



DEPARTMENT OF MENTAL HEALTH POLICY/PROCEDURE

SUBJECT: CLIENT RIGHT TO REQUEST RESTRICTIONS TO USE AND DISCLOSURE	POLICY NO. 500.23	EFFECTIVE DATE 04/14/03	PAGE 1 of 2
APPROVED BY: <div style="text-align: right;">Director</div>	SUPERSEDES	ORIGINAL ISSUE DATE	DISTRIBUTION LEVEL(S) 1

PURPOSE

- 1.1 To establish a policy pursuant to the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy Rule to ensure that clients have the right to request restrictions to the use and disclosure of their Protected Health Information (PHI).

POLICY

- 2.1 The Department of Mental Health (DMH) will allow a client to request that the use and disclosure of their PHI be restricted. DMH will not agree to client requests to restrict the use or disclosure of PHI for purposes of treatment, payment or health care operations beyond those restrictions imposed by law.

PROCEDURE

- 3.1 DMH shall permit a client to request to restrict use and disclosure of PHI for treatment, payment and health care operations purposes, and disclosure to those involved in the client's care or payment for such client's care and for notification purposes. The client may be asked to complete and submit the Client's Request for Restriction of Use and Disclosure of Health Information form (Attachment I). If the client refuses or is unable to complete the form, DMH shall complete the form on behalf of the individual.
- 3.2 DMH is not required to agree to the client's request for restriction. At this time, all requests will be denied until DMH can better access how it will properly manage and support such requests.
- 3.3 If a client submits a completed Client's Request for Restriction of Use and Disclosure of Health Information form, DMH will sign the bottom of the last page and inform the client that it will not be able to support at this time.
- 3.4 DMH will include the signed form in the client's health record.

DOCUMENTATION RETENTION

- 4.1 DMH will retain all documents created or completed under this policy for a period of at least six (6) years from the date of its creation or the date when it last was in effect, whichever is later.



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AUTHORITY

HIPAA, 45 CFR Section 164.522(a)

ATTACHMENT

Attachment I Client's Request for Restriction of Use and Disclosure of Health Information



DEPARTMENT OF MENTAL HEALTH

CLIENT'S REQUEST FOR RESTRICTION ON USE AND DISCLOSURE OF HEALTH INFORMATION

Client Name: _____

Date: _____

Date of Birth: _____

MIS #: _____

1. I understand that DMH may use or disclose my protected health information ("PHI") for the purposes and under the circumstances described in the DMH *Notice of Privacy Practices*, and that otherwise, DMH must not use or disclose my PHI.

2. I understand that I may request that DMH refrain from certain uses or disclosures of my PHI that the law would otherwise allow. Specifically, I understand that I may request that DMH refrain from using or disclosing my PHI for any of the following purposes:

- a. For my treatment;
- b. To obtain payment for services rendered to me;
- c. For its various "health care operations", as defined by federal law;
- d. If I do not object, to family members, individuals involved in my care or payment for my care; and
- e. If I do not object, to disaster relief agencies.

3. I also understand that even though I have the right to ask that DMH not make one or more of these disclosures, DMH does not have to agree to my request.

4. If you ask us to restrict our uses and disclosures of your PHI even more than the law requires, and if we agree to do so, we are required to honor that agreement. We will notify you in writing as to whether or not DMH will agree to or will deny your restriction request. Until a decision is made, we will continue to use and disclose your PHI as allowed or required by law.

5. I hereby request that DMH agree to limit its use or disclosure of my PHI as follows:

- a. The information I want to have specially protected is:



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- b. I want to limit:
- The inside use of this information by DMH (i.e., the communication of this PHI among DMH workforce personnel for otherwise lawful purposes).
 - The outside disclosure of this information by DMH (i.e., the communication of this PHI to persons or organizations outside of DMH, for otherwise lawful purposes).
 - Both the inside use and the outside disclosure of this information.
- c. Complete, only if applicable: I do not want the following person/entity to receive the information described in paragraph 5.a above: _____

Signature of client or representative: _____

If representative, give relationship: _____

DENIAL OF REQUEST

Until further notice, as permitted by the federal Privacy Regulations, DMH will not be able to agree to your request for restriction.

Signature of Treatment Provider: _____

Date: _____