REQUESTS BY PEOPLE SERVED FOR ADDITIONAL PRIVACY PROTECTIONS

SCOPE OF POLICY

This policy applies to all employees, trainees, volunteers, consultants, students, contractors and subcontractors at the agency.

STATEMENT OF POLICY

We have to let people ask us if they want us to go further than HIPAA law in protecting their information. This means that there might be some things we can usually use or share with others under HIPAA, but they don’t want us to. This can also include sharing information with family members, close friends or support staff. If they ask us to do this, we will be kind and understanding. Requests like this need to go to the VP for Quality and Compliance. He will look at the request and see if it’s something we can do. He may talk with program staff to help make this decision. Staff should check a person’s chart for restrictions like this before sharing information.

PROCEDURE

When staff receives a request like this, they should let the person know that we take these requests seriously. Because of this, tell them that the request will need to go to the VP for Quality and Compliance. He will review it. They need to put their request in writing. This can be a letter or email.

Things that staff can’t do when someone asks for more protections:

- You can’t ask them why they want the extra protections. HIPAA law doesn’t let us do that.
- You can’t promise them that they will get the extra protections. The VP for Quality and Compliance will review what they’re asking for. He will make that decision.
- You also can’t tell them that they will not get the extra protections. Again, the VP for Quality and Compliance will make that decision.

The VP for Quality and Compliance will help the person make their request. He will tell them how to do that.

When making the decision, the VP for Quality and Compliance needs to look at the following:

- If we grant the restriction, will we be breaking another law
- If we grant the restriction, will we be doing something unethical
- Do we have the systems in place to make sure we can grant the restriction
- If we grant the restriction, can we really support the person like they need
- If the restriction has to do with sharing insurance information, does the person we support have another way to pay us for the services we provide
The VP for Quality and Compliance will talk to our lawyers if he needs to. This will make sure he is within the law in his decision. The restriction can’t prevent us from following other parts of the HIPAA law. It also can’t keep us from doing things to prevent a threat to public health or safety.

Once a decision is made, the VP for Quality and Compliance will let the person we support know. It needs to be in writing. It needs to be written simply enough that the person can understand. It needs to clearly state what restriction we are bound by. If the decision is to deny the request, the letter needs to say clearly why we have denied the request.

Once a decision is made, programs that support the person will be told what the decision is. They will need to make sure that the decision is documented in PrecisionCare. We also need to let any business associates know, if this decision would affect them.

If there are new restrictions, staff needs to follow them. If they have a question, they should talk to their supervisor or the VP for Quality and Compliance.

The only time that staff may not follow the restriction is for emergency treatment. Staff can’t make this decision on their own. They need to talk with their supervisor. Their supervisor should talk with the VP for Quality and Compliance. If the decision is to not follow the restriction, emergency providers need to be told to not share it with anyone else.

The restrictions can be changed or go away in one of 2 ways:

- The person we support can decide they want to change the restriction. They can also decide that they don’t want the restriction anymore. They need to put this in writing. Their request needs to go to the VP for Quality and Compliance within 24 hours. Only he can approve the change or stopping the restriction. Staff can’t make this decision on their own.
- The Arc can also take steps to make changes or stop the restriction. This can be done at any time. It has to be based on a good reason. This needs to go to the VP for Quality and Compliance. Only he can make the final decision.

Once a decision is made about changing or ending the restriction, the VP for Quality and Compliance will let the person know. He will also let programs that support the person know. These changes need to be documented in PrecisionCare.

If the decision is to end the restriction, we need to keep the original request in the file but it needs to be flagged as VOID. It should be kept for at least 6 years.

If we want to change or end the restriction, we can ask the person if they agree. If so, we should get that agreement in writing. If they do, then the changed version will apply to all records in the chart. If they don’t agree, then the changed version will only apply to documents created after the change. Anything before the change will stay the same.

In some cases, people want us to contact them in a certain way or at a certain location about the services they receive. Example: they may want us to call them at their work instead of their home.
We should get requests like this in writing. We can’t ask them why they want to receive information in a certain way. These requests need to go to the VP for Quality and Compliance. He is the only one who can make these decisions. In doing so, he needs to make sure we won't be breaking any other laws, being unethical, and that we can actually do what they are asking.

The VP for Quality and Compliance will tell the person what the decision is. The decision also needs to be documented in PrecisionCare. If we agree to it, we will let the person know how we are going to follow it. If we deny the request, we need to tell the person why. Staff in programs that support the person will be informed of the decision. We will also notify any business associates who need to know.

All documented related to these requests needs to be kept for at least 6 years from when they were created.

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