

**The University of North Carolina at Chapel Hill
Request for Restrictions on Use and Disclosure of Protected Health Information for Treatment
Payment and Health Care Operations**

Patient Name: _____ Patient Date of Birth: _____

Other Names: _____

Medical Record#: _____ Address _____

Telephone _____

E-mail _____

Please identify the restriction on uses and disclosures of Protected Health Information (PHI) for treatment, payment and health care operations you request:

I understand that the UNC-Chapel Hill covered provider is not obligated to grant my request for restriction. If granted the University will not violate such restriction unless the restricted protected health information is needed for emergency purposes.

Signature of Patient or Legal Representative Date

For administrative use only

Date Request received: _____ Accepted/Denied (circle one)

Name of Staff member: _____ Title: _____

**The University of North Carolina at Chapel Hill
Requesting Restrictions on Uses and Disclosure of Protected Health Information for
Treatment, Payment and Health Care Operations**

Policy:

Pursuant to the Health Insurance Portability and Accountability Act of 1996 (HIPAA), individuals have the right to request restrictions to the use and disclosure of his/her Protected Health Information (PHI) for treatment, payment and health care operations. UNC-Chapel Hill covered health care providers are not required to accept the requested restrictions. If the request is granted, the UNC-Chapel Hill covered health care provider must not make uses or disclosures that are inconsistent with such restrictions, unless such uses or disclosures are mandated by law. This provision will never apply to health care provided to an individual on an emergency basis.

Procedure:

1. An individual must make a written request to the UNC-Chapel Hill covered health care provider to restrict the use and disclosure of PHI for treatment, payment or health care operations.
2. The UNC-Chapel Hill covered health care providers will determine the most efficient method of handling the requests for restriction.
3. If the UNC-Chapel Hill covered health care provider accepts the requested restriction, the provider will not violate such restriction, unless as specified within this policy and procedure.
4. The UNC-Chapel Hill covered health care provider is never permitted to accept an individual's request in the following situation(s):
 - ❖ When the individual who requested the restriction is in need of emergency treatment and the restricted PHI is needed to provide the emergency treatment. If restricted PHI is disclosed to a health care provider for emergency treatment, UNC-Chapel Hill will request that such health care provider not further use or disclose the information.

If a UNC-Chapel Hill covered health care provider agrees to an individual's requested restriction, the restriction does not apply to the following uses and disclosures:

- ❖ To an individual accessing their own PHI;
 - ❖ To an individual requesting an accounting of their own PHI; or
 - ❖ Instances for which consent, an authorization, or opportunity to agree or object is not required, such as judicial and administrative purposes; health oversight; research; law enforcement; public health; to avert a serious threat to health and safety; cadaveric organ, eye, or tissue donation; decedents; worker's compensation; victims of abuse, neglect or domestic violence; specialized government functions; required by law.
- ❖
 5. A UNC-Chapel Hill covered health care provider may terminate its agreement to a restriction in the following situations:
 - ❖ The individual agrees to or requests the termination in writing;
 - ❖ The individual orally agrees to the termination and the oral agreement is documented; or
 - ❖ The UNC-Chapel Hill covered health care provider informs the individual that it is terminating its agreement to a restriction. Such termination is only effective with respect to PHI created or received after it has so informed the individual.
 6. UNC-Chapel Hill covered health care providers will document and retain the restriction 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.

FINAL ACCEPTED DRAFT 01/16/03

7. Knowledge of a violation or potential violation of this policy must be reported directly to the Privacy Officer.