COMMUNITY MENTAL HEALTH AUTHORITY

ADMINISTRATIVE POLICY AND PROCEDURES MANUAL				
Chapter **Program Quality**	**Section** **HIPAA**	**Chapter** **05**	**Section** **03**	**Subject** **07**
Subject **Recipient's Right to Request Restriction of Uses & Disclosures of PHI**	**Authorization**		**Approved: 04/08/03** **Replaces: None**	

Updated: October 2024; Reviewed/No Update: October 2025

I. PURPOSE: To establish policy regarding a recipient's right to request a restriction of use and disclosure of PHI.

II. APPLICATION: All programs of Gogebic Community Mental Health Authority (GCMHA).

III. DEFINITIONS: PHI: Protected Health Information

IV. POLICY: A recipient has the right to request restrictions of uses and disclosures of protected health information.

V. PROCEDURE:

A. A recipient has the right to request a restriction of uses and disclosures of protected health information (PHI):
   1. for treatment, payment, or health care operations;
   2. to family members.

B. GCMHA is not required to agree to the restriction.

C. Requests for restrictions must be made in writing.

D. Requests for restrictions will be forwarded to the Privacy Officer for review. Within five business days a written determination will be mailed to the recipient. The determination will state whether GCMHA:
   1. does not agree;
   2. agrees in whole;
   3. agrees in part.

E. If GCMHA agrees to a restriction, GCMHA may not use or disclose PHI in violation of such restriction, except that, if the recipient who requested the restriction is in need of emergency treatment and the restricted PHI is needed to provide the emergency treatment, GCMHA may use the restricted PHI, or may disclose such information to a health care provider, to provide treatment.

If restricted PHI is disclosed to a health care provider for emergency treatment, GCMHA must request that such health care provider not further use or disclose the information.

F. A restriction agreed to by GCMHA is not effective for uses and disclosures to the Secretary of CMS for the purpose of determining GCMHA compliance with law.

G. The Privacy Officer will ensure that all appropriate GCMHA personnel and business associates affected by the restriction are notified.

H. All restrictions must be documented in the recipient's medical record.

I. GCMHA may terminate its agreement to a restriction if:

1. The recipient agrees to or requests the termination in writing;
2. The recipient orally agrees to the termination and the oral agreement is documented;
3. GCMHA informs the recipient that it is terminating the agreement, except that such termination is only effective with respect to PHI created or received after the recipient is informed.

J. GCMHA must permit recipients to file a written request, and must accommodate reasonable requests, to receive communications of PHI by alternative means or at alternative locations. GCMHA may not require an explanation as to the basis of the request.

VI. REFERENCES AND LEGAL AUTHORITY: 45 CFR Part 164 Section 522.

VII. EXHIBITS: None