

Texas Tech University Health Sciences Center El Paso HIPAA Privacy Procedure

Administration	Policy: 7.1(a)
Right to Restrict to Insurer When Paid in Full (Electronic Medical Record GE Centricity)	Effective Date: July 6, 2016
References: Federal Register/Vol. 78, No 17, 01/25/2013	
TTUHSC El Paso HIPAA Website: http://elpaso.ttuhscc.edu/hipaa/	

Procedure Statement

The purpose of this procedure is to assist Texas Tech University Health Sciences Center El Paso (TTUHSC El Paso) clinic personnel on how to handle patients 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.

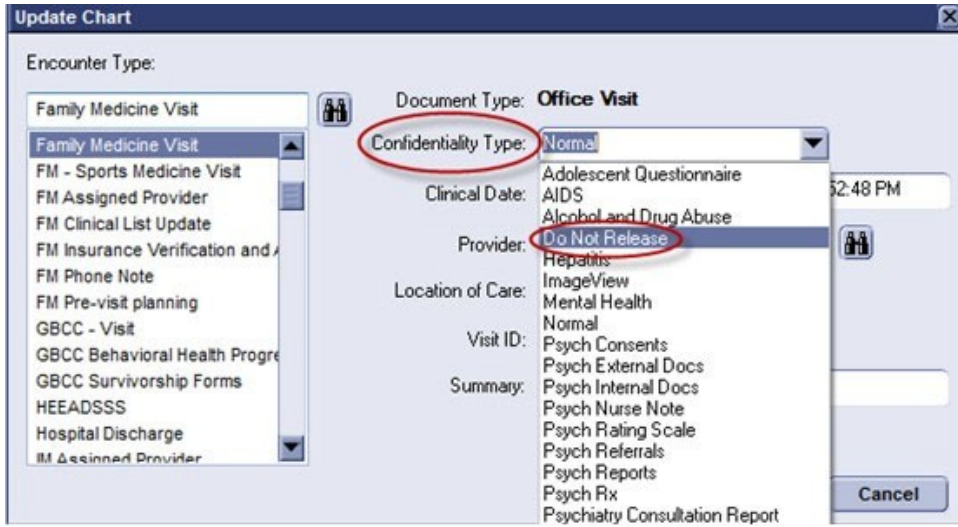
Definitions

Refer to [HPP 1.1 for Glossary of HIPAA Terms.](#)

Procedure

1. Patient must invoke their right to pay out of pocket in full, and not release their chart information.
2. Provide the patient with an explanation of his/her right not to release information found in the Patient Right to Restrict Protected Health Information to Health Plan memo and ask patient to fill out “Request: Restriction 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 “Do Not Release”

Texas Tech University Health Sciences Center El Paso HIPAA Privacy Procedure





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 GE Centricity 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 (DNRel)

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

Texas Tech University Health Sciences Center El Paso HIPAA Privacy Procedure

- Front desk staff opens patient chart in GE Centricity Business (CBIZ). 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	253657233
<input type="checkbox"/>	CV	TUE	02/07/2017	07:45AM	CAN	NPA	DAVIS MD,BRIAN R.	EVAL HERNIA	SUGEN	SUA	30	25214380

Texas Tech University Health Sciences Center El Paso HIPAA Privacy Procedure

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

TEST, VICKY

MRN: E2006028 **Prime Ph:** 915-497-2525 **FSC(List):** 101
DOB: 01/30/1972 **Age:** 45 Years **PCMH:**
Sex: F **Spec Need:** **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

Department: FM GENERAL CLINIC

Appt Type: NUR

Location: ILY MEDICINE KENWORTHY

Date: MON 04/03/2017

Time: 09:20AM

Duration:

Status:

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

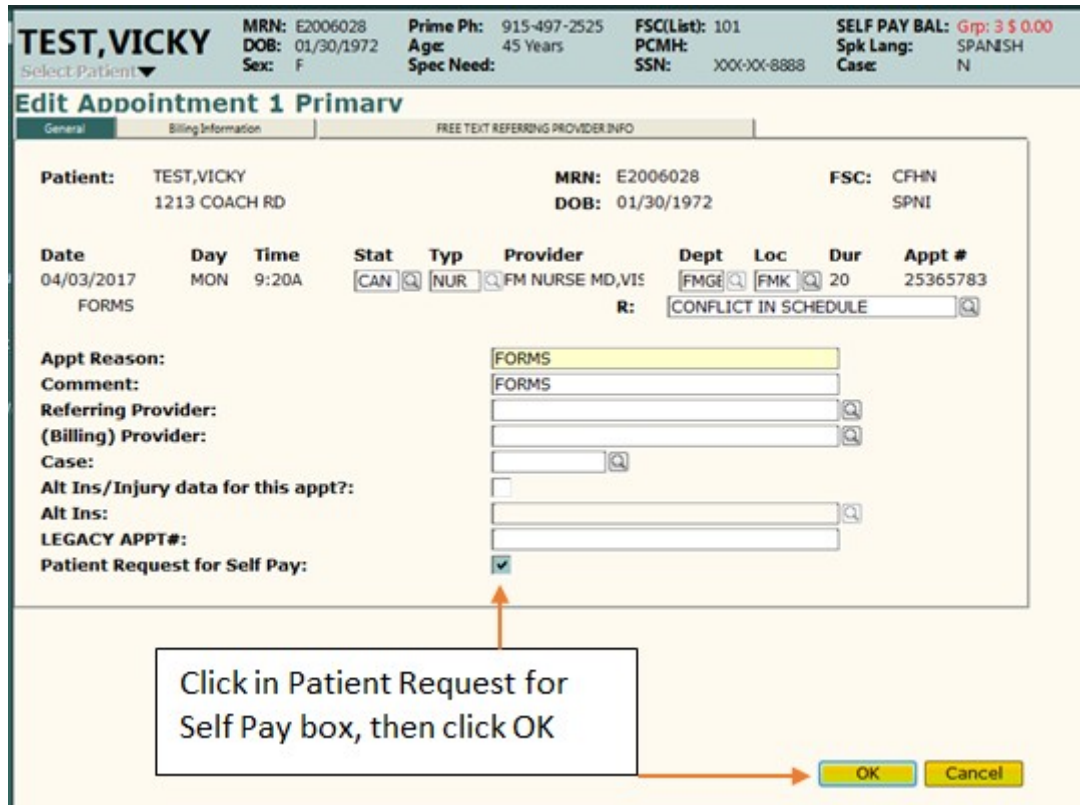
Attachment Details

OK

Cancel

Texas Tech University Health Sciences Center El Paso HIPAA Privacy Procedure

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



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

The TTUHSC El Paso Privacy and Security Committee have authority for HIPAA policy approval.

Questions regarding this policy may be addressed to the [Institutional Privacy Officer](#) or the [Institutional Compliance Officer](#).

This policy may be amended or terminated at any time.

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Review Date: July 8, 2019

Revision Date: May 17, 2016, July 16, 2019