

Policy

Patients have the right to request additioneatrictions the Use or Disclosure of theiProtected Health ro2 [(s)-5 (e1601at)-6 TJ 7.73 0 Td [(gr)3 (e)4 (e)4 (t)-2 (ot)-2 (hi)-2 (s)-1 ()]TJ -0.06 Tw -

- 2. Workforce Membersvill forward the patient's completed form tACERM.
- 3. IACERM will determine in consultation with appropriate Workforce Members including clinicians, whether a request for restricti**sh**ould be accepted or denied. IACER**WI**

notify the patient in writing of his or her decision within **Ga**ys from the receipt of the request. Other than as provided by the Restrict **Dig** closures to a Health Planpolicy, NYU Langone Health is not required to agree to a request for a restriction.

- 4. IACERM will notify the Workforce Member who submitted the patienform of the outcomeas appropriate
- 5. IACERM will notify any Business Associates as necessary, about any restrictions it has agreed to he extent the restriction affects the Business Associate's performance of services and in accordance with the Business Associate Agreement
- 6. To terminate a restriction, NYU Lango**he**althmust either:
 - x obtain the patient's agreement in writing f the patient orally agrees to terminate the restriction, the oral agreement must be documented, including the date of the oral agreement; or
 - x inform the patient in writing that the restriction agreement is terminlated ch a case, the termination is only effective with respect to PHI that is created or received after the patient has been informed.