

HIPAA Procedure 5004 PR.1

Request Restrictions or Confidential Communications

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Restricting Uses and Disclosures of Protected Health Information

When a patient requests that information not be disclosed to a specified individual or entity, the Request Restrictions on Use and Disclosure of PHI form must be completed and signed. An authorized healthcare professional will review the request and determine if it can be accommodated.

Requests for restrictions on disclosure of information following an encounter generally cannot be accepted except for restrictions to an insurance company when the patient has provided payment in full from sources other than the insurance company. In the case of self pay, the Do Not Bill Insurance (DBI) box should be checked on the patient appointment screen or in the charge session. See Yale Medicine Operational Process below.

Generally, Yale University must adhere to any restriction to which it agrees in accordance with this policy, unless the restriction is terminated (at the individual's written request, at the individual's documented oral request, or on Yale University's own initiative with respect to PHI created or received after informing the individual of the termination). Such restriction is not, however, effective to prevent uses or disclosures of the patient's true identity in connection with the Secretary of DHHS for enforcement purposes; or when an authorization or opportunity to agree or object to a use or disclosure is not required, in accordance with Yale University's policy on [Policy 5031](#) - Authorization Requirements for Uses and Disclosures, Including Verification of Identification.

For any restriction agreed to, Yale may not use or disclose PHI in violation of such restriction, except that, if the individual who requested the restriction is in need of emergency treatment and the restricted PHI is needed to provide the emergency treatment, the covered entity may use the PHI, or may disclose such information to a health care provider, to provide such treatment to the individual. If restricted PHI is disclosed to a health care provider for emergency treatment, Yale must request that such health care provider not further use or disclose the information.

Confidential Communications of Protected Health Information

A patient may request to receive confidential communications by alternative means or at alternative locations by completing the Request Confidential Communications of PHI form, or may make the request directly to a member of the Yale University workforce. Verbal requests will be accepted if the requester's identity has been properly verified (see Procedure 5031 and Guidance on Identity Verification). In addition, patient registration and check in procedures afford the patient the opportunity to verbally provide preferred communication methods including alternate address, phone, or email addresses.

A request for appointment reminders, bills, or any other information to be sent to a different address will be accommodated if the request is reasonable. The patient will be required to provide an alternative address or method of contact and, if applicable, information as to how payment will be handled.

Response to Request for Restrictions on Uses and Disclosures or Confidential Communications of PHI

Except where the the record is updated while the patient is present or on the phone, a written response to a patient' s request for Restrictions on Use & Disclosure of PHI or Confidential Communications of PHI should be sent to the patient within a reasonable period of time. The response should indicate whether the request was accepted or not, and if not, a reason why.

A written response to a patient' s request to terminate a previous request for Restrictions on Use & Disclosure of PHI or Confidential Communications of PHI should be sent to the patient within a reasonable period of time. The response should indicate whether the request was accepted or not, and if not, a reason why.

Yale will inform the patient in writing of its decision to terminate a previously accepted restriction, and the reason for the termination.

All documentation is maintained for at least six (6) years. Originals should be kept in the patient's medical record with copies to the patient and to the appropriate Yale Deputy Privacy Officer.

Yale Medicine Operational Process for Restriction Requests

When a patient requests that a service should not be billed to their insurance:

1. If they are a Medicare or Medicaid beneficiary, they will be informed that this restriction can only be applied if the service is not covered by Medicare or Medicaid. If it is covered, the service must be billed to the Medicare or Medicaid program and the provider cannot bill the member.
2. If the service is related to a Worker's Compensation claim, the provider cannot bill the patient. The claim for services must be billed to the Worker's Compensation carrier.
3. In all other cases, the patient will be made aware that they will be financially responsible for full payment prior to services being rendered. This can be collected on the date of service.
4. They will be informed that this restriction is for this particular service only. Requests for other restrictions, e.g. for other dates of service or providers must be made and paid for separately.
5. They should complete HIPAA form 5004. Request Restrictions on Uses and Disclosures of PHI and YMG form 7045.FM.A Patient Responsibility for Payment (Waiver).
6. In Epic, the Do Not Bill Insurance (DBI) box is checked on the patient appointment or charge session.
7. Full cash payment (check, charge or debit) is collected at the time of service and applied to the patient's guarantor account for that visit.

See also: YMG procedure 10120: Requests to Restrict the Release of Protected Health Information

The official version of this information will only be maintained in an on-line web format. Any and all printed copies of this material are dated as of the print date. Please make certain to review the material on-line prior to placing reliance on a dated printed version.
