



*Issuing Department:* Internal Audit, Compliance, and  
Enterprise Risk Management

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## **Restricting Disclosures to a Health Plan**

### **Policy**

Patients have the right to request a restriction on certain disclosures of Protected Health Information (“PHI”) to their Health Plan (i.e., insurer). The Medical Center is required to agree to this type of restriction when the patient requests such a restriction and pays for the health care item or service in full and out-of-pocket (i.e., not by their insurer). The Medical Center will not violate the restriction, except to the extent that such a use or disclosure is required by law or the restriction has been properly terminated.

For a restriction to be considered properly terminated, one of the following must take place:

- the patient revoked the restriction, in writing, or
- the patient defaulted on the payment(s) for services covered by the restriction.

By requesting this type of disclosure restriction to a Health Plan, the patient understands that:

- all estimated costs must be paid based on the standard discounted rate on the date of service;
- the final bill must be paid in full when received;
- s/he is not eligible for financial assistance;
- only those records relating to the fully paid out-of-pocket services will be kept from the Health Plan; and
- s/he will not submit any bills for the included services to the Health Plan.

If a patient defaults (e.g., fails to pay) on payment(s), NYU Langone Medical Center has the right to bill and disclose the information necessary to obtain payment from the Health Plan, after reasonable efforts have been made to collect payment. The patient will be responsible for payment of the full amount due for all services not covered by the Health Plan, including those not covered because pre-authorization was not obtained prior to the service.

All agreed upon restrictions will be documented in the patient’s medical record and maintained for a period of at least six (6) years.

Applicable departmental personnel will be trained on the procedures for properly flagging the encounters in the electronic medical record and handling disclosure restrictions to Health Plans.

## **Procedure**

1. All patient requests for this restriction must be made in writing by completing the “Patient Request to Restrict Disclosures of Protected Health Information to an Insurer” form. This form should be discussed and submitted to Patient Registration or Admitting.
2. The patient is responsible for alerting or requesting restrictions with all other providers not listed on the form.
3. Patient Registration and/or Admitting will flag the health care item or service in the electronic medical record (e.g., in Epic) that is subject to this restriction.
4. Payment in full or estimated payment must be made on the date of service, except in emergency situations when payment must be made with submission of the “Patient Request to Restrict Disclosures of Protected Health Information to an Insurer” form.

## **Related Documents**

Patient Request to Restrict Disclosures of Protected Health Information to an Insurer

## **Legal Reference**

45 C.F.R. §164.522

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This version supersedes all previous Hospitals Center, School of Medicine, and/or Medical Center policies.