction and determine if it applies to the use intended, and any workforce member who is unsure must consult the Privacy Officer/designee before proceeding; and

- c. Determine, in consultation with the Privacy Officer/designee, how best to proceed while complying with the restriction, e.g., removing certain documents before copying, not disclosing certain information at treatment team meetings, etc.
9. If a request for disclosure comes from an outside individual or entity asking for information that is restricted, the NSMHA workforce member responsible for such disclosure is required to send back the information requested that is not restricted, and attach a note or orally inform the requestor that: “Your request for a disclosure has been partially fulfilled because you have requested information that the consumer has asked us to restrict. Any additional questions should be directed to the consumer.” The NSMHA workforce member shall have no authority to, and shall not disclose, the restricted information itself.

### **Terminating a Restriction**

1. Terminating a restriction with the consumer’s agreement:
  - a. If the individual agrees to a limited or one-time termination of an agreed restriction for a specific purpose, the disclosure should be documented. The documentation must include memorialization of the individual’s oral or written authorization, the reason for the disclosure, the date and signature of the clinical person responsible for handling the disclosure, and the individual’s signature, if possible.
  - b. The individual may more clearly understand the impact of the restriction on their activities with NSMHA and may no longer wish to keep the restriction in place.
    - i. This communication can be initiated by an authorized NSMHA workforce member.
    - ii. Any removal of the restriction must be documented. Such documentation should include all information relevant to the restriction removal.
    - iii. In an electronic record, the flag should be removed, but the historical information documenting the restriction must be retained by NSMHA.
    - iv. In a paper record, the flag on the front of the chart should be removed.
    - v. Any flags in any of the other databases can be removed.
2. Terminating a restriction without the consumer’s agreement:
  - a. Restrictions can be terminated by NSMHA. In these cases, only PHI developed after the date of the restriction will be free of the restriction.
  - b. Terminating a restriction without the individual’s consent should only be done after reasonable efforts to contact the individual where possible, obtaining the individual’s documented agreement with the termination or acknowledgment of advice and consultation about NSMHA’s unilateral termination.
  - c. Terminations without the consumer’s authorization generally should only occur if the individual’s clinician and the supervisor reasonably believe that:
    - i. The restriction appears to be interfering with the individual’s treatment to a degree that service quality will foreseeably be adversely impacted; or
    - ii. The restriction compromises NSMHA’s ability to provide medically necessary care; or
    - iii. The restriction exposes NSMHA to non-compliance with applicable laws or regulations.

3. The Privacy Officer/designee must be consulted with regard to all requests to terminate a restriction.
  - a. The individual should be informed either orally or in writing. If orally, the documentation should be affixed on NSMHA's designated form. The documentation should include the reason for termination, approval received from the Privacy Officer/designee and/or Clinical Director, the method for notifying individual, and the effective date of termination.
  - b. The flags in the medical record and other databases should note the date of termination of the restriction, but the flag should remain in place.

### **Emergency Situations**

1. When the individual is in need of emergency treatment, and the restricted PHI is needed to provide the emergency treatment, and it is necessary for the emergency providers to have the PHI that is restricted:
  - a. The staff person who will be responsible for the disclosure will attempt to get the consumer's agreement to release the restricted information if the individual can do so or the treatment will not be interfered with. This should be documented.
  - b. If the disclosure is oral, give the restricted information to the emergency provider and inform them that this is restricted information and that disclosures must be made in compliance with the restriction going forward. This should be documented.
2. If the restricted information is sent electronically or in writing, notice should be given in writing to the receiver that this is restricted information and that disclosures must be made in compliance with the restriction going forward. A copy of this written notice should be kept as required by NSMHA policies.