

Policy HIPAA 5004

Request Restrictions or Confidential Communications

Responsible Office	Office of the Provost	Effective Date	April 14, 2003
Responsible Official	Privacy Officer	Last Revision	December 7, 2016

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Scope

This policy applies to the University's Covered Components and those working on behalf of the covered components, designated as such for purposes of complying with the privacy provisions of the Health Insurance Portability and Accountability Act of 1996. The Covered Components are: (1) the Group Health Plan Component; and (2) the Covered Health Care Component, which includes the School of Nursing, the Department of Psychology clinics, Yale Health and the School of Medicine (except the School of Public Health and the Departments of Cell Biology, Cellular and Molecular Physiology, Comparative Medicine, History of Medicine, Immunobiology, Microbial Pathogenesis, Molecular Biophysics & Biochemistry, Neurobiology, Pharmacology, and WM Keck Biotechnology Resources Laboratory).

The policy is intended to bring more uniformity to how Yale University addresses the requests for restrictions and confidentiality while addressing the regulatory stipulations of HIPAA.

Policy Statement

The Yale Covered Components (the Yale Employer Group Health Plan and the Yale Covered Health Care Component) will take appropriate steps to protect and restrict the protected health information created, received, maintained or transmitted by the Covered Components. Individuals may, from time to time, request certain additional restrictions on how the Yale Covered Components archive or manage their information. The Yale Covered Components may agree to such requested restrictions if the Covered Component believes the restriction will not limit its ability to provide quality health care treatment, obtain payment, or manage its operations, and if its information systems and procedures will permit it to comply consistently with the requested restrictions. Except as otherwise required by law, the Yale Covered Components will agree to restriction requests related to disclosures of protected health information to a health plan when such disclosures are for the purpose of carrying out payment or health care operations and the PHI pertains only to health care for which the costs have been paid out of pocket in full.

The Yale Covered Components will also agree to reasonable requests for confidential communications, provided that an alternative address or other method of contact can be accommodated by all applicable systems and, where appropriate, information as to how payment will be handled is provided.

Reason for the Policy

This policy and procedure addresses the following information privacy rights in accordance with requirements of the Health Insurance Portability and Accountability Act (HIPAA):

- Permitting patients the right to request restrictions on uses and disclosures of their protected health information.
- Permitting patients the right to request confidential communications of their protected health information.
- Permitting patients the opportunity to agree or object to uses and disclosures for the facility directory.
- Permitting patients the opportunity to agree or object to uses and disclosures for involvement in the individual's care and notification purposes.

Definitions

Confidential Communications

Refers to the ability of an individual to request that their health information be protected through the use of an alias or by using a different mailing address.

Covered Entity

Covered entity means an entity that is subject to HIPAA. Yale University is the covered entity for HIPAA compliance purposes. Because Yale is a Hybrid Entity, only Yale's designated Covered Components are subject to HIPAA requirements.

Legally Authorized Representative

A person authorized either by state law or by court appointment to make decisions, including decisions related to health care, on behalf of another person, including someone who is authorized under applicable law to consent on behalf of a prospective subject to the subject's participation in the procedure involved in the research.

Protected Health Information (PHI)

Any individually identifiable health information, including genetic information and demographic information, collected from an individual, whether oral or recorded in any form or medium that is created or received by a covered entity (Yale School of Medicine (excluding the School of Public Health, the Animal Resources Center, and the basic science departments: Cell Biology, Cellular and Molecular Physiology, Comparative Medicine, History of Medicine, Immunobiology, Microbial Pathogenesis, Molecular Biophysics & Biochemistry, Neurobiology, Pharmacology and WM Keck Biotechnology Resources Laboratory), Yale School of Nursing, Yale Health, Department of Psychology Clinics and the Group Health Plan component)

PHI encompasses information that identifies an individual or might reasonably be used to identify an individual and relates to:

- The individual's past, present or future physical or mental health or condition of an individual; OR
- The provision of health care to the individual; OR
- The past, present or future payment of health care to an individual.

Information is deemed to identify an individual if it includes either the patient's name or any other information that taken together or used with other information could enable someone to determine an individual's identity. (For example: date of birth, medical records number, health plan beneficiary numbers, address, zip code, phone number, email address, fax number, IP address, license numbers, full face photographic images or Social Security Number see [Policy 5039](#) for a list of HIPAA Identifiers)

PHI excludes individually identifiable health information in education records covered by the Family Educational Right and Privacy Act (FERPA) (records described in 20 USC 1232g(a)(4)(B)(iv)) and employment records held by a covered entity in its role as employer. PHI also excludes information related to individuals who have been deceased for more than 50 years. (see also definitions of "health information" and "individually identifiable health information")

TPO

Treatment, Payment, Health Care Operations

Use

Sharing, employment, application, utilization, examination, or analysis of individually identifiable health information within an entity that holds such information.

See the [HIPAA Glossary](#) for a complete listing of HIPAA terms

Policy Sections

5004.1 Restricting Uses and Disclosures of Protected Health Information

Patients have the right to request restrictions on uses and disclosures of their protected health information. Yale University is not required to agree to all requested restrictions.

Patient-requested restrictions will be accepted when Yale University:

1. Has been paid out of pocket in full for the health care items or services related to the restriction, and
 - the requested restriction is limited to disclosures to a health plan for the purposes of carrying out payment or health care operations related to that healthcare item or services and
 - the requested restriction is limit to disclosures of PHI solely related to that health care item or service and
 - The requested restriction is not for a service covered by Medicare or Medicaid or Workers' Compensation.

2. Has the administrative, physical, and technical capability of complying with the restriction, and
 - finds that patient care will not be detrimentally affected, and
 - has assurance that the patient's financial obligations will be met, if applicable, and believes that the patient is in danger or is a public figure whose identity at Yale University could be disruptive.

If Yale University agrees to a restriction, it will not use or disclose PHI in violation of the restriction. Yale University may terminate its agreement to a restriction if:

- The patient agrees to or requests the termination in writing
- The patient orally agrees to the termination and the oral agreement is documented
- Yale University informs the patient of the termination, in which case the termination will only be effective for PHI created or received after the patient is so informed

A restriction will not be effective to prevent disclosures (1) that are necessary to provide the patient with emergency treatment, (2) to the Secretary of HHS for purposes of determining compliance with HIPAA, (3) for the facility directory, unless the patient opts out of the directory listing or (4) for which an authorization, or the opportunity to agree or object, is not required

5004.2 Alternate Means and Locations

Patients have the right to request communications of protected health information from Yale University to the patient by alternative means or at alternative locations.

Yale University will accommodate all reasonable requests to the extent practicable.

5004.3 Opportunity to agree or object to use and disclosures for Involvement of Care & Notification

In accordance with the procedures described below:

- Yale University may disclose to a family member, other relative, or a close personal friend of the patient, (including deceased patients unless doing so is inconsistent with any prior expressed preference of the patient) or any other person identified by the patient, protected health information directly relevant to such person's involvement with the patient's care or payment related to the patient's health care.
- Yale University may use or disclose protected health information, limited to the patient's location, general condition or death, to notify, or assist in the notification of (including identifying or locating), a family member, a personal representative of the patient (see Yale University Policy [5038](#) and [Procedure 5038](#) on Personal Representative), or another person responsible for the care of the patient.
- Yale University may use or disclose protected health information to coordinate notification efforts with a disaster relief organization in an emergency situation.

Procedures

[5004 PR1](#): Request Restrictions or Confidential Communications

Forms and Exhibits

[Form 5004](#) - Request Restrictions On Uses and Disclosures of PHI

[Form 5004](#) - Request Confidential Communications of PHI

Related Information

[Policy 5038](#): Personal Representatives

Contacts

Subject	Contact	Phone
HIPAA Compliance	Chief HIPAA Privacy Officer	203-432-5919
Information Security	Central Campus Help Desk	203-432-9000
	Medical School Campus Help Desk	203-785-3200

Roles and Responsibilities

Office of the Provost

responsible for University compliance issues including HIPAA

Office of General Counsel

interprets HIPAA regulations; reviews and approves all HIPAA related contracts including contracts with Business Associates or for research contracts

University Information Security Officer

individual responsible for overseeing information security and ensuring compliance with security requirements of HIPAA

Chief HIPAA Privacy Officer

individual responsible for overseeing and ensuring HIPAA compliance throughout Yale University; coordinates compliance related activities through the following deputies in each of the covered schools, departments, or other entities:

- Deputy Privacy Officer, School of Medicine
- Deputy Privacy Officer, School of Nursing
- Deputy Privacy Officer, Yale Health Services
- Deputy Privacy Officer, Yale Health Plan/Benefits Office
- Deputy Privacy Officer, Department of Psychology Clinics

Procurement Office

Identifies Business Associates and ensures appropriate contracts in place

Grants & Contracts Administration

Responsible for negotiating data use agreements and research related contracts.

Institutional Review Boards (HIC, HSC, HSRRC)

Responsible for review and approval of waivers of authorization for research purposes.

Revision History

Revised 9/12/2013, 12/7/16

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