



SAINT LOUIS UNIVERSITY

Request for Restrictions on Uses and Disclosures

Policy Number: OUC-045

Version Number: 2.0

Effective Date: 04/14/2003

Responsible University Official: Privacy Officer

Approved By: Executive Staff
Legal and Compliance Committee

1.0 INTRODUCTION

Saint Louis University (hereinafter the “University”) is committed to provide services in compliance with all state and federal laws governing its operations, incorporating the highest levels of business and professional ethics. HIPAA provides patients with the right to request a restriction of use or disclosure of their protected health information. A covered entity is under no obligation to agree to the requests for restrictions. A covered entity that does agree must comply with the agreed restrictions, except for purposes of treating the individual in a medical emergency.

Health plans and covered health care providers must also permit individuals to request an alternative address or method of contact. Compliance with such a request may be conditioned with explanation for how payment will be handled.

2.0 PURPOSE

The purpose of this policy is to ensure that Saint Louis University workforce members respond appropriately to requests for restrictions from patients involving the use and disclosure of protected health information (PHI) and confidential communications.

3.0 PERSONNEL AFFECTED

This policy applies to all regular full-time and part-time faculty and staff and volunteers within all divisions of the University, including employees, professional staff members, residents, agents, representatives and consultants responsible for uses and discloses of patients’ protected health information.

4.0 DEFINITIONS

Protected Health Information (PHI): Any individually identifiable health information transmitted or maintained in any form or medium, including oral, written, and electronic. Individually identifiable health information relates to an individual’s health status or condition, furnishing health services to an individual or paying or administering health care benefits to an individual. Information is considered PHI where there is a reasonable basis to believe the information can be used to identify an individual.

Restriction: An agreed upon limitation(s) on use and disclosure about an individual's PHI to carry out Treatment, Payment or health care Operations (TPO) and disclosures for involvement in the individual's care. For instance, Saint Louis University may use and disclose PHI for TPO but the patient may request Saint Louis University not to use or disclose PHI for other instances.

Workforce: Employees, volunteers, trainees, contractors, and other persons under the direct control of the covered entity, whether or not paid by the covered entity.

5.0 POLICY

Saint Louis University must permit patients the opportunity to request restrictions on the uses and disclosures of their Protected Health Information (PHI) used in Treatment, Payment, and health care Operations (TPO).

The University is not required to agree to a restriction. If the University does agree to a restriction, it may not use or disclose PHI in violation of such a restriction, except when the individual who requested the restriction is in need of emergency treatment and the restricted PHI is necessary for providing care. The University may use the restricted PHI itself or may disclose such restricted PHI to a health care provider to provide such treatment to the individual. If restricted PHI is disclosed to another health care provider for emergency treatment, the University must request that the health care provider not further use or disclose the PHI.

Restrictions agreed to by the University are not effective to prevent the following:

- Uses or disclosures from being made available to the individual for inspection and copying their own PHI
- The individual from obtaining an accounting of disclosures of PHI
- The inclusion of a facility directory
- For uses and disclosure for which consent, authorization or opportunity to agree or object is not required.

Restrictions also do not apply to the following uses or disclosures:

- Disclosures to the Department of Health and Human Services allowed or required by law;
- For health agency oversight activities;
- For Judicial or administrative proceedings;
- For disclosures for law enforcement purposes;
- For certain disclosures about decedents;
- For certain cadaveric organ, eye or tissue purposes;
- For certain research activities;
- For certain worker's compensation related activities;
- For certain military or veterans activities;
- For medical suitability determinations; and

- For certain eligibility functions relating to government programs providing public benefits.

Terminating a Restriction

Saint Louis University may terminate its agreement to a restriction if:

- The individual agrees to or requests the terminating in writing
- The individual orally agrees to the termination and the oral agreement is documented, or
- The University informs the individual that it is terminating the restriction. Any PHI created and received after the termination will not be restricted, however, any PHI created or received before the termination will be restricted.

Documentation

Documentation of a patient's request for restriction will maintained in the patient's chart as well as electronic systems used for billing purposes.

Confidential Communications

A request for restricting confidential communications can occur anytime and requires a change in the patient's designated address. Saint Louis University must permit individuals to request and must accommodate reasonable requests by individuals to receive communications of PHI at alternative locations.

6.0 SANCTIONS

Individuals who fail to comply with this policy and the procedures associated with it will be subject to disciplinary actions guided by the University's Staff Performance Management Policy, Faculty Manual, or Student Guidelines.

Non-compliance in this Policy can result in disciplinary action, including but not limited to, restricted incentive payments, suspension or termination. It may also result in the enforcement of a corrective action plan, as well as notification of the suspected misconduct and/or violation to government regulatory agencies.

This Policy does not limit the University's ability to impose greater sanctions or impose immediate action against serious violations. Disciplinary actions appropriate to the severity of the infraction will be carried out as needed.

7.0 CHANGES TO THIS POLICY

Changes to this policy may be necessary from time to time. At a minimum, the policy and all other program policies, procedures and guidelines will be reviewed on an annual basis.

8.0 RELATED POLICIES & DOCUMENTS

- Request for Restriction (Form)
- Restriction – Paid Out of Pocket (Form)

REVISION HISTORY

EFFECTIVE DATE	VERSION NUMBER	MODIFICATION
4/14/2003	1.0	New Policy
7/01/2008	1.1	Review & Change Format
3/01/2015	1.2	Review & Change Format
	2.0	Ownership Shifted from Provost to General Counsel