


<p>DEPARTMENT: Compliance</p> <p>POLICY TITLE: CMP18 Requests for Restrictions on Personal Health Information</p>	 <p>Arizona Priority Care™</p> <p><i>One Goal. One Priority. Your Healthcare.</i></p>	
<p>REVIEWED BY: AZPC Compliance Officer</p>	<p>REVIEW DATE: 11/08/2019</p>	<p>EFFECTIVE DATE: 12/01/2019</p>
<p>APPROVED BY: Compliance Committee</p>	<p>APPROVAL DATE: 11/11/2019</p>	

PURPOSE:

To ensure that Arizona Priority Care (AZPC) provide a clear process whereby patient requests for restrictions on PHI will be received and evaluated for a reasonable accommodation.

POLICY:

It is AZPC’s policy to 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. Patients have the right to request restrictions on the information that AZPC may release to family or friends.

AZPC will permit individuals to request to receive the communications of their protected health information by alternative means, or alternative locations. AZPC will not require an explanation of such a request. AZPC will accommodate reasonable requests, but are not required to agree to all requests for restrictions.

PROCEDURE:

1. Patients will be directed to the Privacy Officer or Medical Records delegate 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 Privacy Officer or delegate 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.

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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
 - 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 notify 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

DEFINITIONS:

None

REFERENCES:

Heritage Provider Network Policies
45 CFR § 164.522

APPENDICES:

None

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DOCUMENT REVISION LOG

Date	Document Modification (including deletions)	Page(s)	Location
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