



Right of Patients to Request Restrictions Regarding the Use and Disclosure of Their Protected Health Information #1660.045

INITIAL EFFECTIVE DATE:	LAST REVISION DATE:	RESPONSIBLE UNIVERSITY DIVISION/DEPARTMENT
October 13, 2020	August 6, 2025	Office of Compliance and Integrity

POLICY STATEMENT

Florida International University (FIU) Health Insurance Portability and Accountability Act (HIPAA) Hybrid Designated Components (hereinafter facility and program) must permit their patients to request the facility or program restrict uses and disclosures of Protected Health Information (PHI) about the patients to carry out Treatment, Payment and Healthcare Operations (TPO) or uses and disclosures requiring an opportunity for the patients to agree or object.

As a University-wide policy and procedure, this policy and procedure takes precedence over any facility and program-specific policies, procedures, or protocols that conflict with this policy and procedure, unless prior approval is obtained from the Office of Compliance and Integrity. (FIU Policy and Procedure #1660.080) (Policies and Procedures, Changes to Policies and Procedures, and Documentation)

Facilities and programs may maintain HIPAA documentation in either paper or electronic form, provided that any format is sufficiently protected to ensure it will be retrievable throughout the required retention period. Unless otherwise indicated in FIU Privacy or Security Rule Policy and Procedure, each facility and program Privacy Coordinator will be responsible for maintaining all HIPAA documentation relevant to his/her facility or program. (FIU Policy and Procedure #1660.080) (Policies and Procedures, Changes to Policies and Procedures, and Documentation)

All facility and program Workforce members shall receive mandatory HIPAA Privacy and Security Rule training. (FIU Policy and Procedure #1660.075) (HIPAA Privacy and Security Rule Training)

Facility and program Workforce members who fail to adhere to this policy and procedure may be subject to civil and criminal penalties as provided by law, and/or administrative and disciplinary action. (FIU Policy and Procedure #1660.085) (Sanctions)

FIU reserves the right to amend, change or terminate this policy and procedure at any time, either prospectively or retroactively, without notice. Any ambiguities between this policy and procedure and the other policies and procedures should be harmonized with the



requirements of HIPAA and state law and regulation. (FIU Policy and Procedure #1660.080) (Policies and Procedures, Changes to Policies and Procedures, and Documentation)

SCOPE

This policy applies to FIU Components (facilities and programs) contained within FIU's HIPAA Hybrid Designation (FIU Policy and Procedure #1610.005), its Workforce members and Business Associates as defined in this policy and FIU Policy and Procedure #1660.015 regarding Business Associate Agreements.

REASON FOR POLICY

To explain a patient's right to request restrictions to otherwise permitted uses or disclosures of the patients Protected Health Information (PHI) as described in the HIPAA Privacy Rule, federal law, and Florida state statutes and to describe the steps the facilities and programs must take to grant or deny a patient's right to restrictions.

DEFINITIONS

Please refer to the following link for a complete list of definitions pertaining to all HIPAA policies.

[HIPAA Policies Definitions](#)

ROLES AND RESPONSIBILITIES

Compliance Oversight:

The Director of Compliance and Privacy for Health Affairs:

- Evaluates all federal and state healthcare privacy laws, regulations, rules and ordinances (Rules) to ensure compliance with the Rules.
- Develops and maintains all required University-wide Privacy Rule policies and procedures.
- Develops and maintains HIPAA health care Privacy Rule training modules.
- Performs audits and assessments of the facilities and programs to ensure their compliance with the Privacy Rules and associated FIU Policies and Procedures.
- Partners with the Division of Information Technology HIPAA Security Officer to ensure compliance with all federal and state healthcare privacy and security laws, regulations rules, and ordinances.

HIPAA Components (Facilities and Programs):

- Each FIU HIPAA Hybrid Designated Component (facility and program) must designate a Privacy Coordinator responsible for overseeing and ensuring the facility's or program's implementation and compliance with the HIPAA Privacy Rule, FIU's associated HIPAA Privacy Policies and Procedures, and any applicable federal laws and Florida state statutes governing the confidentiality, integrity and availability of PHI and electronic PHI (ePHI), including, but not limited to receiving and processing requests by patients for restrictions on the use and disclosure of their PHI.

RELATED RESOURCES

References

- 45 CFR §164.502
- 45 CFR §164.504
- 45 CFR §164.506
- 45 CFR §164.508
- 45 CFR §164.512
- 45 CFR §164.514
- 45 CFR §164.530
- Florida Statute §456.057(11)
- Florida Statute §95.11

Related Policies

- FIU Policy # 1610.005 (Designated Health Components of FIU Community)
- FIU Policy and Procedure #1660.070 (Designation of HIPAA Privacy Officer and Component Privacy and Security Coordinators)
- FIU Policy and Procedure #1660.085 (Sanctions)
- FIU Policy and Procedure #1660.075 (HIPAA Privacy and Security Rule Training)
- FIU Policy and Procedure #1660.015 (Business Associate Agreements)
- FIU Policy and Procedure #1640.025 (Minimum Necessary)
- FIU Policy and Procedure #1600.080 (Policies and Procedures, Changes to Policies and Procedures, and Documentation)
- FIU Policy and Procedure #1660.020 (Authorization for Uses and Disclosures of Patient Protected Health Information)
- FIU Policy and Procedure #1640.015 (Notice of Privacy Practices)
- FIU Policy and Procedure #1660.030 (Uses and Disclosures of Protected Health Information Requiring an Opportunity for the Patient to Agree or to Object)
 - Uses and Disclosures for Facility Directory and to the Clergy
 - Uses and Disclosures to Individuals Involved in the Patient's Care and for Notification Purposes



- FIU Policy and Procedure #1660.025 (Uses and Disclosures of Patient Protected Health Information for Which an Authorization or Opportunity to Agree or to Object is NOT Required)
- FIU Policy and Procedure #1660.005 (Right of Patients to Request Confidential Communications Regarding the Use and Disclosures of Their Protected Health Information)
- FIU Policy and Procedure #1660.040 (Verification)

CONTACTS

For further information concerning this policy, please contact the Director of Compliance and Privacy for Health Affairs at (305) 348-0622 or hipaaprivacy@fiu.edu, or contact the appropriate Component Privacy Coordinator.

HISTORY

Initial Effective Date: October 13, 2020

Review Dates (*review performed, no updates*): n/a

Revision Dates (*review performed, updates made to document*): October 13, 2020; February 29, 2024; August 6, 2025.



Right of Patients to Request Restrictions Regarding the Use and Disclosure of Their Protected Health Information #1660.045a

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PROCEDURE STATEMENT

I. Requests for Restrictions

The facility and program Privacy Coordinators are responsible for overseeing and ensuring the facility’s and program’s implementation and compliance with the HIPAA Privacy Rule, FIU’s associated HIPAA Privacy Policies and Procedures, and any applicable federal law and Florida state statutes governing the confidentiality, integrity and availability of PHI and electronic PHI (ePHI), including, but not limited to receiving and processing requests by patients for restrictions on the use and disclosure of their PHI within their medical records. Privacy Coordinators may delegate and share duties and responsibilities with facility and program Workforce members as necessary and appropriate but retain oversight responsibility. (FIU Policy and Procedure #1660.070) (Designation of HIPAA Privacy Officer and Component Privacy and Security Coordinators)

- A. When a patient requests a restriction on the use and disclosure of the PHI, the facility and program Workforce members will request the patient complete and submit the Restriction of Use and/or Disclosure of Health Information Request Form. (See Sample Restriction Form attached) However, Workforce members will accept any written request for restrictions if the required information and signature are provided.
- B. The patient must describe in writing specifically the health information at issue and how specifically the patient would like to restrict its use or disclosure. (See Sample Restriction Form attached)
- C. Workforce members will assist the patient in completing the Restriction Form, if necessary.
- D. Workforce members will honor requests for alternate means of making this request if reasonable accommodation (such as disability or illiteracy) are needed.

- E. Upon receipt of a complete or incomplete Restriction Form, or other written document, the Workforce member must verify the identity of the individual making the request. (FIU Policy and Procedure #1660.040) (Verification)

II. Incomplete Restriction Form

- A. If a patient submits an incomplete Restriction Form, or other written document, the Workforce member will not evaluate the request for restrictions until all required information and signature are provided. The Workforce member will:
1. Date stamp the incomplete Restriction Form, or other written document, on the day received;
 2. Document in the patient's medical records:
 - a. That the Restriction Form, or other written document, is incomplete.
 - b. The date and time the incomplete Restriction Form, or other written document, was received.
 - c. The name and title of the Workforce member who received the incomplete Restriction Form or other written document, and
 - d. Why the Restriction Form, or other written document, is incomplete.
 3. Make a photocopy of the patient's incomplete Restriction Form, or written document, and
 4. Properly secure the photocopy of the incomplete Restriction Form, or other written document, in the patient's medical records.

NOTE: It is preferable for the Workforce member to contact the patient in-person via the telephone and advise him or her of that the required information is missing and their request for access cannot be evaluated until the required information is provided, verses mailing a written notice to the patient, as mailing a written notice may unreasonably delay the patient's right to restrictions. However, prior to contacting the patient to advise him or her of the need for the missing information, the Workforce member must review the patient's Restriction Form and medical records to identify:

1. If the patient previously identified a preferred method of communication, and
 2. The Facility and program agreed to communicate with the patient via alternative means or location. (FIU Policy and Procedure #1660.005) (Right of Patients to Request Confidential Communications Regarding the Use and Disclosure of Their Protected Health Information) (hereinafter Confidential Communications).
- B. If the patient is not available in-person, or via the telephone, and did not previously requested and been approved for confidential communications, the Workforce member will return the original incomplete Restriction Form, or other written document, with a Cover Letter requesting the patient provide the required missing information. (See Sample Cover Letter Requesting Complete or Additional Information) (hereinafter Cover Letter). The incomplete Restriction Form, or other

written document, along with facility's or program's Cover Letter must be sent via United States Postal Service First-Class Mail in an envelope that identifies the name of the facility or program.

NOTE: Electronic communications/ means (i.e., email/facsimile/text message) are only available as an option for sending documents to the patient, if previously requested by the patient and approved by the facility or program. (FIU Policy and Procedure #1660.005) (Confidential Communications)

- C. The Workforce member must:
1. Document in the patient's medical records:
 - a. The date, name and title of the Workforce member who completed the delivery, and
 - b. The method of delivery.
 2. Properly secure a copy of the incomplete Restriction Form, or other written document, and Cover Letter in the patient's medical records, and
 3. If the delivery was accomplished via previously electronic communication/means, the Workforce member must:
 - a. Print a hardcopy of the electronic communication (i.e., email/facsimile/text message) and properly secure it in the patient's medical records, or
 - b. If the delivery was completed via facsimile, print a hardcopy of the facsimile transmittal report and properly secure it in the patient's medical records.

III. Properly Completed Restriction Form

- A. Upon receipt of a completed Restriction Form, or other written document, the Workforce member will:
1. Date stamp the receipt of the completed Restriction Form, or other written document, on the day received,
 2. Complete the "Date Received" and "Recipient" portions of the "For FIU INTERNAL USE ONLY" section of the Restriction Form,
 3. Promptly document in the patient's medical records:
 - a. Receipt of the Restriction Form, or other written document, and
 - b. The date, name, and title of the Workforce member who received the request.
 4. Properly secure the Restriction Form, or other written document, in the patient's medical records.

The Workforce member, along with appropriate and necessary Workforce members, will review the patient's request for Restriction to determine if the facility or program will grant or deny the request.

IV. Restrictions Accepted

NOTE: The facilities and programs MUST agree to a restriction when:

1. The patient makes a request for restriction on the use or disclosure of PHI about the patient to a health plan, and
 2. The restriction is for the purpose of carrying out payment or health care operations, and
 3. Use or disclosure is not otherwise required by law, and
 4. The PHI pertains solely to a health care item(s) or service(s) for which the patient, or another person (but not a health plan) paid for the item(s) or service(s) in-full on behalf of the patient at, or prior to, the time item(s) or service(s) is rendered.
- A. If a patient makes a request for restriction on the use or disclosure of PHI about the patient to a health plan as described above, the Workforce member shall request the patient complete the a Request to Restrict Disclosure to Health Plan Form (See Sample Request to Restrict Disclosure to Healthcare Items or Services to Health Plans When Patient's Self Pay Out of Pocket Form attached) (hereinafter Self Pay Form)
- B. If the patient has complied with the requirements of Section IV identified immediately above regarding restrictions on the use and disclosure of PHI to a health plan, the Workforce member MUST agree to the requested restrictions and:
1. Document in the patient's medical records the date, name(s), and title of the Workforce member and any other Workforce members involved in the review and approval of the requested restriction(s);
 2. Document the amount of payment received for each item(s) and service(s) received.
 3. Document in the patient's medical records the specific approved restriction(s).
 4. Complete the "Accepted" portions of the "FOR FIU INTERNAL USE ONLY" section of the Restriction Form.
 5. Prepare an approval letter (See Sample Approval of Request for Restriction on Use and/or Disclosure of Health Information Letter attached) (hereinafter Approval Letter).
 6. Deliver and document in the patient's medical records the delivery of the Approval Letter to the patient in the manner identified in Section II.C. above.
 7. Ensure that appropriate workforce members are notified of the approved restriction(s).
 8. Document in the patient's medical records the date, names, and titles of the Workforce member(s) who were notified of the approved restrictions, and the manner in which they were notified (i.e., in-person, memorandum, etc.).
 9. Properly secure in the patient's medical records the Restriction Form, the Self Pay Form, and the Approval Letter, and the original written or electronic notification (or copy when appropriate) sent to the Workforce members regarding the approved restrictions, and

10. If the delivery is accomplished via previously approved electronic communication, the Workforce member must:
 - a. Print a hardcopy of the electronic communication (i.e., email/facsimile/text message) and properly secure it in the patient's medical records, or
 - b. If the delivery was completed via facsimile, print a hardcopy of the facsimile transmittal report and properly secure it in the patient's medical records.

- C. If the Workforce member and the appropriate and necessary Workforce members agree to accept a patient's additional or other requested restriction(s), the facility or program may not use or disclose PHI in a manner that violates the restriction(s), except that the facility and program may use or disclose the restricted PHI if:
 1. It is required to the patient (FIU Policy and Procedure #1660.125) (Required Disclosures).
 2. It is done in response to a request for an accounting of disclosures by the patient (FIU Policy and Procedure #1660.060).
 3. It involves the use of PHI in a facility directory (FIU Policy and Procedure #1660.030).
 4. The restricted PHI is needed to provide the emergency treatment (FIU Policy and Procedure #1660.045); (See Notes immediately below regarding Emergency Treatment)
 5. It is required by law (**).
 6. It is required for public health activities (**).
 7. It is a required disclosure regarding victims of abuse, neglect, or domestic violence **.
 8. It is for health oversight activities (**).
 9. It is required by the Secretary of the federal Department of Health and Human Services to investigate or determine FIU's compliance with the HIPAA Privacy Rule (**).
 10. It is for judicial and administrative proceedings (**).
 11. It is made to law enforcement (**).
 12. It is about decedents (**).
 13. It is for cadaveric organ, eye and tissue donation (**).
 14. It is for research purposes **.
 15. It is made to avert a serious threat to health or safety **.
 16. It is for Workers' Compensation **, or
 17. It is for specialized government functions **. (** denotes FIU Policy and Procedure #1660.025) (Use and Disclosure of Patient Protected Health Information for Which an Authorization or Opportunity to Agree or Object is NOT Required)

- D. The Workforce member must:
 1. Complete the "Accept" portion of the "FOR FIU INTERNAL USE ONLY" section of the Restriction Form documenting the approval.

2. Document in the patient's medical records the date, name and title of the Workforce member and as appropriate and necessary, the other Workforce members involved in the review and approval of the restriction(s).
3. Document in the patient's medical records the specific approved restriction(s).
4. Prepare an Approval Letter.
5. Deliver and document in the patient's medical records the delivery of the Approval Letter to the patient in the manner identified in Section II.C. above.
6. Ensure that appropriate Workforce members are notified of the approved of restriction(s).
7. Document in the patient's medical records the date, names, and titles of the Workforce member(s) who were notified of the approved restrictions, and the manner in which they were notified (i.e., in-person, memorandum, etc.).
8. Properly secure in the patient's medical records the Approval Letter and any written notification(s) (or copy when appropriate) sent to the Workforce members regarding the approved restrictions, and
9. If the delivery is accomplished via previously electronic communication/means, the Workforce member must:
 - a. Print a hardcopy of the electronic communication (i.e., email/facsimile/text message) and properly secure it in the patient's medical records, or
 - b. If the delivery was completed via facsimile, print a hardcopy of the facsimile transmittal report and properly secure it in the patient's medical records.

V. **Emergency Healthcare**

- A. A facility or program that agrees to a restriction for uses or disclosures of PHI about the patient to carry out Treatment, Payment, or Health Care Operations (TPO) or uses and disclosures requiring an opportunity for the patient to agree or object may not use or disclose PHI in violation of such restriction, except if the patient who requested the restriction is in need of emergency treatment and the restricted PHI is needed to provide the emergency treatment, or the patient is incapacitated. In this case, the facility or program Workforce members may use the restricted PHI or may disclose such information to a health care provider, to provide such treatment to the patient.
- B. If PHI is disclosed to a healthcare provider outside of the facility or program in response to an emergency situation, the Workforce member who disclosed the PHI must:
 1. Request the emergency healthcare provider not further use or disclose the patient PHI.
 2. Disclose only the minimum amount of patient PHI necessary for the emergency healthcare provider to properly treat the patient; (FIU Policy and Procedure #1640.025) (Minimum Necessary).
 3. Document in the patient's medical records:

- a. The date, name and title of the Workforce member who made the disclosure.
- b. That the Workforce member requested the emergency healthcare provider not further disclose the patient's PHI.
- c. The name and title of emergency healthcare provider to whom the patient PHI was disclosed.
- d. The specific PHI disclosed, and
- e. The nature of the emergency requiring disclosure of the patient restricted PHI. (FIU Policy and Procedure #1660.025) (Use and Disclosure of Patient Protected Health Information Requiring an Opportunity for the patient to Agree or Object).

VI. Restrictions Denied

- E. If a facility or program Workforce member and the appropriate and necessary Workforce members deny the patient's request for restrictions on the use and/or disclosure of health information, the Workforce member must:
1. Complete the "Denied" portion of the "FOR FIU INTERNAL USE ONLY" section of the Restriction Form documenting the denial and the reason for the denial.
 2. Document in the patient's medical records the date, name and title of the Workforce member and the appropriate and necessary Workforce members involved in the review and denial of the requested restriction(s).
 3. Prepare a denial letter (See Sample Denial of Request for Restriction on Use and/or Disclosure of Health Information Letter attached) (Denial Letter).
 4. Deliver and document in the patient's medical records the delivery of the Denial Letter to the patient in the manner identified in Section II.C. above.
 5. Ensure that appropriate Workforce members are notified of the denial of restriction(s).
 6. Document in the patient's medical records the date, names, and titles of the Workforce member(s) who were notified of the denied restrictions, and the manner in which they were notified (e.g., in-person, memorandum, etc.).
 7. Properly secure in the patient's medical records the Denial Letter and any written notification(s) (or copy when appropriate) sent to the Workforce members regarding the denial of restrictions, and
 8. If the delivery is accomplished via previously approved electronic communication, the Workforce member must:
 - a. Print a hardcopy of the electronic communication (e.g., email/facsimile/text message) and properly secure it in the patient's medical records, or
 - b. If the delivery was completed via facsimile, print a hardcopy of the facsimile transmittal report and properly secure it in the patient's medical records.

VII. Patient's Termination of Restrictions

- A. The facilities and programs may terminate an approved restriction if the patient requests the termination in writing or the patient orally agrees to the termination and the oral agreement is documented in the patient's medical records.
- B. The facility or program Workforce members must:
1. Date stamp the patient's written request to terminate the restrictions on the day received.
 2. Promptly document in the patient's medical records the date, name and title of the Workforce member who received and approved the termination of restrictions request or received the oral agreement.
 3. Verify and document the identity of the person making the request or orally agrees to terminate the restrictions (FIU Policy and Procedure #1660.040) (Verification),
 4. Properly secure the patient's written request to terminate the restrictions in the patient's medical records.
 5. Prepared a termination letter identifying the basis of the termination. (See Sample Termination of Restriction Letter) (Termination Letter).
 6. Deliver the Termination Letter to the patient and document in the patient's medical records the delivery and the manner of delivery as identified in Section II.C., and
 7. If the delivery is accomplished via previously approved electronic communication/means, the Workforce member must:
 - a. Print a hardcopy of the electronic communication (e.g., email/facsimile/text message) and properly secure it in the patient's medical records, or
 - b. If the delivery was completed via facsimile, print a hardcopy of the facsimile transmittal report and properly secure it in the patient's medical records.

NOTE: The termination of restrictions is only effective with respect to PHI created or received after the Workforce member accepted and approved the termination of restriction and informed the patient that it is terminating the restriction.

VIII. Termination of Restrictions without the Patient's Agreement

- A. The facilities and programs may terminate the agreed upon restriction without the patient's agreement if the facility or program via its Workforce member(s) informs the patient that the agreed upon restriction is being terminated.
- B. The facility and program Workforce member MUST terminate its agreement to a restriction by informing the patient in writing. The Workforce member must:
1. Complete the Termination Letter and identify the basis of the termination.
 2. Document in the patient's medical records the date, name and title of the Workforce member who approved the termination of restriction.

3. Notify the patient of the termination by delivering the Termination Letter to the patient via US Mail or in-person delivery, unless the patients was previously approved for confidential communication via electronic communication or other means; (FIU Policy and Procedure #1660.005) (Confidential Communications)
4. Document in the patient's medical records the date, name and title of the Workforce member who approved the termination of restrictions.
5. Properly secure a copy of the Termination Letter in the patient's medical records, and
6. If the delivery is accomplished via previously approved electronic communications/means, the Workforce member must:
 - a. Print a hardcopy of the electronic communication (e.g., email/facsimile/text message) and properly secure it in the patient's medical records, or
 - b. If the delivery was completed via facsimile, print a hardcopy of the facsimile transmittal report and properly secure it in the patient's medical records.

NOTE: The Workforce member MUST NOT terminate the agreed upon restriction until he/she receives confirmation that the patient received the written or electronic notification.

NOTE: The facility or program Workforce members MUST continue to abide by the restrictions with respect to any PHI created or received before it informed the patient of the termination of the restriction. The termination is only effective with respect to PHI created or received after the Workforce member has informed the patient it is terminating the restriction.

NOTE: A termination of agreed upon restrictions IS NOT effective for PHI used or disclosed for the purpose of carrying out payment or health care operations, and is not otherwise required by law, and the PHI pertains solely to a health care item or service for which the patient, or person other than the health plan on behalf of the patient, has paid the facility and program in full at the time treatment is provided, and is only effective with respect to PHI created or received after it has so informed the patient). (See Section II above)

IX. Record Retention

- A. If a communication, action, activity, or designation is required to be documented in writing, the document or record owner (e.g., The Office of Compliance and Integrity) will maintain such writings, or an electronic copy, for seven (7) years from the date of its creation or the last effective date, whichever is later. (FIU Policy and Procedure #1660.080) (Policies and Procedures, Changes to Policies and Procedures, and Documentation).

X. Forms



- Sample Restriction on Use and/or Disclosure of Health Information Request Form
- Sample Letter of Approval of Request for Restriction on Use and/or Disclosure of Health Information
- Sample Letter of Denial of Request for Restriction on Use and/or Disclosure of Health Information
- Sample Request to Restrict Disclosure of Healthcare Items or Services to Health Plans when Patients Self Pay Out of Pocket and attached Information Form.
- Sample Termination of Restrictions Letter