

# Department of Health Care Finance & Administration Division of TennCare

Policy Number: PRIV 025	
Policy Subject: Enrollee Request to Restrict Use and Disclosure of PHI	
Approved by: Sarah Raybin	
Position: Chief Privacy and Compliance Officer	Effective Date: 05/05/2023
Signature: Saul Raylin	05/05/2023

## **PURPOSE OF POLICY**

This policy addresses an enrollee's right to request restrictions regarding the use and disclosure of Protected Health Information (PHI) by the Division of TennCare (TennCare). This right is required by the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

#### **POLICY**

TennCare shall respond timely to an enrollee's request for restrictions on the use or disclosure of his or her PHI in TennCare's designated record set. TennCare will provide enrollees with all the privacy rights granted by HIPAA and by any state and federal regulations.

#### **DISCUSSION & LEGAL BASIS**

An enrollee has the right to *request* restrictions on TennCare's use and disclosure of his or her PHI for treatment, payment, or health care operations, and to persons involved in the enrollee's care, such as a family member or personal representatives. TennCare does not have to grant such requests. TennCare will not grant requests for restrictions on treatment, payment, or health care operations.

If TennCare does grant such a request, it must abide by the restriction until the enrollee revokes that request, or until it advises the enrollee in writing that TennCare will no longer honor that request. TennCare will receive requests for other restrictions on the use and disclosure of PHI but will permit restrictions at its discretion.

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## **PROCEDURES**

**1.** Written requests for restriction will be processed by the TennCare Privacy Office. The request is submitted to:

TennCare Privacy Office Office of General Counsel 310 Great Circle Road Nashville, TN 37243

- **2.** TennCare will notify the enrollee in writing within 30 days if the request is agreed to or denied.
- **3.** If TennCare agrees to the request, the restriction is documented upon its completion by the appropriate TennCare department.
- **4.** The agreement ends if the enrollee revokes the request or we inform the enrollee we will no longer honor that request.

## **DEFINITIONS**

<u>Designated Record Set</u>: Medical records, financial records, health plan and other information used to make decisions about an individual.

**Enrollee:** An individual applying or currently enrolled in any category of State of Tennessee's Medicaid program (TennCare) and Children's Health Insurance Program (CHIP, known as CoverKids in Tennessee), or in any Tennessee federal Medicaid waiver program approved pursuant to Sections 1115 or 1915 of the Social Security Act. For purposes of the TennCare Privacy policies, the term "enrollee" may also be used to reference one who was previously an enrollee during a period for which there is a privacy request or compliance inquiry.

<u>HIPAA</u>: The Health Insurance Portability and Accountability Act of 1996 for which administrative simplification, privacy, and security regulations are codified at 45 C.F.R. §§ 160-164.

<u>Personal Representative</u>: An individual or entity legally authorized to act on behalf of the individual enrollee.

<u>Protected Health Information (PHI)</u>: Protected health information is individually identifiable health information maintained by a covered entity or its business associates that is transmitted or maintained in any form or medium. Personally identifiable information is the demographic information, medical histories, test and laboratory results, mental health conditions, insurance information and other data that a healthcare professional collects to identify an individual.

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<u>Electronic Protected Health Information (ePHI)</u>: Electronic health information (ePHI) is any PHI that is created, stored, transmitted, or received electronically.

Information that is: (i) transmitted by electronic media; (ii) maintained in electronic media; or (iii) transmitted or maintained in any other form or medium, including demographic information that identifies or may be used to identify an individual and that:

- (1) is created or received by a health care provider, health plan, public health authority, employer, life insurer, school or university, or health care clearinghouse; and
- (2) relates to the physical or mental health or condition of an individual; the provision of health care to an individual; or the past, present, or future payment for the provision of health care to an individual. *See* 45 C.F.R. § 160.103.

# OFFICE OF PRIMARY RESPONSIBILITY

TennCare Privacy Office, Office of General Counsel (OGC)

#### **RELATED FORMS**

Enrollee Request to Restrict Use and Disclosure of PHI

#### **AUTHORITY**

45 C.F.R. § 164.522(a) 45 C.F.R. § 160.103 45 C.F.R. § 160-164 Sections 1115 or 1915 of the Social Security Act.