

University of Colorado Health Sciences Center
HIPAA Policy

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I. Purpose, Reference, and Responsibility

A. Purpose

The purpose of this policy is to:

1. Identify the rights of all individuals receiving medical care or testing, or participating in research to request restrictions on the uses and disclosures of their protected health information (“PHI”);
- 2.. Identify the process for terminating a restriction, agreed to by the UCHSC on the uses and disclosures of PHI; and,
3. Identify the policies and procedures for documenting all agreed-upon restrictions.

B. Reference

45 C.F.R. §164.522(a)

C. Responsibility

It is the responsibility of all members of the UCHSC workforce to follow this policy.

II. Applicability and Definitions

A. Applicability

This policy applies to all requests for restriction made to the UCHSC on the uses and disclosures of PHI.

B. Definitions

Health Care Operations
Payment
Protected Health Information (PHI)
Secretary
Treatment
Workforce

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III. Policy

A. General

1. The UCHSC must permit an individual to request that the UCHSC restrict:
 - a. Uses or disclosures of PHI about the individual to carry out treatment, payment, or health care operations; and
 - b. Disclosures permitted under UCHSC HIPAA policy 4.3 regarding involvement in the individual's care and notification purposes.
2. All requests for restriction must be made in writing.
3. The UCHSC is not required to agree to a restriction.
4. If the UCHSC does agree to a restriction, the UCHSC must not use or disclose PHI in violation of the restriction, except if the individual who requested the restriction is in need of emergency treatment and the restricted PHI is needed to provide the emergency treatment. In these cases the UCHSC may use the restricted PHI, or may disclose the PHI to a health care provider, to provide emergency treatment to the individual. If the restricted PHI is disclosed to a health care provider for emergency treatment, the UCHSC must request that the health care provider who reviews the restricted PHI not further use or disclose the information.
5. A restriction agreed to by UCHSC in this policy, is not effective to prevent uses or disclosures of PHI required by the Secretary of HHS or as required or permitted by state or federal law.
6. The UCHSC may terminate its agreement to a restriction if:
 - a. The individual agrees to or requests the termination in writing;

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- b. The individual orally agrees to the termination and the oral agreement is documented; or
 - c. The UCHSC informs the individual that it is terminating its prior agreement to a restriction. (Note: such termination is only effective with respect to PHI created or received after the UCHSC has informed the individual.)
7. All documentation of restrictions must be kept for six (6) years from the date they were made or were last in effect, whichever is later.