



# Bureau of TennCare

## Policy Manual

Policy No: HIP 06-025	
Subject: Enrollee Request to Restrict Use and Disclosure of PHI	
Approval: <i>Dennis J. Gordon</i> by <i>CS</i>	Date: <i>9/1/01</i>

### 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 Bureau of TennCare (the Bureau). This right is required by the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

### POLICY

The Bureau of TennCare shall timely respond to an enrollee's request for restrictions on the use or disclosure of his or her Protected Health Information in the Bureau's designated record set. The Bureau of 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 our use and disclosure of his or her PHI for treatment, payment or health care operations and to persons involved in enrollee's care such as a family member or personal representatives. The Bureau does not have to grant such requests. The Bureau will not grant requests for restrictions on payment or health care operations.

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

## PROCEDURES

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

TennCare Privacy Officer  
Bureau of TennCare  
P.O. Box 20007  
Nashville, TN 37202

2. The Bureau will notify the enrollee in writing within 30 days if the request is agreed to or denied.
3. If the Bureau 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

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

**Enrollee:** means those currently enrolled in all categories of TennCare Medicaid and TennCare Standard; or, an individual eligible for and enrolled in the TennCare Program or in any Tennessee federal Medicaid waiver program pursuant to Sections 1115 or 1915 of the Social Security Act; or, for purposes of the Bureau Privacy policies, the term 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.

**HIPAA:** means Health Insurance Portability and Accountability Act of 1996 and for which administrative simplification, privacy, and security regulations are codified at 45 CFR §§ 160-164.

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

**Protected Health Information (PHI):** means information about an individual's health and medical history. It can also include non-medical facts like address, or date of birth, which identify an individual.

**OFFICE OF PRIMARY RESPONSIBILITY**

TennCare Privacy Officer, Office of General Counsel

**RELATED FORMS**

Enrollee request to restrict use and disclosure of PHI

**AUTHORITY**

45 C.F.R. 165.522(a)