NORTHERN NEVADA ADULT MENTAL HEALTH SERVICES

POLICY AND PROCEDURE

SUBJECT: RESTRICTED USE OR DISCLOSURE OF PROTECTED HEALTH INFORMATION (PHI)

NUMBER: NN-IM-PS-13 

ORIGINAL DATE: 03/04/04

REVIEW/REVISE DATE: 03/02/06, 1/22/09, 1/19/12

APPROVAL: Allan Mandell ,Interim Agency Director

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I. PURPOSE

To delineate a procedure for processing a consumer's request to restrict use or disclosure of his/her Protected Health Information (PHI).

II. POLICY

Northern Nevada Adult Mental Health Services (NNAMHS) acknowledges that consumers have the right to request restrictions on the use or disclosure of Protected Health Information. NNAMHS is not required to agree to requested restrictions.

III. REFERENCES

HIPAA 164.502 and 164.512

HIPAA Preamble (65 FR82462 App. V)
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IV. PROCEDURE

A. Requesting a restriction

1. If the consumers requests restrictions during the admission process or while on the inpatient or POU units, he/she will complete Item 1 on the MR 126 A Admission Authorizations, and
2. In all cases where restricted access is requested, the MR 249 Request for Restriction of Use or Disclosure of Protected Health Information must be completed. Staff will assist the consumer as needed.
3. The consumer or staff will send the MR 249 to Health Information Services (HIS) Director.

B. RESPONSE TO REQUEST FOR RESTRICTION

1. The HIS Director will refer the MR 249 to the Consumer Information Management (CIM) Committee for a decision regarding acceptance or denial of the request. The committee may have a special meeting to act on such requests.

2. The MR 249 with an easy to understand response written on it by the CIM Committee Chair that provides the basis for agreement or denial as determined by the committee, will be given to the consumer within three working days of the committee meeting.

C. Agreement to Requested Restrictions

1. All NNAMHS clinical staff will ensure that the agreed upon restriction is honored.

2. The Health Insurance Privacy and Portability Accountability Act (HIPAA) office will send the response to the consumer via certified/receipt requested mail, and file the MR 249 in the record.
3. Restrictions are superseded by mandatory or permitted disclosures, such as:
   a) Uses and disclosures as required by law.
   b) To a public health authority that is legally authorized to collect or receive PHI for the purposes of preventing or controlling disease, injury, or disability including but not limited to:
      i) Reporting of disease, injury and events such as birth or death; and
      ii) Conducting public health surveillance, investigations and interventions; and,
      iii) Reporting child abuse or neglect.
   c) To the FDA for the purpose of activities related to the quality, safety or effectiveness of an FDA regulated product or activity.
   d) Work-related illness or injury, or workplace related medical surveillance.
   e) OSHA compliance.

D. Emergency Release of Restricted PHI
   1. Emergency needs or other allowable exceptions for the release of restricted information will be reported to the HIPPA officer.
   2. HIS will document disclosures on the back of the MR 249.

E. Terminating the Agreement
   1. The restriction agreement may be terminated at any time by either NNAMHS or the consumer. This termination is documented by completing the termination portion of the MR 249.

2. A copy of the MR 249 with the documented termination will be sent to the consumer via certified/receipt requested mail.

F. Maintaining Records

1. The CIMC Committee Chair will keep the Agency Director informed regarding all requests for restrictions.
2. Health Information Services will maintain a written record of the restriction decision for a minimum of six years from the date of its creation, or the last date for which the restriction remains in effect, whichever is later.
3. Correspondence, if any, will be carried out by the HIPPA officer and maintained by the Health Information Services Department.

G. Flagging

1. The Health Information Services Department will file the MR 249 under the *Consent/Legal* tab and place a “restriction” sticker on the front of the chart.
2. HIS Staff will place an alert on the electronic medical record (EMR).

H. Staff Restrictions

1. The CIMC Committee Chair will send a notice to the specified restricted staff person and his/her department head.
2. The restricted person will refrain from accessing the PHI, both paper and electronic.
3. The department head will enforce the restriction.
4. Upon request by the Agency Director or CIMC Chair, Program Evaluation will report staff access if any.
5. Attempted or actual access by the restricted person will result in progressive disciplinary action.