



University of Connecticut Health Center

POLICY NUMBER 2003-14
March 20, 2009

POLICY: **PATIENT RIGHT TO REQUEST RESTRICTIONS ON USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION (Privacy & Security of Protected Health Information (PHI))**

PURPOSE: To allow the patient to request restrictions for disclosing PHI

SCOPE: Applies to all UCHC patients except for Correctional Managed Health Care patients treated at JDH/UMG.

POLICY STATEMENT:

1. UCHC must permit an individual to request restrictions on the use or disclosure of PHI to carry out treatment, payment or health care operations.
2. UCHC is not required to agree to a restriction; security procedures, confidentiality policies, and all restrictions otherwise required under HIPAA protect our patients' privacy. However, UCHC will accept the following restrictions.

For Payment

A. Patient request to restrict use of PHI for payment of total charges:

1. Patient's decision not to use insurance or other payer and will be considered "self pay".
(Except for covered services for patients covered by Title XIX.)
2. Patient's decision to restrict PHI for payment of bill cannot be accommodated and thus patient will be considered "self pay".
3. Patient's refusal to authorize release of medical information to health plan on HCH901, and will be considered "self pay".
4. These decisions are made at the time of registration (or amended by calling Registration) and documented in the "General Remarks" section of the Registration database. Assignment of Benefits section of HCH901 will be crossed out, initialed by patient, and Self Pay will be entered as the FSC (Financial Status Classification).

5. Except in case of emergency, under the above circumstances, UCHC will expect payment at time of service.

B. Patient request to restrict use of PHI for payment of partial charges:

1. If a patient wishes to only bill specific JDH charges to their insurance carrier and pay other charges as out of pocket, a separate JDH admission will be created and the charges applied appropriately. The patient will then be billed directly, and not their insurance for those charges. The patient is responsible to sign a “Waiver of Liability” indicating that they take responsibility for payment of these charges.
2. If a patient wishes to only bill specific UMG professional fees to their insurance carrier and pay others as out of pocket, an indication to override insurance to self-pay must be indicated on the voucher for those self-pay services. The patient will then be billed directly, and not their insurance for those charges. The patient is responsible to sign a “Waiver of Liability” indicating that they take responsibility for payment of these charges.

C. Exclusion from Reminder of Appointments

1. Patients will be allowed to be excluded from automated, verbal and written appointment reminders.
2. Patients may be excluded from one or more reminder types, but exclusion type will apply to all appointments at UCHC.
3. Each patient will be asked if he/she wishes to be excluded from verbal, written or automated notices of appointment reminders by UCHC. Documentation of these restrictions is a requirement in the IDX Scheduling system. If exclusions are requested at any other time, the restriction will be entered in the IDX Scheduling and/or Registration application. For staff that does not have access to IDX Scheduling or Registration applications, the patient requesting the restriction must be told to contact the Dept. of Patient Access/Registration to assure the information is entered into IDX.

D. Termination of restriction agreement:

1. UCHC may terminate its agreement to a restriction if:
 - a. the individual agrees to request the termination in writing;
 - b. the individual verbally agrees to the termination and the verbal agreement is documented or;
 - c. UCHC informs the individual it is terminating its agreement to a restriction and the termination is effective with respect to protected health information created or received after the individual is informed.

2. UCHC will document the restriction and termination of the restriction should it occur.

References:

- §164.522 (a), Health Insurance Portability and Accountability Act of 1996
- Connecticut interChange MMIS Provider Manual, Chapter 2 – Requirements for Provider Enrollment
- 1/1/08 §17b-262-531 (j)

Marie A. Whalen	7/14/09
<hr/> Chief Operating Officer	<hr/> Date
Pamela Carlson	7/13/09
<hr/> Associate Vice President for Patient Financial Services	<hr/> Date
Iris Mauriello	7/13/09
<hr/> Corporate Compliance Integrity/Privacy Officer	<hr/> Date
Cato T. Laurencin	7/15/09
<hr/> Vice President for Health Affairs	<hr/> Date

Replaces: Policy 04/15/04; 06/15/05
Revised: 03/20/09