



**Title:** Restrictions on Use and Disclosure of Protected Health Information Policy

**Date Created:** July 15, 2025

**Date Modified:**

**Date Approved by CCN Board of Directors:**

**Date Approved by CCC Board of Directors:** September 23, 2025

**Date Approved by IPA Board of Directors:** September 23, 2025

**Policy #** PS27

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**Purpose:**

This policy serves to establish the requirements for the Care Compass Entities to permit individuals to request restrictions on the Use and Disclosure of Protected Health Information (“PHI”) consistent with the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”).

**Definitions:**

**Business Associate:** A person or entity that performs certain functions or activities that involve the use or disclosure of protected health information on behalf of, or provides services to, a covered entity.

**Care Compass Entities:** Organizations that are directly or indirectly, through one or more intermediaries, owned or controlled by, or are under common ownership or control of, Care Compass Network, including Care Compass Collaborative, Inc. and Care Compass Supporting IPA, LLC.

**Covered Entity:** A health plan, healthcare provider, or healthcare clearinghouse that must comply with the HIPAA Privacy Rule.

**Designated Record Set:** A group of records maintained by or for a covered entity that comprises the: individual’s medical or social care records and billing records about individuals maintained by or for a covered entity; enrollment, payment, claims adjudication, and case or medical management record systems maintained by or for a health or social care plan; or other records that are used, in whole or in part, by or for the covered entity to make decisions about individuals.

**Disclose(s)/Disclosure(s):** For information that is protected health information, disclose or disclosure means any release, transfer, provision of access to, or divulging in any other manner of individually identifiable health information to persons not employed by or working within the Care Compass Entities with a business need to know.

**Health Care Operations:** Any of the following activities: (a) quality assessment and improvement activities, including case management and care coordination; (b) competency assurance activities, including provider or health or social care plan performance evaluation, credentialing, and accreditation; (c) conducting or arranging for medical reviews, audits, or legal services, including fraud and abuse detection and compliance programs; (d) specified insurance functions, such as underwriting, risk rating, and reinsuring risk; (e) business planning, development, management, and administration; and (f) business management and general administrative activities of a Covered Entity, including but not limited

to: de-identifying protected health information, creating a limited data set, and certain fundraising for the benefit of a Covered Entity.

**HIPAA:** The Health Insurance Portability and Accountability Act of 1996, Public Law 104-191, as amended by the Health Insurance Technology for Economic Clinical Health Act (HITECH) and any regulations, rules, and guidance issued pursuant to HIPAA and the HITECH Act (collectively “HIPAA”).

**Individually Identifiable Health Information:** Information that is a subset of health or social care information, including demographic information collected from an individual, and:

1. Is created or received by a health or social care provider, health plan, employer, or health care clearinghouse; and
2. Relates to the past, present, or future physical, social need, or mental health or condition of an individual; the provision of health or social care to an individual; or the past, present, or future payment for the provision of health or social care to an individual; and
  - a. That identifies the individual; or
  - b. With respect to which there is a reasonable basis to believe the information can be used to identify the individual.

**Payment:** Activities to obtain premiums, to determine or to fulfill responsibilities for coverage and provision of benefits, or to furnish or receive payment for health or social care delivered to an individual, or to a group, and activities of a health or social care provider to obtain payment or to be reimbursed for the provision of health or social care to an individual, or to a group, including but not limited to value based arrangements.

**Protected Health Information (“PHI”):** Individually Identifiable Health Information, that is transmitted by or maintained in electronic media, or transmitted or maintained in any other form or medium (with exceptions, as described under 45 CFR §160.103), that relates to a person’s physical or mental health, and his/her treatment or payment including, but not limited to:

1. Name;
2. All geographical subdivisions smaller than a State, including street address, city, county, precinct, zip code, and their equivalent geocodes, except for the initial three digits of a zip code;
3. All elements of dates (except year) for dates related to an individual, including birthdate, admission date, discharge date, date of death, and exact age if over 89 and all elements of dates (including year) indicative of such age, except that such ages and elements may be aggregated into a single category of age 90 or older);
4. Telephone numbers;
5. Facsimile numbers;
6. E-mail addresses;
7. Social Security numbers;
8. Medical record numbers;
9. Health plan beneficiary numbers;
10. Account numbers;
11. Certificate/license numbers;
12. Vehicle identifiers and serial numbers, including license plate numbers;

13. Device identifiers and serial numbers;
14. Web Universal Resource Locators (URLs);
15. Internet Protocol (IP) addresses;
16. Biometric identifiers, including finger and voice prints;
17. Full face photographs and any comparable images; and
18. Any other unique identifying number, characteristic or code.

**Staff:** Employees, contractors, agents, consultants, volunteers, and others who act on the Care Compass Entities' behalf.

**Treatment:** The provision, coordination, or management of health or social care and related services for an individual by one or more health or social care providers, including consultation between providers regarding a patient or client and referral of a patient or client by one provider to another.

**Use(s):** The sharing, employment, application, utilization, examination, or analysis of PHI by any person working for or within the Care Compass Entities, or by a Business Associate of the Care Compass Entities.

**Policy:**

It is the policy of the Care Compass Entities to comply with all federal and state regulation regarding an individual's right to request restrictions on the Use or Disclosure of their PHI. Individuals will be provided the right to request restrictions to certain Uses and Disclosures of their PHI that is contained within the Designated Record Set.

**I. Requests for Restriction on the Use or Disclosure of PHI.**

- a. The Care Compass Entities must allow an individual, or their authorized personal representative, to request that the Care Compass Entities restrict:
  - i. The Use and Disclosure of the individual's PHI to carry out Treatment, Payment, or Health Care Operations; and
  - ii. Disclosures to family members or individuals involved in the individual's care.
- b. The right to request restrictions will be outlined in the Care Compass Entities Notice of Privacy Practices.
- c. Requests for restrictions on the Use or Disclosure of PHI must be submitted in writing to the Privacy Officer using the Request to Restrict Uses and Disclosures of Protected Health Information Form, in accordance with the Restrictions and Amendments to Protected Health Information Procedure.
- d. The Privacy Officer, or designee, will review all requests for restrictions on the Use or Disclosure of PHI and approve or deny the request per the requirements of this Policy and document the determination on the submitted Request to Restrict Uses and Disclosures of Protected Health Information Form.

**II. Approving Requests for Restriction on the Use or Disclosure of PHI.**

- a. Unless otherwise required by law, the Care Compass Entities must comply with and approve an individual's request to restrict or limit Disclosure of the individual's PHI if:
  - i. The Disclosure is to a health plan for purposes of carrying out Payment or Health Care Operations, and

- ii. The PHI pertains solely to a health or social care item or service for which the individual, or person other than the health plan on behalf of the individual, paid the Care Compass Entities out of pocket in full.
- b. Individuals will be notified of approval of their request to restrict Use or Disclosure of their PHI using the Letter of Approval of Request for Restrictions on Use and/or Disclosure of Protected Health Information, within thirty (30) days following the request and in accordance with the Restrictions and Amendments to Protected Health Information Procedure.
- c. The Care Compass Entities will ensure that approved requests for restrictions to Use or Disclosure of PHI are met, the Designated Record Sets are appropriately flagged, and restrictions are followed until written requests to terminate restrictions are received or until the Care Compass Entities can no longer administratively comply with the restrictions.
- d. If a restriction request is approved:
  - i. PHI may not be Used or Disclosed in violation of the agreed upon restriction.
    - 1. An exception is made if the individual who requested the restriction is in need of emergency treatment or intervention and the restricted PHI is needed to provide the emergency treatment or intervention. In such situations, the restricted information may be Disclosed to a health or social care provider in order to provide such treatment or intervention to the individual. The health or social care provider must be instructed not to further Use or Disclose the information.
  - ii. The approved restriction is not effective to prevent Uses or Disclosures that are permitted or required by law, as described in the Privacy Program Policy.

### **III. Terminating a Restriction on the Use or Disclosure of PHI.**

- a. Restrictions may not be terminated without the individual's permission for Disclosures to the individual's health plan for Payment or Health Care Operations purposes if the individual has paid out of pocket in full for the health or social care item or service and the PHI pertains solely to that item or service.
- b. The Care Compass Entities may terminate an agreement to a restriction if:
  - i. The individual agrees to or requests the termination in writing to the Privacy Officer using the Request to Terminate Restriction on Use and/or Disclosure of Protected Health Information Form, in accordance with the Restrictions and Amendments to Protected Health Information Procedure; or
  - ii. The Care Compass Entities inform the individual in writing using the Request to Terminate Restriction on Use and/or Disclosure of Protected Health Information Form, in accordance with the Restrictions and Amendments to Protected Health Information Procedure that it is terminating its agreement to a restriction, except that such information is only effective with respect to PHI created or received after the Care Compass Entities informed the individual.

### **IV. Denying Requests for Restriction on the Use or Disclosure of PHI.**

- a. The Care Compass Entities may deny any request that is not a required restriction in section I(a) of this Policy.
- b. Individuals will be notified of denial of their request to restrict Use or Disclosure of their PHI using the Letter of Denial of Request for Restrictions on Use and/or Disclosure of

Protected Health Information, within thirty (30) days following the request and in accordance with the Restrictions and Amendments to Protected Health Information Procedure.

**V. Documentation.** The Care Compass Entities must document the following:

- a. The Designated Record Sets that are subject to restriction;
- b. The titles of the persons responsible for receiving and processing requests for restrictions by individuals; and
- c. All correspondence and associated documentation relating to requests for restrictions, termination, and approval and denial letters must be retained for six (6) years from the date of creation or the date when last in effect, whichever is later.

**CCN Board Approval History:**

**CCC Board Approval History:** 9/23/2025

**IPA Board Approval History:** 9/23/2025

**Compliance Committee Review History:** 8/21/2025

**Policy Revisions:**

Date	Revision Log	Updated By
7/15/2025	Original creation	Cathy Petrak

**This Policy shall be reviewed periodically, but not less than once every 12 months, and updated consistent with the requirements established by the Board of Directors, Care Compass Network's Leadership Team, Federal and State law(s) and regulations, and applicable accrediting and review organizations.**