



Issuing Department Internal Audit, Compliance, and
Enterprise Risk Management

of n BT /TT0 1:54M/2024)53M.y6912. 3M.yesf3

Right to Request Additional Restrictions on
Use and Disclosure of PHI

Policy

Patients have the right to request additional restrictions on the Use or Disclosure of their Protected Health Information (PHI). Patients may request additional restrictions on the Use or Disclosure of their PHI by completing a Request for Additional Restrictions on the Use or Disclosure of PHI form. The request should be submitted to the Privacy Officer. The Privacy Officer will review the request and determine if the request should be accepted or denied. IACERM will

2. Workforce Members will forward the patient's completed form to IACERM.
3. IACERM will determine in consultation with appropriate Workforce Members including clinicians, whether a request for restrictions should be accepted or denied. IACERM will

notify the patient in writing of his or her decision within 30 days from the receipt of the request. Other than as provided by the Restricted Disclosure to a Health Plan policy, NYU Langone Health is not required to agree to a request for a restriction.

4. IACERM will notify the Workforce Member who submitted the patient's form of the outcome as appropriate
5. IACERM will notify any Business Associates as necessary, about any restrictions it has agreed to the extent the restriction affects the Business Associate's performance of services and in accordance with the Business Associate Agreement
6. To terminate a restriction, NYU Langone Health must either:
 - x obtain the patient's agreement in writing. If the patient orally agrees to terminate the restriction, the oral agreement must be documented, including the date of the oral agreement; or
 - x inform the patient in writing that the restriction agreement is terminated. In such a case, the termination is only effective with respect to PHI that is created or received after the patient has been informed.