PURPOSE:
To provide the means for the patient to restrict the disclosure of specific protected health information, excluding prescription drug information, to the patient’s insurance company or its appearance on the patient’s monthly statement.

POLICY:
Refer to policy Patient Right to Request Privacy Restriction (AD-316) and Patient Right to Request Alternative Confidential Communication (AD-317)

PROCEDURES:
Part I

1.1. If a request is made that specific protected health information not appear on the patient’s monthly statement (i.e. “Private Billing”), the Restriction on Use, Disclosure of Health Information and Request for Confidential Communication form (AD-317-1) must be completed and approved.
   1.1.1. Once approved, the patient must pay the fee for the services at the time they are rendered or the next business day if the Business Office is closed.
   1.1.2. Once the payment is received:
      • A comment is made in the Claim Remarks: “****Private Bill ****”
      • Click “Setup Stmt”
      • Click “Suppress Procedure and Diagnosis Code & Description”
      • Add comment in “Footnote” section: ***Private Bill***
      • Click OK

1.2. The Restriction on Use, Disclosure of Health Information and Request for Confidential Communication form (AD-317-1) must be completed if a service is requested not to be billed to an insurance company, but doesn’t necessarily need to be a “Private Billing”.
   1.2.1. Make comments stating “****Do not bill insurance****” in the Claims Remarks
   1.2.2. Make sure the charges are billed to patient and not insurance.
   1.2.3. A copy of the form is given to the Coder as well as the Insurance Clerk to have a backup in place if it should be missed.
1.3. If the payment for the restricted billing services has not been received by the time the Business Office is ready to bill the encounter in the normal course of business.

1.3.1. The patient must be contacted to bring the payment in within 24 hours of the contact in order to have the billing remain restricted.

1.3.2. If the patient is contacted and fails to pay the restricted billing within the 24-hour period, the restriction shall be withdrawn and the encounter will be authorized, the codes and descriptions suppressed and the insurance company will not be billed.

Part II

1.1 The *Restriction on Use, Disclosure of Health Information and Request for Confidential Communication* form (AD-317-1) needs to be completed if a request is made that an alternative method of communication be used concerning their protected health information.

1.1.1. The form will be given to the department that would be most effected by the request for approval or denial.

The completed form is given to R&R for scanning into the electronic medical record.

REFERENCES:
Patient Right to Request Privacy Restriction (AD-316)
Patient Right to Request Alternative Confidential Communication (AD-317)