

**The Providence Center  
Policy & Procedure Manual**

**Section: Information Services**  
**Policy Name: Client/Guardian Request to Restrict  
Disclosures of Protected Health  
Information (PHI)**

**Policy Number: 4.03**  
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**Board Approved Policy: 10/4/2007**                      **Reviewed/Revised: 7/30/2007**

**Chief Medical Officer's Signature (when applicable): \_\_\_\_\_**

**President/CEO Signature: \_\_\_\_\_**

**Effective Date: 6/17/2003**

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**A. Policy:**

A client, parent or legal guardian may restrict the disclosure of a client's Protected Health Information (PHI) for purposes of Treatment, Payment or health care Operations (TPO) and to a family member, other relative or close personal friend involved in the client's care.

**B. Background: N/A**

**C. Definitions:**

**"TPO"** is defined as Treatment, Payment and healthcare Operations.

**"Treatment"** is defined as the different TPC programs that share information to coordinate the things a client needs, such as prescriptions or lab work. It also includes other healthcare providers that a client may see outside of TPC to coordinate care.

**"Payment"** is defined as the information needed to obtain authorizations for service, submit bills for payment and to obtain payment from the client, the client's insurance company, or the client's third party payer.

**"Healthcare Operations"** is defined as the PHI used to support the business operation of the Providence Center, such as quality improvement, employee review and other business related activities.

**"Electronic information"** is defined as any electronic file stored on any computer

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equipment or electronic media.

**“Protected Health Information (PHI)”** is defined as health information, oral or recorded in any form or medium that is created or received by a health care provider, health plan, public health authority, employer, life insurer, school or university, or health care clearing house. This includes past, present or future physical or mental health condition of an individual, provision of health care to the individual, or the past, present or future payment for the provision of health care.

**D. Procedure:**

The client/guardian may restrict ‘to whom’ PHI is disclosed and/or the format used to disclose PHI. Exceptions to these requests to restrict disclosure include:

- Emergency medical situations
- Use by TPC for treatment, payment or healthcare operations
- Disclosures to another legal guardian of the patient (or the patient if over age 18)
- Disclosures made prior to receipt of the Request for Restriction
- Court order or subpoena

Notwithstanding the foregoing, TPC is not required to agree to the client’s request for restriction on disclosure.

**Request for Restriction Process:**

1. The patient or guardian completes a Request for Restriction of Disclosures form and submits it to any reception area, which will forward the request to the Privacy Specialist.
2. The Privacy Specialist (PS) will review the request. If questions regarding the request arise, the PS will contact the Program Manager for clarification and/or approval as needed.
3. The PS will enter the request into the electronic client database (L&W). A Privacy “Pop up” screen will flash when the client’s information is brought up on any terminal.
4. The Request for Restrictions/Confidential Communications form is placed in the ‘Miscellaneous’ section of the patient’s chart. The cover of the chart is marked with a highly visible indicator that some restriction has been placed on communication of PHI.

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5. In the event that a restricted requester does seek information on the patient, this information should not be provided. The Privacy Specialist may be contacted to assist in appropriately responding to the request. Also, the PS should be notified of any breach in compliance with the request.

**E. Statutes, Regulations, and Standards:**

MHRH Regulation 17.0, CARF 1.C.11 and The Health Insurance Portability and Accountability Act of 1996.

**F. Distribution, Staff Development, and Training Requirements:**

All staff having a Policy and Procedure Manual will receive a copy of this policy. All other staff will access the Policy and Procedure Manual on the TPC Intranet.

**G. Monitoring Requirements:**

Each program or department, who discloses PHI, shall periodically audit disclosures to ensure that the minimum necessary requirements were met where appropriate. The results will be sent to the Privacy Officer.

**H. Forms and References: N/A**

**I. Originated By: The Privacy Officer**