



*Issuing Department:* Internal Audit, Compliance, and Enterprise Risk Management

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## **Right to Request Additional Restrictions on Use and Disclosure of PHI**

### **Policy**

Patients have the right to request additional restrictions on the Use or Disclosure of their Protected Health Information (“PHI”) for Treatment, Payment, or Health Care Operations, to family or friends involved in the patient’s care, or for notification purposes (to family and friends or entities authorized to assist in disaster relief efforts). NYU Langone Health is not required to agree to this restriction, except in one limited circumstance, governed by the *Restricting Disclosures to a Health Plan* policy.

For restrictions agreed upon by the Office of Internal Audit, Compliance, and Enterprise Risk Management (“IACERM”), NYU Langone Health will not Use or Disclose PHI in violation of that restriction, unless:

- the Use or Disclosure is necessary for emergency treatment (however, NYU Langone Health must request that the recipient health care provider not further Use or Disclose the information),
- is required or permitted by law, or
- the restriction has been terminated in accordance with this Policy.

For example, a patient may request that NYU Langone Health refrain from Disclosing the results of a lab test to a clinician or to a particular family member, who is otherwise specifically authorized to receive PHI.

The request form and decision letter will be maintained by IACERM. All agreed upon restrictions will also be documented in the patient’s medical record as appropriate.

### **Procedure**

1. All patient requests for restrictions must be made in writing. Patients must complete the *Patient Request to Restrict Uses and Disclosures of Protected Health Information* form.
2. Workforce Members will forward the patient’s completed form to IACERM.
3. IACERM will determine, in consultation with appropriate Workforce Members including clinicians, whether a request for restriction should be accepted or denied. IACERM will

notify the patient in writing of his or her decision within 30 days from the receipt of the request. Other than as provided by the *Restricting Disclosures to a Health Plan* policy, NYU Langone Health is not required to agree to a request for a restriction.

4. IACERM will notify the Workforce Member who submitted the patient's form of the outcome as appropriate.
5. IACERM will notify any Business Associates as necessary, about any restrictions it has agreed to the extent the restriction affects the Business Associate's performance of services and in accordance with the Business Associate Agreement.
6. To terminate a restriction, NYU Langone Health must either:
  - obtain the patient's agreement in writing. If the patient orally agrees to terminate the restriction, the oral agreement must be documented, including the date of the oral agreement; or
  - inform the patient in writing that the restriction agreement is terminated. In such a case, the termination is only effective with respect to PHI that is created or received after the patient has been informed.

### **Related Documents**

Disclosures of PHI to Family or Friends

HIPAA Privacy Policies, Procedures, and Documentation

HIPAA Privacy Policies and Procedures Definitions

Restricting Disclosures to a Health Plan

Patient Request to Restrict Uses and Disclosures of Protected Health Information form

Uses and Disclosures of PHI Required or Permitted by Law

Uses and Disclosures of PHI for Treatment, Payment and Health Care Operations

### **Legal Reference**

45 C.F.R. §164.522(a)

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This version supersedes all NYU Langone Health (as defined in this Policy) previous policies, including but not limited to NYU Hospitals Center, New York University School of Medicine, Lutheran Medical Center, and Winthrop University Hospital.