



Requesting Restrictions to Your Electronic Medical Record

Bon Secours facilities use an electronic medical record, called EPIC, to keep a record of your care. Because many other facilities across the country also use EPIC, from time to time they may request access to your medical information to help care for you. An example would be if you had an Emergency and went to a non-Bon Secours medical facility. The Emergency department may request access to your electronic medical records to see your health history, allergies, what medications you are on, and any chronic health conditions you may have. Getting this information quickly helps you receive quality health care.

If you do not want other facilities to have access to your electronic medical record, you can complete the attached form, Request for Restrictions. Your request will be evaluated by the Privacy Officer in your local market, and will be approved or denied within a reasonable amount of time.

Requirements for Patients Requesting Restrictions

If you would like to restrict access to your electronic medical record, you must make the request in writing and include the following:

- A description of the information that is to be restricted
- A statement whether the restriction applies to use, disclosure or both
- To whom the restriction will apply

By completing the attached form, you will complete these requirements. When you have completed the form, you should mail it to the Privacy Officer in your local area. Mailing addresses can be found below.

Process for Responding to Restrictions

When the Local System Corporate Responsibility Officer or Privacy Officer receives the request, he or she will work with Health Information Management and other departments affected by the requested restriction to determine whether the request will be granted or denied.

Requests for restrictions will be evaluated and responded to in a reasonable amount of time. You will receive a notice of the approval or denial in writing, to the mailing address you provide on the Request for Restrictions form. If possible, Bon Secours will make reasonable attempts to honor your request for restrictions while the request is being evaluated.

The Corporate Responsibility Officer or Privacy Officer may deny your request for restrictions on disclosure of your health information. If your request is denied, you will be notified in writing.

If the request is agreed to, the Corporate Responsibility Officer or Privacy Officer will notify the applicable Bon Secours facility of the restriction and will work with the facility to adopt procedures to prevent the disclosure of restricted health information. Exceptions to the restrictions can be seen below.

Exceptions to Restrictions

If the Corporate Responsibility Officer or Privacy Officer agrees to a restriction, Bon Secours facility personnel may not use or disclose your health information in violation of the restriction, except in the following situations:

- Emergency medical situations in which the restricted information is needed to provide emergency treatment.
- To the Secretary of the United States Department of Health and Human Services to investigate or determine Bon Secours' compliance with the HIPAA regulations

Uses or disclosures:

- Required by law
- For public health activities
- For health oversight activities
- To report abuse, neglect or domestic violence
- For judicial and administrative proceedings
- For compliance with workers compensation proceedings in which patient has filed a workers' compensation claim
- To law enforcement officials for law enforcement purposes
- To report a crime in an emergency
- To coroners and medical examiners
- For organ, eye or tissue donation purposes
- In circumstances in which Bon Secours believes in good faith is necessary to prevent or lessen an serious and imminent threat to the health and safety of a person or to the public
- To correctional institutions or other law enforcement custodial situations
- To insurance companies or other third party payers to obtain payment for health care services provided to the patient, unless the health information pertains solely to a health care item or service for which the patient or other third party has paid Bon Secours in full.

Terminating a Restriction That Has Been Granted

If you change your mind about having a restriction, you can terminate the agreement in writing or orally by contacting your Local Privacy Officer. Bon Secours will confirm that you are agreeing to terminate the agreement. The termination will only apply to health information created or received after Bon Secours has informed you of the termination of the restriction.

Local Privacy Officer Contact Information

Please mail your completed Request for Restrictions form to the appropriate address provided below.

Florida

Bon Secours St. Francis Health System
Attn: Corporate Responsibility Officer
1 St. Francis Drive
Greenville, SC 29601

Kentucky

Bon Secours Kentucky Health System
Attn: Corporate Responsibility Officer
1000 St. Christopher Drive
Ashland, KY 41101

Maryland

Bon Secours Baltimore Health System
Attn: Corporate Responsibility Officer
2000 West Baltimore Street
Baltimore, MD 21223

South Carolina

Bon Secours St. Francis Health System
Attn: Corporate Responsibility Officer
1 St. Francis Drive
Greenville, SC 29601

Virginia – Hampton Roads

Bon Secours Administration
Attn: Corporate Responsibility Officer
5818 A1 Harbour View Blvd
Suffolk, VA 23435

Virginia – Richmond

Bon Secours Richmond Health System
Attn: Corporate Responsibility Officer
8580 Magellan Parkway
Richmond, VA 23227



Patient Request to Restrict Use/Disclosure of Health Information

FACILITY NAME: _____

Patient Name _____ Medical Record No. (if known) _____
Date of Birth _____ Phone _____
Address _____
Street Address City State Zip

I want to request the following restriction on the use or disclosure of my health information:

• Describe the information you want restricted: _____

• List the specific persons or entities that you want this restriction to apply to: _____

[] Do not disclose the information to the following individuals or entities: _____

[] Do not use this information within Bon Secours _____ (This would include your Bon Secours Physicians & other staff) (facility)

• Specify the persons or entities you want this restriction applied to: _____

THIS REQUEST IS SUBJECT TO REVIEW AND MAY NOT BE APPROVED. BON SECOURS WILL NOTIFY YOU OF OUR DECISION.

Signature of Patient or Legal Representative Date

If Legal Representative, authority of Legal Representative _____
(Such as parent of a minor, court-appointed guardian, administrator of estate of deceased, attorney-in-fact appointed with power of attorney or healthcare proxy)

Comments: _____

Staff Use Only

Bon Secours response to request: [] agreed to request [] denied request. If denied, rationale: _____

Informed Patient: [] verbally Date: _____
[] In writing Date: _____

(Note: Patient must be informed in writing regardless of whether response is provided verbally.)

Signature of Bon Secours Authorized Personnel

Scan into Patient's Medical Record once received from the Local System Privacy Officer