

Texas Tech University Health Sciences Center El Paso HIPAA Privacy Procedure

Policy: HPP 7.1(c)	Effective Date: July 6, 2016
Right to Restrict to Insurer When Paid in Full (Psychiatry Electronic Medical Record)	Last Revision Date: July 20, 2021
References: Federal Register/Vol. 78, No 17, 01/25/2013	

Procedure 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’s request that TTUHSC El Paso not disclose their protected health information (PHI) to their health plans or other third party insurance carriers.

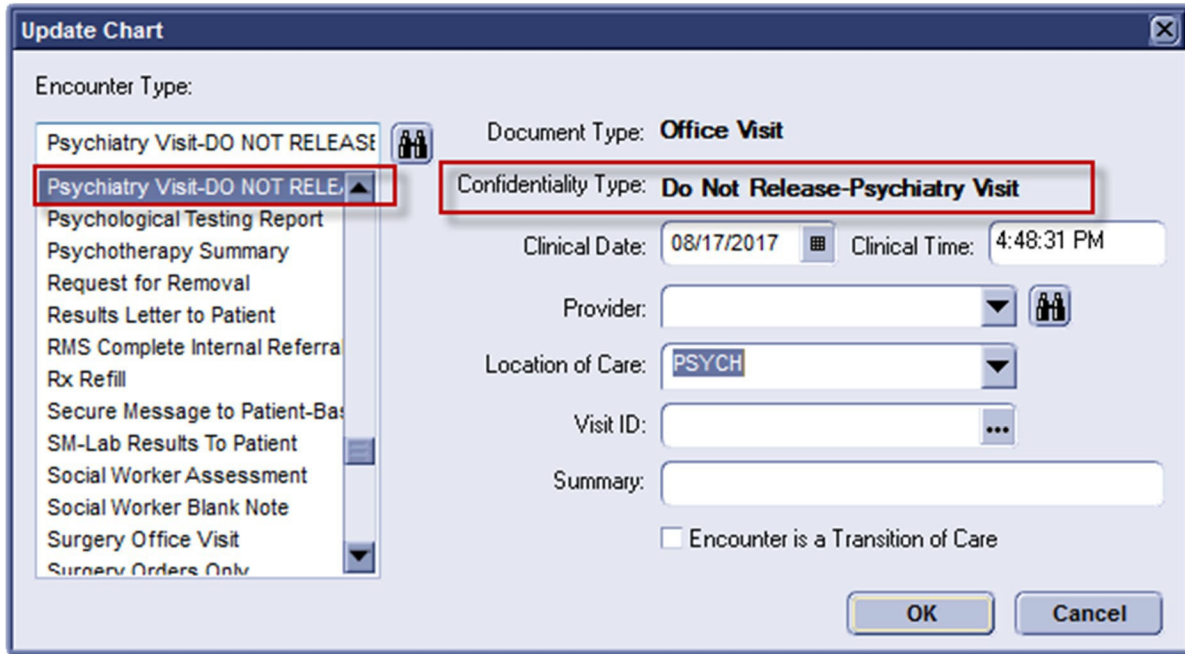
Scope

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

Procedure

1. Patient must invoke 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 with an explanation of his/her right not to release information found in Patient Right to Restrict Protected Health Information to Health Plan memo and ask patient to fill out “Request: Restrict Disclosure to Health Plan” form.
3. Collect the payment of \$125.96 USD in full.
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 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 chart in EMR and starts the clinic office visit update.
8. In the “Confidentiality Type:” field of the update chart window, select “Psychiatry Visit-Do Not Release”.

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Update Chart

Encounter Type: **Psychiatry Visit-DO NOT RELEASE**

Document Type: **Office Visit**

Confidentiality Type: **Do Not Release-Psychiatry Visit**

Clinical Date: 08/17/2017 Clinical Time: 4:48:31 PM

Provider: []

Location of Care: PSYCH

Visit ID: []

Summary: []

Encounter is a Transition of Care


OK Cancel

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

9. Continue with regular EMR workflow

GE CENTRICITY EMR

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

	Date ▼	Summary
	08/17/2017 5:04 PM	Ofc Visit (DNRPV): Psychiatry Visit-DO NOT RELEASE

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- Front desk staff opens patient chart in GE Centricity Business. Go to the Patient Services tab and click on “Appointment List”

TEST, VICKY MRN: E2006028 Prime Ph: 915-497-2525 FSC(List): 101 SELF PAY BAL: Grp: 3 \$ 0.00
 Select Patient ▼ DOB: 01/30/1972 Age: 45 Years PCMH: Spk Lang: SPANISH
 Sex: F Spec Need: SSN: XXX-XX-8888 Case: N

Patient Services

Name: TEST, VICKY

Registration 1213 COACH RD CANUTILLO, TX 79835-9636 Home: 915-497-2525 Work: Email: Ins: FIRST HEALTH NETWORK Upd: 08/18/2017 By: ADESLONG Demographics Insurance Eligibility List Patient Inquiry	Financials Current Stmt Balance SG3: 0.00 Financial Inquiry Case List Invoice List Patient Financials	Appointments Last: Next: Appointment List ← Click on Appointment List New Appointment
Chart Tracking	Referrals Referral List	Visits Visit List Action Code: <input type="text"/> <input type="button" value="Q"/> <input type="button" value="Go"/>

- Click on the Appointment Number

TEST, VICKY MRN: E2006028 Prime Ph: 915-497-2525 FSC(List): 101 SELF PAY BAL: Grp: 3 \$ 0.00
 Select Patient ▼ DOB: 01/30/1972 Age: 45 Years PCMH: Spk Lang: SPANISH
 Sex: F Spec Need: SSN: XXX-XX-8888 Case: N

Appointment List

Attach	Day	Date	Time	Status	Type	Provider	ReasonForVis	Dept	Loc	Dur	Appt No.	
<input type="checkbox"/>	CV	MON	04/03/2017	09:20AM	CAN	NUR	FM NURSE MD,VISIT	FORMS	FMGEN	FMK	20	25365783
<input type="checkbox"/>	CV	TUE	02/07/2017	07:45AM	CAN	NPA	DAVIS MD,BRIAN R.	EVAL HERNIA	SUGEN	SUA	30	25214380

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12. Click on the “Appointment Data Form” link.

TEST, VICKY
Select Patient ▼

MRN: E2006028
DOB: 01/30/1972
Sex: F

Prime Ph: 915-497-2525
Age: 45 Years
Spec Need:

FSC(List): 101
PCMH:
SSN: XXX-XX-8888

SELF PAY BAL: Grp: 3 \$ 0.00
Spk Lang: SPANISH
Case: N

Appointment Detail

[Appointment Data Form](#) ← Click on Appointment Data Form

Provider: FM NURSE MD,VISIT **Date:** MON 04/03/2017

Department: FM GENERAL CLINIC **Time:** 09:20AM

Appt Type: NUR **Duration:** 20

Location: ILY MEDICINE KENWORTH **Status:** Cancelled ▼

Bump Reason:

History for Appointment Number 25365783

Appointment made on: 04/03/2017 at 09:09AM by RFIERRO

Appointment cancelled on: 04/03/2017 at 09:10AM by RFIERRO

Cancellation Reason: CONFLICT IN SCHEDULE

Cancellation Comment: TEST

Status Changes:

Changed from Pending on: 04/03/2017 at 09:10AM by RFIERRO

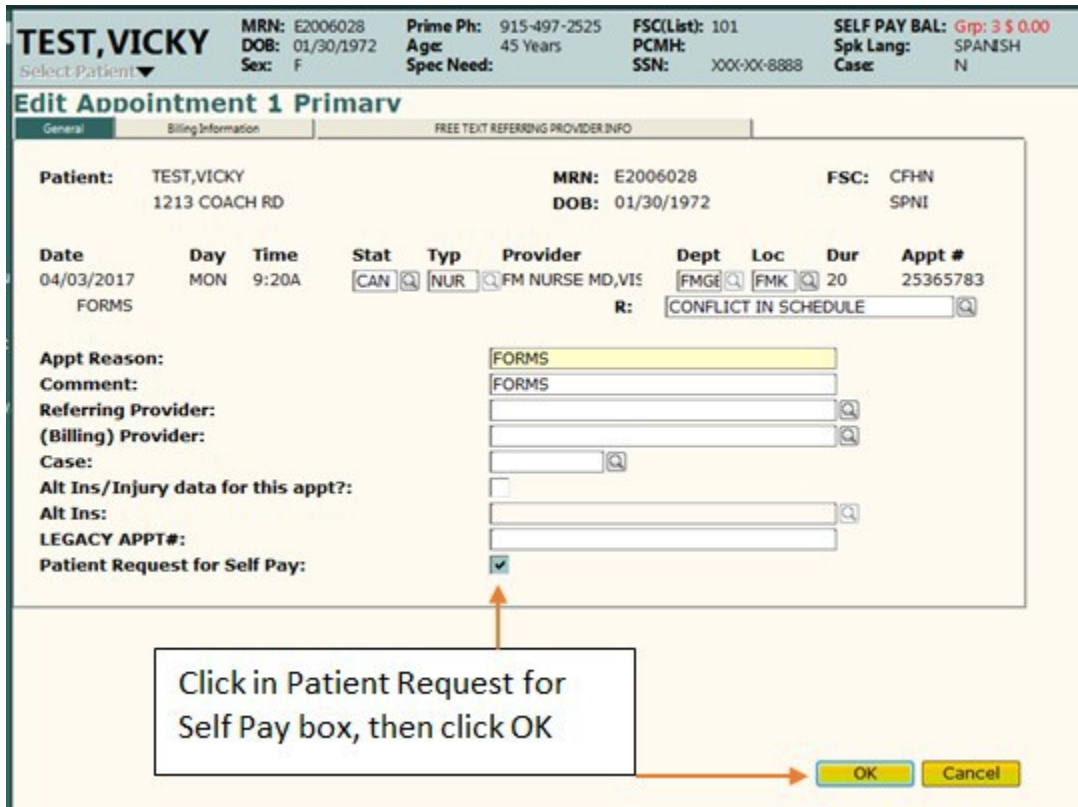
Attachments

Type	Description
Scheduling Comments	FORMS
Visit Number	25365783

Attachment Details
OK Cancel

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



TEST, VICKY MRN: E2006028 Prime Ph: 915-497-2525 FSC(List): 101 SELF PAY BAL: Grp: 3 \$ 0.00
 Select Patient ▾ DOB: 01/30/1972 Age: 45 Years PCMH: Spk Lang: SPANISH
 Sex: F Spec Need: SSN: XXX-XX-8888 Case: N

Edit Appointment 1 Primary

General Billing Information FREE TEXT REFERRING PROVIDER INFO

Patient: TEST, VICKY MRN: E2006028 FSC: CFHN
 1213 COACH RD DOB: 01/30/1972 SPNI

Date	Day	Time	Stat	Typ	Provider	Dept	Loc	Dur	Appt #
04/03/2017	MON	9:20A	CAN	NUR	FM NURSE MD,VIS	FMGE	FMK	20	25365783
FORMS									
R: CONFLICT IN SCHEDULE									

Appt Reason: FORMS
Comment: FORMS
Referring Provider:
(Billing) Provider:
Case:
Alt Ins/Injury data for this appt?:
Alt Ins:
LEGACY APPT#:
Patient Request for Self Pay:

Click in Patient Request for Self Pay box, then click OK

Knowledge of a violation or potential violation of this policy must be reported directly to the Institutional Privacy Officer or to 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.

Review Date: July 12, 2021

Revision Date: July 16, 2019, July 20, 2021