

Stark County Board of Developmental Disabilities

HIPAA Procedure 6: The Right of an Individual Served to Request Restrictions on Disclosures or Uses of Protected Health Information (PHI)	Effective: 4/14/2003
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Subject: The Right of an Individual Served to Request Restrictions on Disclosures or Uses of Protected Health Information (PHI)

Individuals served, a legal guardian, or parent or legal guardian of an individual under the age of eighteen (hereinafter referred to as "Individual Served"), has the right to request a restrictions or limitation on the Protected Health Information (PHI) used or disclosed for treatment, payment or health care operations. The Board is not required to agree to the restrictions or limitations if the disclosures are required by law. The Individual Served must submit a written request ([HIPAA-8 form](#)), describing the information that is to be restricted, a statement about whether the restriction applies to use or disclosure and to whom the restriction or limitation applies. Written requests for restrictions or limitations on the use or disclosure of the individual's PHI shall be sent to the Privacy Officer.

The decision to accept or deny a requested restriction or limitation is made by the Privacy Officer. The Privacy Officer will notify the Individual Served in writing regarding the acceptance or denial of the restriction or limitation. The Board and the Board's Business Associates will be bound to the accepted restrictions or limitations for the period of time requested by the Individual Served or until the restriction are terminated.

Prior to any use or disclosure of an individual's PHI, all Case Record Administrators must verify whether a restriction or limitation has been placed on the use or disclosure of the individual's PHI.

For accepted restrictions, the Privacy Officer will notify each Compliance Committee Member who is then responsible for seeing that the individual's record/file is marked as "Restricted" by attaching a copy of the HIPAA-8 form which will reflect the exact restrictions. The affected Compliance Committee Member(s) are responsible to provide the same document to the affected Business Associates.

There are certain exceptions that permit the Board to release restricted information:

1. Emergency release. The Board may release restricted PHI to a health care provider if the Individual Served needs emergency treatment and the information is needed for treatment. The Board must request that the provider make no further use or release of the PHI.
2. Release of PHI to the Individual Served.
3. Release of PHI required by the Privacy Rule, including but not necessarily limited to uses and disclosures such as:
 - a. Public Health Purposes
 - i. Reporting abuse or neglect
 - ii. Reporting communicable disease, injury or disability and information relating to births or deaths.
 - iii. Reporting adverse drug events

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- b. To avert a serious threat to health and safety
 - i. track products if the disclosure is made to a person as required by the federal Food and Drug Administration (FDA);
 - ii. enable product recalls, repairs or replacements and to conduct post-marketing surveillance to comply with requirements of, or at the direction of, the FDA.

The Board may terminate the agreement to restrictions on disclosures and uses of PHI if:

1. The Individual Served agrees to the termination or submits a written request to terminate the restrictions or limitations ([HIPAA-9 form](#))
2. The Individual Served agreed to or requests the termination orally, and the oral agreement is documented by Board staff and placed in the appropriate section of the individual's file, and sent to the Privacy Officer, or;
3. The Privacy Officer/designee informs the Individual Served in writing that the Board is terminating its agreement to a restriction or limitation only with respect to PHI created or received after informing the Individual Served of the termination.

The Privacy Officer shall notify the affected Compliance Committee Member(s) of the termination in order to assure that the file of the Individual Served shall have "Terminated" and the date of termination on the "Restricted" attachment that reflects the exact restrictions and a copy of form HIPAA-9 attached.

A record of the decision relating to a restriction must be maintained for a minimum of six (6) years from the date of its creation or the last date, for which the restriction remains in effect, whichever is later.

Applies to: Yes No All Employees X Non Represented SCEPTA SCDD SSA See Current Bargaining Agreement	Historical Resolution Information Policy 2.22 HIPAA <table style="width: 100%; border: none;"> <tr> <td style="width: 30%;">Date</td> <td>Resolution Number</td> </tr> <tr> <td>3/24/13</td> <td>3-28-03</td> </tr> <tr> <td>1/19/13</td> <td>01-09-13</td> </tr> </table> Resolution Number 5-14-12	Date	Resolution Number	3/24/13	3-28-03	1/19/13	01-09-13
Date	Resolution Number						
3/24/13	3-28-03						
1/19/13	01-09-13						
Superintendent's Signature:	Reviewer(s): Privacy Officer Security Officer						