

**UNIVERSITY OF KANSAS  
WATKINS HEALTH SERVICES  
BUSINESS OFFICE**

NUMBER: <b>BO-304</b>	ISSUE DATE: <b>04/14/2003</b>
TITLE: <b>Restriction on Use/Disclosure of PHI for Private Billing</b>	REVISED: <b>06/25/2012; 10/05/2018</b>
TITLE OF OWNER: <b>Business Operations Manager</b>	APPROVED: <b>Director</b>

**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 invoice.

**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:
    - Private Bill is added as a diagnosis if not already done so.
    - Click "Setup Receipt"
    - 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\*\*\*** within the ticket note.
  - 1.2.2. Make sure the charges are billed to patient and not insurance.
  - 1.2.3. An I.M. is sent to the Coder, the form is scanned into the patient account in Open Billing and is recorded onto the "Referral/Do Not Bill" excel spreadsheet in World for use by the Insurance Clerk when processing claims so that we have a backup in place if it should be missed.

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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. A ticket note is created stating that contact was made and that patient is billed and not insurance and the reason why.

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 WHS Privacy Officer for approval or denial per policy ( AD-317).

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

The completed form is scanned into Open Billing concerning financial information only.

**REFERENCES:**

Patient Right to Request Privacy Restriction (AD-316)

Patient Right to Request Alternative Confidential Communication (AD-317)

**This document is on file with the KU Policy Library.**