

## DISCLOSURE DESK REFERENCE

For Releasing Information for Billing and Payment Purposes – May 9, 2016

**For every request, ask yourself:**

1. Who is the patient? (For example, a minor, an adult, an incapacitated patient, etc.)
2. Who is requesting the information? (For example, the patient, a relative, an attorney, an insurance company, etc.)
3. What is his/her authority to have the information? (For example, a valid HIPAA compliant authorization, documented legal representative, etc.)
4. What information is being requested? (For example, the balance, itemized bill, etc.)
5. If authorization is required, are all required elements present, is it still in date, and signed by patient or documented legal representative?
6. Is there any relevant information in the FYI flags or comments? (For example, is there a restricted release FYI flag present?)

**Always verify identity of the patient** before releasing information by confirming in Epic his/her:

- Full Name
- Date of Birth
- Last four digits of SSN and
- One additional piece of information such as address, phone number or hospital account number.
- Signatures if applicable (example: compare signature from a consent in the record with signature on the Authorization)

IF THE CONTACT IS:	AND:	YOU MUST:	THEN YOU CAN:
1. The Patient		Verify it is the patient by asking for his/her: *Full Name *Date of Birth * <b>Last four digits</b> of SSN and *One additional piece of information such as address, phone number or hospital account number.  One discrepancy that could <u>reasonably</u> be a typographical error in our records will be allowed.	Release any claim or account information, answer any questions pertaining to the account. You may mail, fax or otherwise release any requested financial (account) information to the patient. <b>Do not send screen captures.</b>  <b>If patient requests information to be sent to a third party, check system for valid Authorization for ROI. If not on file, offer to mail the information directly to the patient or ask the patient to submit his/her request in writing that UAMS send his/her information to a 3<sup>rd</sup> party. If the patient is requesting information be sent to a 3<sup>rd</sup> party, the patient must provide a signed, written request that clearly identifies the designated 3<sup>rd</sup> party and where to the send the information but an Authorization completed by the patient is not required.</b>

<p>2. The Patient’s legal representative</p>	<p>Documentation is available that the person is authorized by law to act as legal representative in connection with patient’s health care decisions. Examples include:</p> <ul style="list-style-type: none"> <li>• Court-appointed Guardian of an elderly or incapacitated person</li> <li>• Appointed by the patient to act as their attorney-in-fact in a Durable Power of Attorney with health care rights</li> <li>• Appointed by the patient in a Health Care Proxy;</li> <li>• For minors, refer to Minors section below</li> <li>• For deceased patients, refer to Deceased Section below.</li> <li>• For other examples regarding persons of “unsound mind”, permanently unconscious, and other incapacitated persons, See <b>Administrative Guide 2.1.13 Use and Disclosures of PHI and Medical Records - Section 5 – Disclosures to Patient’s Legal Representative.</b></li> </ul>	<p>Verify the identity of the patient by asking for his/her:  *Full Name  *Date of Birth  * <b>Last four digits</b> of SSN and  *One additional piece of information such as address, phone number or hospital account number.</p> <p>Verify the caller’s identity by comparing it to information available in documentation in system or legal documents provided by the caller.</p> <p>Read the documentation to make sure the circumstances outlined are actually in effect. For example, the Health Care Proxy may only be effective if the patient is incapacitated and documentation of incapacity may be required.</p> <p>One discrepancy that could <u>reasonably</u> be a typographical error in our records will be allowed.</p>	<p>If legal representative, release any claim or account information, answer any questions pertaining to the account. You may mail, fax or otherwise release any requested financial (account) information to the patient’s legal representative. <b>Do not send screen captures.</b></p> <p><b>If legal representative requests information to be sent to a third party, check system for valid Authorization for ROI. If not on file, offer to mail the information directly to the legal representative or ask them to submit his/her request in writing that UAMS send the information to a 3<sup>rd</sup> party. If the legal representative is requesting information be sent to a 3<sup>rd</sup> party, he or she must provide a signed , written request that clearly identifies the designated 3<sup>rd</sup> party and where to the send the information but an Authorization is not required.</b></p>
<p>3. Regarding a Minor</p> <p><b>Note: A minor who can consent to their own treatment has the same rights of a patient under the HIPAA rules.</b></p>	<p><b>And documentation is available that the person is authorized to act as legal representative such as:</b></p> <p>(1) the parent;  (2) a court-appointed Guardian;  (3) a person legally acting as a parent (“in loco parentis” – the person has physical custody and supervision of the child, and the child lives with and is supported by the person); or  (4) any other court order providing the person with legal custody or the legal authority to act on behalf of the child</p> <p><b>Note: A divorced parent who does not have custody of the minor child is still the minor’s parent, and is entitled to all PHI concerning their minor child unless the parental rights have been revoked by court order.</b></p> <p><b>Also see Administrative Guide 2.1.13 Use and Disclosures of PHI and Medical Records. Section 18 – Minors</b></p>	<p>Verify the identity of the patient by asking for his/her:  *Full Name  *Date of Birth  * <b>Last four digits</b> of SSN and  *One additional piece of information such as address, phone number or hospital account number.</p> <p><b>Verify the caller’s name and Last four digits of SSN matches our guarantor record or that they are listed in our records as the parent or legal guardian by checking Epic guarantor, nearest relative, emergency contact, subscriber of the insurance, and comment fields.</b></p> <p>One discrepancy that could <u>reasonably</u> be a typographical error in our records will be allowed.</p>	<p>Release any claim or account information, answer any questions pertaining to the account. You may mail, fax or otherwise release any requested financial (account) information to the caller. <b>Do not send screen captures.</b></p> <p><b>If legal representative requests information to be sent to a third party, check system for valid Authorization for ROI. If not on file, offer to mail the information directly to the legal representative or ask them to submit his/her request in writing that UAMS send the information to a 3<sup>rd</sup> party. If the legal representative is requesting information be sent to a 3<sup>rd</sup> party, he or she must provide a signed , written request that clearly identifies the designated 3<sup>rd</sup> party and where to the send the information but an Authorization is not required</b></p>

IF THE CONTACT IS:	AND:	YOU MUST:	THEN YOU CAN:
<p>4. The Patient, Guarantor, Legal Representative or Parent of a minor child</p>	<p>The caller <b>cannot</b> provide information to verify identity or information does not match system records.</p>	<p>Explain to the caller that the information does not match our records <b>and additional documentation is needed for our records.</b></p>	<p><b>You may answer general questions about the billing process and accept information from the caller</b> but may not release any claim information or answer any questions pertaining to the patient.</p> <p>Advise the caller that the information is protected under privacy laws and it is for the protection of the patient's privacy that we will not release the information.</p> <p>Ask the patient/guarantor to submit his/her request for information in writing. A response will be mailed, faxed or otherwise released to the patient/guarantor of record.</p> <p>If the request is regarding a <b>minor, explain that information may only be released to the parent, guarantor or other legal representative. Ask the caller to provide a copy of the child's birth certificate, other legal documentation or have the parent or legal representative who is in the record sign an authorization for the release. Verbal permission can also be accepted while the Authorization is being returned to UAMS. (Be sure and document.)</b></p>

IF THE CONTACT IS:	AND:	YOU MUST:	THEN YOU CAN:
<p>5. Regarding a Deceased Patient</p>	<p>Documentation <b>is</b> available that the caller <b>is authorized</b> to act as legal representative such as:</p> <ul style="list-style-type: none"> <li>• The parent of a deceased minor; or</li> <li>• A person appointed by a court to act on behalf of the estate of the deceased, such as an Executor or Administrator.</li> </ul> <p>An unexpired, valid Authorization signed by the patient before death or the patient's legal representative may also be accepted.</p> <p>Note:</p> <ul style="list-style-type: none"> <li>• The patient's next of kin or the informant on the death certificate is not automatically the deceased patient's legal representative.</li> <li>• A guardianship or a power of attorney (or any other grant of authority by the patient) is no <u>longer effective upon death</u>. No will of a deceased patient is effective until it has gone through probate court.</li> </ul>	<p>Verify the identity of the patient by asking for his/her:</p> <ul style="list-style-type: none"> <li>*Full Name</li> <li>*Date of Birth</li> <li>* <b>Last four digits</b> of SSN and</li> <li>*One additional piece of information such as address, phone number or hospital account number.</li> </ul> <p>Verify the caller's identity by comparing it to information available in documentation in system or legal documents provided.</p> <p>One discrepancy that could <u>reasonably</u> be a typographical error in our records will be allowed.</p> <p>Also see <b>Administrative Guide 2.1.13 Use and Disclosures of PHI and Medical Records. Section 7 – Patient Authorization Form.</b></p>	<p>If legal representative, release any claim or account information, answer any questions pertaining to the account. You may mail, fax or otherwise release any requested financial (account) information to the patient's legal representative. Do not send screen captures.</p> <p><b>If legal representative requests information to be sent to a third party, check system for valid Authorization for ROI. If not on file, offer to mail the information directly to the legal representative or ask them to submit his/her request in writing that UAMS send the information to a 3<sup>rd</sup> party. If the legal representative is requesting information be sent to a 3<sup>rd</sup> party, he or she must provide a signed, written request that clearly identifies the designated 3<sup>rd</sup> party and where to send the information but an Authorization is not required</b></p>
<p>6. Regarding a Deceased Patient</p>	<p>If <b>not legal representative</b> but calling for payment purposes and the caller has the deceased patient's account number or medical record number.</p>	<p>Verify the identity of the patient by asking for his/her:</p> <ul style="list-style-type: none"> <li>*Full Name</li> <li>*Date of Birth</li> <li>* Last four digits of SSN and</li> <li>*One additional piece of information such as address, phone number or hospital account number.</li> </ul> <p>Verify the caller's identity by comparing it to information available in documentation in system. Verify authority by obtaining account number or medical record number.</p> <p>One discrepancy that could <u>reasonably</u> be a typographical error in our records will be allowed.</p>	<p>May release information directly related to payment such as balance due, answering specific questions related to the statement and explanation of benefits and printing limited related information. <b>Do not send screen captures.</b></p> <p>The caller <b>cannot</b> sign an authorization to release information to a third party because he/she is not the patient's legal representative.</p>

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<p>7. Guarantor on the account who is not the patient or the Patient's legal representative</p>		<p>Verify the identity of the patient by asking for his/her:            *Full Name            *Date of Birth            * Last four digits of SSN and            *One additional piece of information such as address, phone number or hospital account number.</p> <p>Verify the caller's name and other demographic information matches the Guarantor's information in the account.</p> <p>One discrepancy that could <u>reasonably</u> be a typographical error in our records will be allowed.</p>	<p>May release information <b>directly related to payment</b> such as balance due, answering specific questions related to the statement and explanation of benefits and printing limited related information. <b>Do not send screen captures.</b></p> <p>The caller cannot sign an authorization to release information to a third party because he/she is not the patient's legal representative.</p>
<p>8. Relative, <b>parent of child over 18</b>, friend, patient advocate.</p>	<p>A <b>valid</b> authorization to release information <b>is not</b> found in the record. <b>Always check the expiration date.</b></p>	<p>Verify the identity of the patient by asking for his/her:            *Full Name            *Date of Birth            * Last four digits of SSN and            *One additional piece of information such as address, phone number or hospital account number.</p> <p>Verify the caller's name and other demographic information matches any information your file</p> <p>Advise the caller that the information is protected under privacy laws and it is for the protection of the patient's privacy that we will not release the information.</p>	<p>Obtain written authorization from the patient to release account information to caller. <b>You may also accept verbal permission from the patient to release the information while the Authorization is being returned to UAMS. (Be sure and document.)</b></p> <p><b>If there appear to be extenuating circumstances, refer the call to your supervisor</b></p> <p><b>Note: if the caller wants to make a payment and is just asking for the balance, verify in your notes that the person has been making payments. If so, you can provide the balance.</b></p>

IF THE CONTACT IS:	AND:	YOU MUST:	THEN YOU CAN:
<p>9. Relative, friend, <b>Parent of child over 18</b>, patient advocate</p>	<p>A <b>valid</b> authorization to release information is found in the record. <b>Always check the expiration date.</b></p>	<p>Verify the identity of the patient by asking for his/her:            *Full Name            *Date of Birth            * Last four digits of SSN and            *One additional piece of information such as address, phone number or hospital account number.</p> <p>Verify the caller's name and other demographic information matches the information on the Authorization.</p> <p>One discrepancy that could <u>reasonably</u> be a typographical error in our records will be allowed.</p>	<p>Release any claim or account information, answer any questions pertaining to the account <b>that is included in the Authorization.</b> You may mail, fax or otherwise release any requested financial (account) information to the caller <b>that is a part of the Authorization. Do not send screen captures.</b></p> <p>You MAY NOT release information to another third party at the caller's request without the patient's signed Authorization to the third party.</p> <p>Example: itemized statement, explanation of benefits, UB04.</p>
<p>10. Insurance Company Review Organization</p>	<p>The third party payer is listed on the account(s) as authorized by the patient or guarantor to bill for services.</p>	<p>Verify the identity of the patient by asking for his/her:            *Full Name            *Date of Birth            * Last four digits of SSN            *Insured ID number</p> <p>Verify the caller's name, company name and telephone number.</p> <p>If the company is not listed on the account, request a letter authorizing the company to act on the insurance company's behalf before releasing the information.</p>	<p>Release any claim or account information, answer any questions pertaining to the account. You may mail, fax or otherwise release any requested financial (account) information to the caller.</p> <p>Example: itemized statement, explanation of benefits, UB04.</p>

IF THE CONTACT IS:	AND:	YOU MUST:	THEN YOU CAN:
11. UAMS Employee	Information is needed for payment and/or operation purposes.	Verify the identity of the patient by asking for his/her: *Full Name *Date of Birth * Last four digits of SSN *Insured ID number  Verify the caller's name, department, reason for request or intended use of the information.	Provide the minimum necessary information to the caller to satisfy the reason or intended use of the information. De-identify as much information as possible.
12. UAMS Employee	No payment and/or operation purpose exists.	Verify the caller's name, department and reason for request or intended use of the information.  Advise the caller that the information is protected under privacy laws and their request is not for operational purposes or to obtain payment. Advise caller it is for the protection of the patient's privacy that we will not release the information without consent from the patient.	Notify manager or department director of employee's attempt to obtain unauthorized PHI.
13. Business Associate	The caller is identified as a representative of a UAMS business associate (i.e.: active collection agency) Information is needed for payment and/or operation purpose.	Verify the caller's name, company name.  Verify the reason for the request or intended use of the information.  <b>If the Business Associate (BA) is not known to you, verify UAMS' relationship to BA.</b>  Verify the identity of the patient by asking for his/her: *Full Name *Date of Birth * Last four digits of SSN *Insured ID number	Provide the minimum necessary information to the caller to satisfy the reason or intended use of the information.
14. Media	The caller is with the media (i.e.: newspaper, television or radio).	No information may be released.	Immediately transfer the caller to Office of Marketing and Communications, 686-8998. Notify your supervisor.  <b>Refer to Administrative Guide Policy 13.1.02 Disclosures to the Media.</b>

## Handling Other Types of Situations

What do I do If?	Action Steps	Supporting Policies
<p>1. A patient requests to have their record changed (Amendment Request)</p> <p>Note: requests to update demographic data such as contact information and insurance are not considered amendment requests, and you can make those changes without referring to HIM.</p>	<p>A. Explain that our HIM Department (Medical Records) processes those requests and give them the phone number for HIM - 501-686-6083.</p> <p>B. Or if the patient has come in person,</p> <ul style="list-style-type: none"> <li>• Have them fill out the <i>Request for Amendment of Health Information</i> Form (Med Rec 2347) completely.</li> <li>• Call HIM at 686-6083 and fax the form to 686-5426 for processing.</li> <li>• Send the original request for scanning into EPF</li> </ul> <p>Note: if the request is for a Diagnosis change only, MCPG has a special workflow to follow; PBS would still refer to HIM.</p>	<p>Administrative Guide 2.1.17 <i>Patient's Request to Amend Medical Records or PHI.</i></p>
<p>2. A patient requests a list of people and organizations who have received their PHI (Accounting of Disclosures)</p>	<p>Explain that our HIM Department (Medical Records) processes those requests and give them the phone number, 501- 686-6083.</p>	<p>Administrative Guide 2.1.11 <i>Accounting for Disclosures of PHI</i></p>
<p>3. A patient requests to have communications at an alternate address or by alternate means</p>	<p>Process in accordance with departmental workflow and UAMS Medical Center <i>Request for Alternative Method of Communications PS. 2.10</i></p> <p><b>Special note: if you are calling or writing to a patient and there is active information in the temporary address fields, you must use this information to communicate with the patient.</b></p>	<p>Administrative Guide 2.1.03 <i>Request for Alternative Method of Communications of PHI</i></p> <p>UAMS Medical Center <i>Request for Alternative Method of Communications PS. 2.10</i></p>
<p>4. A patient requests other restrictions on the use or disclosure of their information</p>	<p>Refer the patient to the UAMS HIPAA Office at 603-1379</p>	<p>Administrative Guide 2.1.19 <i>Patient Information Restriction Requests</i></p>
<p>5. I need to leave a message on an answering machine or voice mail.</p>	<ol style="list-style-type: none"> <li>1. Always limit the amount of information disclosed to the minimum necessary, such as your name and contact information and that you are returning their call.</li> <li>2. Do <u>not</u> leave messages that link a patient's name to a particular medical condition or the type of clinic or specialist the patient is seeing. (For example, "I am calling about your bill at the Cancer Institute is <u>not</u> an appropriate message.)</li> <li>3. Generally, when leaving a message with a family member or friend answering the patient's phone, the message should be limited to a request for the patient to return your call; and you may leave your name, telephone number, and the fact that you work at UAMS.</li> </ol>	<p>Administrative Guide 2.1.23 <i>Safeguarding PHI Policy</i></p>
<p>6. I need to fax something</p>	<ol style="list-style-type: none"> <li>1. Use the official fax coversheet</li> <li>2. Confirm the recipient's fax number</li> <li>3. Confirm delivery of the fax</li> <li>4. Notify your supervisor/HIPAA Office immediately regarding any misdirected faxes.</li> </ol>	<p>Administrative Guide 2.1.04 <i>Faxing of Protected Health Information or Other Confidential</i></p>
<p>7. I need to email something</p>	<ol style="list-style-type: none"> <li>1. Email containing PHI must be encrypted</li> <li>2. Email sent from a UAMS email to another UAMS email is automatically encrypted.</li> <li>3. To encrypt an email sent outside of UAMS, type [secure] in brackets in the subject line to encrypt the email.</li> <li>4. Always make sure the recipient is the correct recipient and the email is not being sent to any unintended recipients.</li> <li>5. Always limit the amount of information in the email to the minimum necessary.</li> </ol>	<p>Administrative Guide 2.1.31 <i>Email Access and Usage Policy</i></p>

Prior to any access to patient information, ask yourself, "Do I need this information to perform my specific job?" If the answer is "no", don't access the information.