

Texas Tech University Health Sciences Center El Paso HIPAA Privacy Policy

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| Policy: Right to Restrict to Insurer When Paid in Full | Policy #: HPP 1.10 |
| Effective Date: July 6, 2016 | Last Revision Date: November 18, 2025 |
| References: https://www.hhs.gov/ocr/index.html | |
| TTUHSC EL Paso HIPAA Privacy and Security Website: https://my.ttuhscep.edu/el Paso/hipaa/ | |

Policy Statement

The purpose of this procedure is to assist the Texas Tech University Health Sciences Center El Paso (TTUHSC El Paso) clinic personnel on how to handle patient requests that TTUHSC El Paso not disclose their protected health information (PHI) to their health plans or other third party insurance carriers.

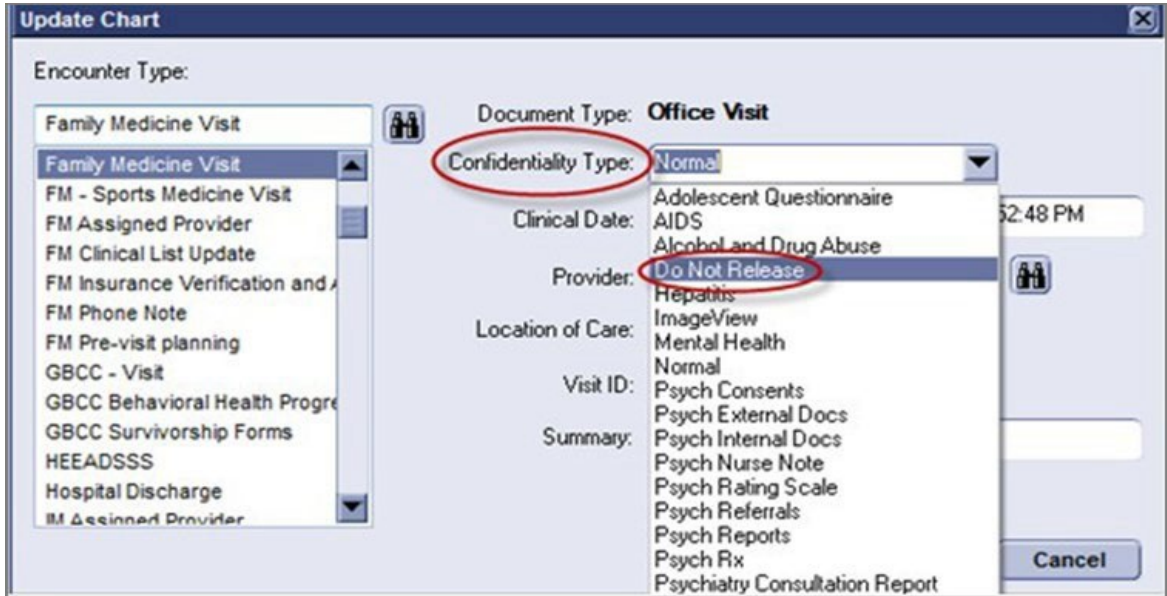
Scope

This policy applies to all health care clinical service areas owned and/or operated by TTUHSC El Paso.

Procedure

1. Patient invokes their right to pay out of pocket in full, and not release their chart information or bill his/her insurance company.
2. Provide the patient an explanation of his/her right not to release the information found in the Patient Right to Restrict Protected Health Information to Health Plan memo and ask the patient to fill out the “Request: Restriction disclosure to Health Plan”
3. Collect the payment of \$215.00 for new patients and \$175 for established patients.
4. Call the Office of Institutional Compliance at 215-4454 and ask to speak to the Privacy Officer. The compliance office will highlight the key points of patient rights. It will be very important to state that if the check is returned for insufficient funds, a letter will be sent revoking the patient’s rights.
5. Make a copy of the signed form for the patient.
6. Scan into patient’s electronic medical record (EMR).
7. Front desk staff opens the chart in the EMR and starts the clinic office visit update.
8. In the “Confidentiality Type” field of the update chart window, select “Do Not Release”.

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Update Chart

Encounter Type:

- Family Medicine Visit
- Family Medicine Visit
- FM - Sports Medicine Visit
- FM Assigned Provider
- FM Clinical List Update
- FM Insurance Verification and
- FM Phone Note
- FM Pre-visit planning
- GBCC - Visit
- GBCC Behavioral Health Progr
- GBCC Survivorship Forms
- HEEADSSS
- Hospital Discharge
- IM Assigned Provider

Document Type: **Office Visit**

Confidentiality Type: **Do Not Release**

Clinical Date: 01/14/2016 8:09 AM

Provider: **Hepatitis**

Location of Care: Normal

Visit ID:

Summary:

- Adolescent Questionnaire
- AIDS
- Alcohol and Drug Abuse
- Hepatitis
- ImageView
- Mental Health
- Normal
- Psych Consents
- Psych External Docs
- Psych Internal Docs
- Psych Nurse Note
- Psych Rating Scale
- Psych Referrals
- Psych Reports
- Psych Rx
- Psychiatry Consultation Report

Cancel

Note: ****Designating the document with this confidentiality type will make the document only viewable by TTUHSC El Paso employees (no outside auditors) and a reminder for billing staff not to bill insurance or release documentation to the insurance company.**

- Continue with regular Athena Flow EMR workflow.

Athena Flow EMR

Below is a screenshot of what the document looks like when Do Not Release is selected. The office visit summary states Ofc visit (DNRel)

| Problems | | Medications | | Alerts/Flags | | Flowsheet | | Orders | | Documents | |
|---|---|--------------------|--|--------------|--|-----------|--|--------|--|-----------|--|
| | | Date | | | | | | | | | |
|  |  | 01/14/2016 8:09 AM | | | | | | | | | Ofc Visit (DNRel): FM- New Patient Visit |
| |  | 01/13/2016 4:37 PM | | | | | | | | | Ofc Visit |

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10. Front desk staff opens the patient chart in Athena IDX. Go to the patient services tab.
Click on “Appointment list.”

TEST,A MRN: E2308631 Prime Ph: 999-999-9999 FSC(List): 202,511,533,102,547,512 SELF PAY BAL: Grp: 3 5 442.00 C/A:
 Select Patient ▾ DOB: 01/01/2001 Age: 22 Years PCMH: DAVIS II MD,HARRY E Spk Lang: ENGLISH
 Sex: F Spec Need: DEAF INTERPRETE SSN: Case: N

Patient Services

Name:

Registration

4800 ALBERTA
EL PASO, TX 79901

Home: 999-999-9999
Work:
Email: bbujold@phreesia.com
Ins: MEDICARE ADVANTAGE NON-CONTR
Upd: 03/10/2023 By: PCARRAZC

Demographics
Insurance
Eligibility List
Patient Inquiry

Financials

Current Stmt Balance
SG3: 442.00

Financial Inquiry
Case List
Invoice List
Patient Financials

Appointments

Last:

Next: 29100603
MACIAS MD, ANGIE
FM GENERAL CLINIC
FAMILY MEDICINE KENWORTHY
04/07/2023 09:40AM

Appointment List
New Appointment

Chart Tracking

Referrals

Referral List

Visits [Visit List](#)

Action Code:

11. Click on the Appointment time

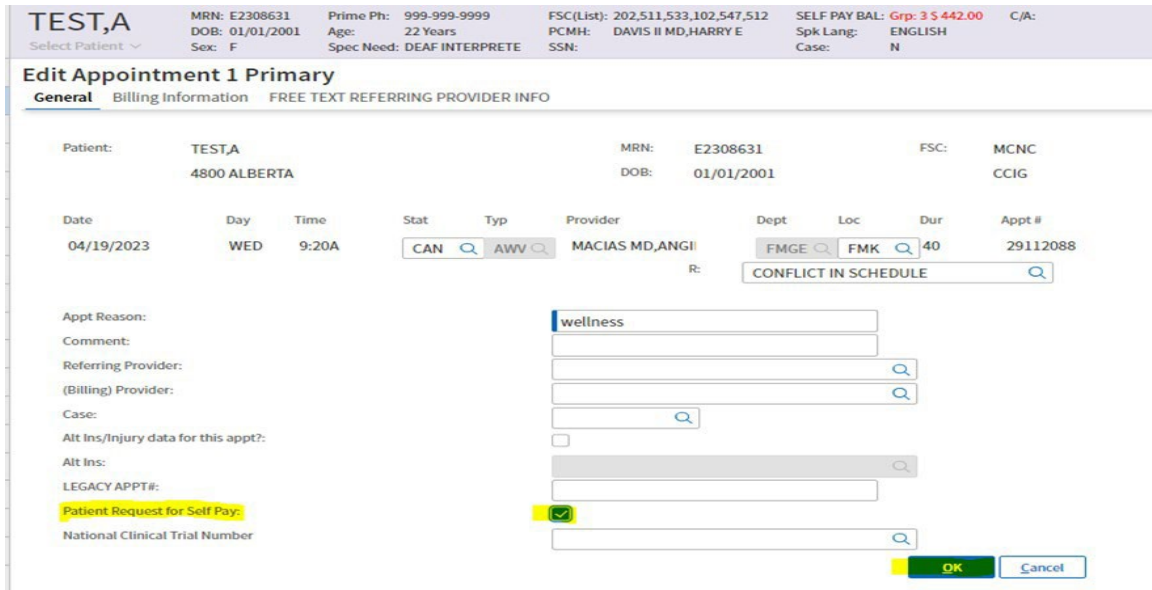
TEST,A MRN: E2308631 Prime Ph: 999-999-9999 FSC(List): 202,511,533,102,547,512 SELF PAY BAL: Grp: 3 5 442.00 C/A:
 Select Patient ▾ DOB: 01/01/2001 Age: 22 Years PCMH: DAVIS II MD,HARRY E Spk Lang: ENGLISH
 Sex: F Spec Need: DEAF INTERPRETE SSN: Case: N

Appointment List

| Attach | Day | Date | Time | Status | Type | Provider | ReasonForVis | Dept | Loc | Dur | Appt No. | |
|--------------------------|------|------|------------|---------|------|----------|----------------------|------------------------|-------|-----|----------|----------|
| <input type="checkbox"/> | VS | WED | 04/19/2023 | 09:20AM | CAN | AWW | MACIAS MD,ANGIE | wellness | FMGEN | FMK | 40 | 29112088 |
| <input type="checkbox"/> | VS | FRI | 04/07/2023 | 09:40AM | PEN | AWW | MACIAS MD,ANGIE | wellness | FMGEN | FMK | 40 | 29100603 |
| <input type="checkbox"/> | VS | TUE | 03/07/2023 | 10:00AM | CAN | AWW | ARAGON MD,LOREN... | wellness | FMFAC | FMK | 40 | 29029091 |
| <input type="checkbox"/> | CRVS | THU | 03/02/2023 | 10:00AM | CAN | NPA | DIAMOND MD,SHAWN | COSMETIC \$10 PER UNIT | SUPLA | SUA | 20 | 29063744 |
| <input type="checkbox"/> | VS | WED | 03/01/2023 | 08:00AM | PEN | GRP | TMP FM GROUP VISIT | two | TMPFM | TM2 | 40 | 29116643 |
| <input type="checkbox"/> | RS | TUE | 02/21/2023 | 09:40AM | CAN | NPA | DIAMOND MD,SHAWN | Cosmetic Botox/Filler | SUPLA | SUA | 20 | 29062586 |
| <input type="checkbox"/> | VS | FRI | 01/27/2023 | 11:00AM | CAN | WCC | MENDOZA DO,ALEXA... | wcc | FMGEN | FMK | 20 | 29043232 |
| <input type="checkbox"/> | VS | WED | 01/25/2023 | 02:20PM | CAN | EST | MOLOKWU MD,JENN... | f/u | FMFAC | FMK | 20 | 29036872 |
| <input type="checkbox"/> | CVS | MON | 01/23/2023 | 04:00PM | CAN | AWW | MOLOKWU MD,JENN... | test AWW | FMFAC | FMK | 40 | 28977507 |
| <input type="checkbox"/> | VS | TUE | 12/20/2022 | 09:15AM | CAN | WWE | NAIR MD,ANJANA R | TESTING | TMPOB | TM1 | 30 | 28978268 |
| <input type="checkbox"/> | RVS | FRI | 12/09/2022 | 08:40AM | CAN | EST | WRIGHT MD,JUSTIN | F.U CON | FMSP | FMK | 20 | 28953457 |
| <input type="checkbox"/> | S | MON | 11/21/2022 | 09:40AM | CAN | NPA | PINEDA AGACNP-BC,... | follow | NEURO | NEA | 60 | 28841862 |
| <input type="checkbox"/> | VS | TUE | 11/08/2022 | 09:00AM | CAN | INM | SCOTT FNP,CRYSTAL | testing | OBWHP | OAB | 15 | 28897393 |
| <input type="checkbox"/> | VS | THU | 10/13/2022 | 08:30AM | CAN | WAK | MAYORGA MD,MARIA | WALK IN FOR MAYORGA | FMGEN | FMK | 30 | 28857895 |
| <input type="checkbox"/> | CVS | THU | 09/08/2022 | 11:30AM | CAN | EST | SAEED MD,WAJEEHA | it test | IMGCC | IMI | 15 | 28788653 |
| <input type="checkbox"/> | CVS | TUE | 09/06/2022 | 11:15AM | CAN | EST | SAEED MD,WAJEEHA | it test | IMGCC | IMI | 15 | 28782970 |
| <input type="checkbox"/> | CVS | FRI | 09/02/2022 | 11:00AM | CAN | EST | VAZQUEZ MD,GERAR... | test | FMFAC | FMK | 20 | 28763546 |

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12. Clinic on the “Patient Request for Self-Pay.” Charges linked to this appointment will be restricted from the insurance billing. Invoice to self-pay and FSC cannot be billed.



The screenshot shows a patient record for 'TEST,A' with MRN: E2308631, DOB: 01/01/2001, and sex: F. The appointment is for 04/19/2023 at 9:20A with provider MACIAS MD, ANGI. The appointment reason is 'wellness'. A checkbox for 'Patient Request for Self Pay' is checked. The interface includes fields for patient name, MRN, DOB, FSC, and appointment details, along with search and selection options.

Knowledge of a violation or potential violation of this policy must be reported directly to the Institutional Privacy Officer or the Fraud and Misconduct Hotline at (866) 294-9352 or www.ethicspoint.com under Texas Tech University System.

Frequency of Review

This policy will be reviewed on each odd-numbered (ONY) by the Institutional Privacy Officer, and the HIPAA Privacy and Security Committee, but may be amended or terminated at any time.

Questions regarding this policy may be addressed to the Institutional Privacy Officer or the Institutional Compliance Officer.

Attachments

- Attachment A: Request: Restrict Disclosure to the Health Plan (English)
- Attachment B: Request: Restrict Disclosure to the Health Plan (Spanish)
- Attachment C: Patient Right to Restrict Protected Health Information to Health Plan (English)
- Attachment D: Patient Right to Restrict Protected Health Information to Health Plan (Spanish)

Review Date: 11/4/2025

Revision Date: 7/16/2019, 1/19/2021, 5/16/2023, 11/18/2025