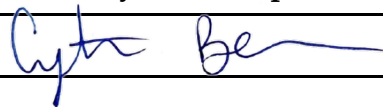


**Department of Health Care Finance & Administration  
Division of TennCare**

<b>Policy Number: PRIV 025</b>	
<b>Policy Subject: Enrollee Request to Restrict Use and Disclosure of PHI</b>	
<b>Approved by: Cynthia Beeler</b>	<b>Effective Date: 05/29/2024</b>
<b>Position: Chief Privacy and Compliance Officer</b>	
<b>Signature:</b> 	

### **I. PURPOSE**

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).

### **II. SCOPE**

The policy applies to all TennCare employees, consultants, contractors, and other persons who are under the direct or indirect control of TennCare.

### **III. POLICY**

TennCare shall timely respond 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.

### **IV. DEFINITIONS**

Any term that is capitalized in this policy without a definition in the section below is to be defined as it appears in HIPAA.

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

**Enrollee:** An individual applying for or currently enrolled in any of the programs administered by the Division of TennCare, including TennCare Medicaid, CoverKids, Medicare Savings

Program, and Long-Term Services and Supports. For purposes of TennCare Privacy policies, the term “enrollee” may also be used to reference an individual who was previously an enrollee during a period for which there is a privacy request or compliance inquiry.

**HIPAA:** 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.

**Authorized Personal Representative:** An individual or entity legally authorized to act on behalf of the individual enrollee.

**Protected Health Information (PHI):** 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 health or 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.

**Electronic Protected Health Information (ePHI):** Electronic protected health information (ePHI) is any PHI that is created, stored, transmitted, or received electronically.

## **V. 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 members or other Authorized Personal Representatives. TennCare does not have to grant the requests it receives. By regulation, TennCare will not grant requests for restrictions under some circumstances, such as valid requests from law enforcement, public health activities or restrictions on data related to payment and healthcare 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.

## VI. PROCEDURE

1. The “Enrollee Request to Restrict Use and Disclosure of PHI” form should be completed and submitted to the TennCare Privacy Office by the enrollee or an authorized personal representative. The request may be submitted by mail or email\* to:

Division of TennCare  
Attention: Privacy Office  
310 Great Circle Road  
Nashville, TN 37243  
[Privacy.TennCare@tn.gov](mailto:Privacy.TennCare@tn.gov)

*\*If you wish to submit the form via email, please contact our office first so we may respond with a secure email portal. If you submit the form directly via email rather than through the secure email portal, there is some risk that the personal information could be read or otherwise accessed by a third party while in transit.*

2. TennCare will notify the enrollee in writing if the request is agreed to or denied within a reasonable amount of time, usually within 30 days.
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 that we will no longer honor that request.

## 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.