



## Individual's Access to Protected Health Information (PHI)

### Policy # 3.3

## Requests for Restrictions on Uses and Disclosures

Original  
Effective Date:  
6/21/2016

Revised Date:  
3/22/2022

**Purpose:** To provide a process that allows Individuals to request restrictions on certain uses and disclosures of their PHI.

**Policy:** Travis County Covered Components review and consider Individual requests to restrict the permissible uses and disclosures of PHI. While Covered Components are generally not required to agree to the requested restrictions, they are required to permit the request. Covered Components inform all requesting Individuals of the status of their request (i.e., whether-or-not the County agrees to the request).

**Process:**

1. **Request Submission.** Covered Components provide, "[Request for Restriction of Disclosure of PHI](#)", to any Individual who wishes to restrict the use and disclosure of PHI for treatment, payment and health care operations **OR** to restrict the disclosure of PHI to family members and others involved in the Individual's care. The HIPAA Compliance and Privacy Office may assist the individual in completing the form.
2. **Considering Request.** The HIPAA Compliance and Privacy Officer, **as applicable**, and in consultation with appropriate workforce members, **as necessary**, decides whether to agree or disagree to the requested restriction.
3. The HIPAA Compliance and Privacy Officer must agree to the restriction if the request is to restrict health information to a **health plan** and:
  - a) Disclosure of such health information is not required by law and is for the purpose of treatment, payment, or health care operations.
  - b) The service or health care item that would be subject to the restriction has been paid in full by someone other than the health plan.
4. For most other requests, the HIPAA Compliance and Privacy Officer should consult with staff in the Covered Component, or in business associate covered components (such as the Auditor's Office), to determine the feasibility of the requested restriction. In deciding, strong consideration should be given to the need to treat or process payment for the treatment of an Individual.

### Request Resolution

1. **Non-agreement.** If the HIPAA Compliance and Privacy Officer **DOES NOT AGREE** to the restriction, they will complete the applicable portion of the Request Form and provide a copy of the signed response to the Individual.
2. **Agreement.** If the Privacy Liaison or Officer **DOES AGREE** to the restriction, the affected Covered Component is promptly notified of the restriction. The requesting Individual is provided a copy of the completed Request for Restriction form, and the Covered Component adheres to the restriction, unless one of the exceptions in Procedure 6 applies.
3. **Exceptions to Restriction on Use and Disclosure.**
  - a) The Covered Component is not required to honor a restriction when disclosure is to a treatment provider who is caring for a requesting Individual in need of emergency treatment and disclosure of the Individual's PHI is necessary;
    - In this case, the treatment provider must be asked not to further disclose the information.
  - b) To the requesting Individual, for example, to provide the Individual with access or an accounting of disclosures; or
  - c) Required by law.

### Terminating a Restriction

1. A Covered Component may terminate its agreement to a restriction if:
  - a) The Individual agrees to or requests the termination in writing; the Individual orally agrees or requests the termination, and the oral agreement or request is documented; or
  - b) The Covered Component determines termination is necessary and the Individual has been informed of the termination. Terminations of this nature are documented in writing and are only effective with respect to PHI created or received after the Individual is informed of the termination.
    - **NOTE:** Covered Components cannot terminate restrictions identified in Procedure 2.
2. **Document Retention.** Documents related to restrictions on uses and disclosures of PHI are kept in the Individuals' records for a period of at least **6** years from the date of its creation or the date when it last was in effect, whichever is later.