This Appendix covers procedures for assuring individuals' rights under HIPAA.

Request for Restriction of Protected Health Information

1. Request for Restrictions: UC’s Notice of Privacy Practices advises individuals of the right to request a restriction on the use and disclosure of PHI for treatment, payment, or health care operations, including the right to restrict disclosures to family members and friends involved in the individual’s care. The request for a restriction must be made by completion of the Request for Restriction on Uses and Disclosures of PHI form in Related Links.

2. Approving Restrictions: UC is not required to agree to the restriction request but will attempt to accommodate reasonable requests whenever possible. When a restriction is agreed to documentation must be made in the medical record and if the approval is not communicated to the individual orally it must be made in writing on the Approval of Request for Restriction on Uses and Disclosures of PHI form in Related Links. A request for restriction will be evaluated by the appropriate UC Department HIPAA Coordinator and/or medical professional who may grant or deny the restriction based on their professional judgment. UC may refuse to restrict uses and disclosures or may agree only to certain aspects of the request if there is concern for the quality of individual care in the future. UC retains the right to terminate an agreed to restriction if it believes such termination is appropriate.

3. Denying Restrictions: If a requested restriction is not agreed to, the individual must be informed of the decision. When the restriction request is denied the UC Department HIPAA Coordinator will send the individual notification in writing on the Denial or Termination of Request for Restriction of Use or Disclosure of Protected Health Information form in Related Links.

4. Agreed to Restrictions: If a restriction is agreed to, no use or disclosure of the individuals’ PHI may be made in violation of that restriction with the following exceptions:
   A. When the individual who asked for the restriction is in need of emergency treatment and the restricted information is needed to provide treatment. If the information is disclosed to another health care provider for emergency treatment, request that the provider not further use or disclose the information. This request may be made orally.
   B. No restriction is valid to prevent necessary disclosures to the Secretary of the U.S. Department of Health and Human Services for compliance and investigation purposes.
C. No restriction is valid for any use or disclosure that is required to be made without authorization by the individual.

5. Termination of Agreed to Restriction by UC: In the event of a termination by UC, notice of the termination will be made in writing to the individual who requested the restriction on the Denial or Termination of Request for Restriction of Uses and Disclosures of PHI (see Related Links) by the UC Department HIPAA Coordinator. The termination notice will be added to the medical record. Only PHI that is created or obtained after the termination may be used or disclosed without the restriction after the individual is informed of the termination of the restriction. PHI created or obtained before the notification must continue to be used and disclosed consistent with the restriction.

6. Termination of Agreed to Restriction by the Individual: The individual may terminate an agreed upon restriction in writing. The written termination documentation must be attached to the medical record.

7. Business Associates: Business Associates of University of Cincinnati who may use or disclose individual PHI must be notified of any agreed-to restrictions and of any termination of an agreed-to restriction.

Related Documents
Request for Restriction on Uses and Disclosures of PHI form
Approval of Request for Restriction on Uses and Disclosures of PHI form
Denial or Termination of Request for Restriction of Uses and Disclosures of PHI

Confidential Communications

1. Request for Confidential Communication Form: An individual requesting confidential communications must submit the request in writing on the Request for Confidential Communications form (see Related Links). The individual is not required to provide an explanation for his/her request in order for UC to determine if the request is reasonable. The Request for Confidential Communications form informs the individual that if UC is unable to contact him/her using the agreed upon communication method, it will resume communications at the regular home address and telephone number.

2. Upon receipt of request for confidential communications: A determination should be made whether the request is reasonable and if it is signed by the individual or individual’s legal representative. If the request is approved, the individual should be notified that the request will be accommodated. If the request is approved and the individual is present, approval may be oral. If the individual is not present, send approval in writing on the Approval or Denial of Request for Confidential Communication form (see Related Links). Reasonable requests must be accommodated.
3. If the request cannot be accommodated: When a determination is made that the request for confidential communication cannot be accommodated notify the individual orally at the time of the request if present, or in writing if the individual is not present on the Approval or Denial of Request for Confidential Communication form (see Related Links). UC may grant an accommodation based on information the requesting individual provides regarding how payment of the bill will be handled if it is delivered to an alternative location.

4. If the request is approved: All requests that are approved must be documented in the individual’s record so that any UC employee that needs to contact the individual has access to the approved manner of confidential communication.

Related Documents
Request for Confidential Communications form
Approval or Denial of Request for Confidential Communication form

Access to Protected Health Information

1. Access Request: The authorized requestor may request to view PHI that is maintained electronically or to receive a copy of PHI. The authorized requestor must fill out the Individual Request to Access PHI form (see Related Links).

2. Response Time: When a written request for access to PHI is received, and the PHI requested is accessible on-site it must be sent out within 30 days from receipt of the request. If the request is to view PHI in electronic format or paper records an appointment should be made with the requestor to view records within 30 days. If the PHI is not accessible on-site the information must be available to view or sent within 60 days. Except as provided below, if the PHI is available and sent within 30-days of receipt of access request the individual requesting access does not require any further notice. If the PHI is stored off-site and will require 60 days or longer for UC to retrieve, the authorized requestor may be sent the Notice of Status of Individual Request for Access to PHI / Extension form (see Related Links).

3. 30-Day Extension: A one-time 30-day extension is allowed if UC is unable to make the PHI available to the authorized requestor within the 30-day or 60-day time limit. A Notice of Status of Individual Request for Access/PHI Extension form (see Related Links) must be sent to the authorized requestor before the original 30 or 60 days have lapsed. The extension must inform the authorized requestor the reason for the extension and the date by which UC intends to respond.
   
   A. Initial Action: When a written request for access is received, it must be kept with the paper or electronic medical record. Information on the request must be entered on the Individual Access to PHI Request Control Log (Attachment 3) kept in the department that creates and maintains the record. To the extent possible, grant the authorized requestor access to
the PHI sought after excluding or redacting the PHI for which there is a
ground to deny access.

B. Grounds to Deny in Whole or Part: If, after review of the request, any of
the following circumstances exist, the request should be reviewed by the
Privacy Officer who will assist with determination. A denial may be in part
or in total, as appropriate, and noted accordingly on the access log:

i. When the keeper of the medical records performs review of the
request for access and finds errors in the manner the form was
completed which may cause a denial, the authorized requestor may
make the changes necessary to allow access.

ii. Part or the entire access request relates to a record that is not
maintained by UC.

iii. Part or the entire access request relates to information or a record
that is not part of the individual's medical record.

iv. Part or the entire access request relates to psychotherapy notes.

v. Part or the entire access request relates to information that has
been compiled in anticipation of or for use in a civil, criminal, or
administrative proceeding.

vi. Part or the entire access request relates to information created or
obtained by UC in the course of research still in progress that
includes treatment of the individual and the individual agreed to the
denial of access when consenting to participate in the research.

vii. A licensed health care professional, usually the requestor’s primary
physician and creator of the record has determined that part or all
of the access requested by the authorized requestor is likely to
endanger the life or physical safety of the individual or another
person.

viii. Part or the entire access request relates to information that makes
reference to another person (unless such other person is a health
care provider) and a licensed health care professional has
determined that the access requested is reasonably likely to cause
substantial harm to such other person.

ix. The request is made by an inmate of a correctional institutional to
receive a copy of the information (an inmate may not receive a
copy but does retain the right to inspect the information).

x. Part or the entire access request relates to information obtained by
UC from other parties under a promise of confidentiality and access
would likely reveal the source of the information.

xi. Any other reasons specified by law. The Privacy Officer will provide
HIPAA Coordinators with a list of laws that must be taken into
account.

4. Completing the Individual Access to PHI Approval/Denial Notice: After review
and within the applicable response times defined above, an Individual Access to
PHI Approval/Denial Notice is sent to each individual requesting access. A copy
of Statement of Rights When Access to PHI is Denied must be sent to each
requestor along with the attached Request for Review of Access to PHI Denial when access to PHI is denied. (See Related Links for any of the documents noted in this section).

5. Providing the Information: When access is approved, the access requested should be provided in the form or format requested by the individual whether the request is to review PHI at UC or receive a copy. The individual (except for inmates) has the right to receive a copy. The individual (including inmates) also has the right to come in and inspect the medical record. The authorized requestor will not be allowed to make their own copies of PHI from UC medical records.

6. Request for Review: If access is denied by a licensed health care professional under section B (7) above and the individual has been sent the Individual Access to PHI Approval/Denial Notice, the individual is entitled to a review of the denial decision. The requestor may file a Request for Review of Access to PHI Denial. Assignment of the review will be made by the Privacy Officer to a different licensed health care professional not involved in the original denial decision. The reviewer will be sent the Individual Request to Access PHI form and any other information relevant to the request and the denial. The reviewer will provide a written decision within 30 days, if possible, of the receipt of the information. (See Related Links for any of the documents noted in this section).

7. Notice of Access to PHI Review Decision: Once the licensed health care professional reviewer has made a determination, provide notice to the individual with the Notice of Access to PHI Review Decision (see Related Links) and note this on the access log. The individual is not entitled to any further review.

**Related Documents**
- Individual Request to Access PHI Form
- Statement of Rights When Access to PHI is Denied
- Request for Review of Access to PHI Denial
- Notice of Access to PHI Review Decision

**Amendment of Protected Health Information**

1. Request for Amendment: Written notice of the right to request amendment to PHI is given in the Notice of Privacy Practices. The request must be made in writing on Amendment of PHI Request form (see Related Links). It must specify in detail the amendment desired along with the record type, date, and location. If the requestor is aware of any other person or entity that may have a copy of the medical record they seek to have amended, they must provide that information.

   A. Timing: UC must act upon a request for amendment and respond within 60 days of receipt of the request. Note the date that the request for amendment is received. Efforts should be made to assist authorized requestor with the request so that the forms are correctly filled out and
denial is not for reasons such as lack of signature or information related to legal representative’s scope of authority to act for individual.

B. Extension: If UC is unable to grant or deny the request for amendment within 60 days, a one-time 30-day extension is allowed. The individual making the request must be provided with the reason for the extension on the Notice of Extension of Time to Answer Request for Amendment to PHI form (see Related Links).

C. Initial Review: The Request for Amendment does not require approval in every circumstance. The UC reviewer is the physician or licensed health care professional that created the medical record. The UC reviewer must review the request along with the medical record. The request may be denied if:

   i. The Request for Amendment relates to a record that was not created by UC. The reviewer will determine if the request to amend applies to the medical record created by the UC.
   ii. The Request for Amendment relates to information or a record that is not part of the medical record.
   iii. The Request for Amendment relates to psychotherapy notes, records compiled in anticipation of litigation, or for use in civil, criminal, or administrative proceedings.
   iv. The UC reviewer has determined that the medical record is accurate and complete.

2. Approval: When UC approves the amendment requested an Amendment of PHI Request Approval Notice (see Related Links) will be sent to the requestor along with a copy of the amended record.

3. Denial: When the request for amendment is denied, the requestor must be sent an Amendment to PHI Denial Notice (see Related Links) within 60 days of request for amendment unless an extension was requested by entity. The denial notice must contain the reason for the denial.

4. Statement of Disagreement: When an amendment request is denied the individual has the right to submit a written statement of disagreement. The statement of disagreement must be placed in the medical record.

5. Rebuttal: The UC reviewer with authority to deny the Request for Amendment has the right to make a rebuttal response to the statement of disagreement. The rebuttal must be sent to the individual and a copy placed in the medical record.

6. Future Disclosures of the Medical Record: If a statement of disagreement has been filed by the individual, future releases of the medical record will include: the Amendment to PHI Request Form, Amendment of PHI Denial Notice, the individual’s statement of disagreement, if any, and the entity rebuttal response to the statement of disagreement, if any. If no statement of disagreement was filed by the individual, the Request for Amendment and Amendment of PHI Denial Notice.
Notice (see Related Links) must be included in future releases of the record only upon request of the requestor.

7. Amendment to PHI Control Form: Amendment status, information, dates, and any amendments sent to business associates must be tracked on the Amendment to PHI Control Form (see Related Links).

Related Documents
Amendment of PHI Request form
Notice of Extension of Time to Answer Request for Amendment to PHI form
Amendment of PHI Request Approval Notice
Amendment to PHI Denial Notice
Amendment to PHI Control Form

Accounting of Disclosures of Protected Health Information

1. Requests for an Accounting: All requests for an accounting must be submitted in writing on the Request for Accounting of Disclosures of Protected Health Information form (see Related Links) and signed by an authorized requestor. The identity of the authorized requestor should be verified, as well as their authority to act on behalf of the individual if applicable. If the request form does not specify a period of time for the accounting, the accounting should include all applicable disclosures between the date of receipt and the preceding 6-year period.
   A. Response Time: When a written request for an accounting is received the accounting must be provided within 60 days of request receipt. If unable to process an accounting request within the required 60 days, a one time 30-day extension is allowed. The authorized requestor must be notified of the extension in writing with the Notice of Status of Request for an Accounting of PHI Extension form (see Related Links) and the notice must be sent before the original 60 days have lapsed. The notice must contain the reasons for the extension and the date by which UC intends to respond.
   B. Fees: If the individual making the request for the accounting has already received one accounting within the 12-month period immediately preceding the date of receipt of the current request, provide notice to the individual that a fee for processing will be charged using either the Notice of Fee For An Accounting of Disclosures of Protected Health Information (PHI) form (see Related Links) or verbal notice and provide the requestor a chance to withdraw the request.

2. Business Associates: The accounting must include all applicable disclosures made by UC and its business associates. When an accounting request is received, each business associate will be sent a copy of the Business Associate Accounting Request form (see Related Links) within five days of the receipt of the accounting request.
3. Content of the Accounting: The accounting must include disclosures (but not uses) of the requesting individual's PHI made by UC and its business associates during the period requested by the individual up to six years prior to the request.
   A. The following types of disclosures do not have to be included in the accounting:
      i. Disclosures to carry out treatment, payment and health care operations;
      ii. Disclosures made to the authorized requestor;
      iii. Disclosures made to persons involved in the individual's care or notification of next-of-kin or family members;
      iv. Disclosures made to UC legal counsel in the event of medical malpractice action instituted against UC by individual or individuals' legal representative;
      v. Disclosures for national security or intelligence purposes;
      vi. Disclosures to correctional institutions or law enforcement officials about inmates or others in custody; and
   B. The accounting must include the following information for each reportable disclosure of the individual's PHI:
      i. The date of disclosure;
      ii. The name of the entity or person to whom the information was disclosed;
      iii. If available, the address of the entity or person to whom the information was disclosed;
      iv. A brief description of the PHI disclosed; and
      v. A brief statement explaining the purpose for the disclosure.

4. Temporary Suspension Statement: It is not necessary to list within the accounting disclosures for which there is a temporary suspension statement from a health oversight agency or a law enforcement official. In order for these disclosures to be excluded, there must be a written or oral statement from the agency or official stating that providing notice of the disclosure to the individual would be reasonably likely to impede the agency's activities and which includes a time when the suspension will be in effect. If the statement is oral, the statement must be documented, including the identity of the agency or official making the statement. If a written follow-up statement is not received within 30 days of the oral statement, the fact of the disclosure must be provided to the individual at the end of the 30 days. In all cases, the fact of the disclosure must be provided to the individual at the conclusion of the suspension period.

5. Multiple Disclosures: If there have been multiple disclosures of an individual's PHI for any purpose that does not require authorization or for which they authorized multiple disclosures to parties, the following information may be listed instead of listing each instance:
   A. For the first disclosure, all of the information listed above is required (date, name of entity, etc.).
B. For the last disclosure, the date of the disclosure.
C. For all other disclosures, the frequency, periodicity, or number of disclosures made during the time period.

Related Documents
Request for Accounting of Disclosures of Protected Health Information form
Accounting of PHI Extension form
Accounting of PHI Extension form
Notice of Fee For An Accounting of Disclosures of Protected Health Information form
Business Associate Accounting Request form

Notification of Breach of Unsecured Protected Health Information

1. In the event a UC employee becomes aware of a suspected or actual breach of unsecured PHI they must notify their manager and UC Department HIPAA Coordinator immediately. The UC Department HIPAA Coordinator must notify the UC Privacy Officer of a suspected breach. The UC Privacy Officer will investigate and log all the disclosures that are reportable to the Secretary, Office for Civil Rights. The report will be made to the OCR by the Privacy Officer as required by the regulations. The UC Privacy Officer will provide notification to the individual(s) that are the subject of the breach.

2. Individual Notice: UC must notify affected individuals following the discovery of a breach of unsecured PHI. UC must provide this individual notice in written form by first-class mail, or alternatively, by email if the affected individual has agreed to receive such notices electronically. If UC has insufficient or out-of-date contact information for 10 or more individuals, UC must provide substitute individual notice by either posting the notice on the home page of its web site or by providing the notice in major print or broadcast media where the affected individuals likely reside. If UC has insufficient or out-of-date contact information for fewer than 10 individuals, UC may provide substitute notice by an alternative form of written, telephone, or other means.
   A. Timing of Notice: These individual notifications must be provided without unreasonable delay and in no case later than 60 days following the discovery of a breach and must include, to the extent possible, a description of the breach, a description of the types of information that were involved in the breach, the steps affected individuals should take to protect themselves from potential harm, a brief description of what UC is doing to investigate the breach, mitigate the harm, and prevent further breaches, as well as contact information for UC. Additionally, for substitute notice provided via web posting or major print or broadcast media, the notification must include a toll-free number for individuals to contact UC to determine if their PHI was involved in the breach.

3. Media Notice: If UC experiences a breach affecting 500 or more residents of a state or jurisdiction in addition to notifying the affected individuals, it is required to
provide notice to prominent media outlets serving the state or jurisdiction. UC may provide this notification in the form of a press release to appropriate media outlets serving the affected area. Like individual notice, this media notification must be provided without unreasonable delay and in no case later than 60 days following the discovery of a breach and must include the same information required for the individual notice.

4. Notice in Urgent Situations: In any case determined to be urgent because of possible imminent misuse of unsecured PHI, UC may provide notification information to individuals by telephone or other means, as appropriate in addition to the written notice.

5. Notice to the Secretary, OCR: In addition to notifying affected individuals and the media (where appropriate), UC must notify the Secretary of breaches of unsecured PHI. UC Privacy Officer will notify the Secretary by visiting the OCR web site and filling out and electronically submitting a breach report form. If a breach affects 500 or more individuals, UC must notify the Secretary without unreasonable delay and in no case later than 60 days following a breach. If, however, a breach affects fewer than 500 individuals, UC may notify the Secretary of such breaches on an annual basis. Reports of breaches affecting fewer than 500 individuals are due to the Secretary no later than 60 days after the end of the calendar year in which the breaches were discovered.

The UC Privacy Officer will make the yearly report to the Secretary of breaches that affect less than 500 individuals within 60 days of the end of the calendar year.

The UC Privacy Officer will report to the Secretary without unreasonable delay any breaches that affect 500 or more individuals. The Privacy Officer will implement the process for media notice with the Public Relations department.

6. Notification by a Business Associate: If a breach of unsecured PHI occurs at or by a business associate, the business associate shall provide UC with the identification of each individual affected by the breach as well as any information required to be provided by UC in its notification to affected individuals. The business associate must contact UC within 14 business days of obtaining knowledge of a breach.

Privacy Complaints

1. Making a Privacy Complaint: Any individual who believes that their privacy has been violated by a UC covered component may make a privacy complaint to the UC Privacy Officer or to the manager of the area involved or UC Department HIPAA Coordinator by filling out a Privacy Complaint form (see Related Links). Privacy complaints may also be conveyed verbally or by email. The manager that receives the complaint is responsible for filling out the Privacy Complaint Intake
form (see Related Links). An individual has the right to make the complaint in writing to the Secretary, Department of Health and Human Services, Office for Civil Rights (OCR) by filing their complaint online at www.hhs.gov/ocr/privacy/. Complaints may be sent to the UC Privacy Officer at University of Cincinnati, P.O. Box 0623, Cincinnati, OH 45221-0623.

2. Investigation of Privacy Complaint: Investigation of a privacy complaint by the UC Department HIPAA Coordinator will begin in the area where the alleged violation occurred. Any complaint that cannot be resolved will be sent to the UC Privacy Officer for further investigation and resolution.

3. Documentation of Privacy Complaints: Each UC Department HIPAA Coordinator must document all privacy complaints received and their disposition. Records must be kept using the Privacy Complaint Intake Form. Documents must be retained for six years.

4. No Retaliation for Making a Privacy Complaint or Filing a Complaint with the OCR: UC may not intimidate, threaten, coerce, discriminate against, or take other retaliatory action against individuals who make a privacy complaint to UC or the OCR.

Related Documents Privacy
Complaint form Privacy
Complaint Intake form