

**RELEASING PROTECTED HEALTH INFORMATION (PHI)  
 TO PAYERS, INCLUDING INSURANCE COMPANIES**

The HIPAA Privacy Rule requires a patient's written authorization to use or disclose protected health information (PHI), with some exceptions including treatment, payment, and health care operations. (See Administrative Policies 05-14, 05-19, 05-21 for more detail.)

Nearly all patients request that we bill their payer, whether Medicare, Medicaid, an insurance company, or other guarantor. To obtain payment, patients' health information must be provided to the payer. In order to minimize confusion surrounding this issue, use the following guidance when requested to provide copies of a patient's health information to a payer.

Note: Certain state laws require the patient's written consent prior to disclosing certain types of highly confidential information (HCI), including mental health, HIV/AIDS, and genetic testing information even for payment purposes.

#	Brief Description	Required HIPAA Paper Work
1.	Payer requests additional information to facilitate payment to UCMC.	Patient consent at the time of treatment is the only documentation needed. This is considered securing "payment" for the patient's healthcare services, as defined by the HIPAA Privacy Rule. For HCI, the consent must specify that the HCI may be disclosed.
2.	Another provider requests additional information to facilitate payment to that non-UCMC provider.	Patient consent at the time of treatment is the only documentation needed. HIPAA permits us to provide information to payers of others health care services for the same patient. For HCI, the consent must specify that the HCI may be disclosed.
3.	Payer for services provided by a non-UCMC provider requests additional information to facilitate payment to that non-UCMC provider.	Written authorization from the patient, including "specific consent" section if highly confidential information is involved. However, we may provide this information to the provider directly without a patient authorization. <i>See Item 2 above.</i>
4.	Payer requests information in support of insurance underwriting, disability claim, or other activity not directly related to the payment of a UCMC claim and it is not #3 above.	Written authorization from the patient, including "specific consent" section if highly confidential information is involved.
5.	Patient provides the insurance or other payer form to the physician or nurse and wants the form returned to the patient.	None. Except with certain psychiatric information and lab results, the patient is entitled to his or her own information.
6.	Patient provides the insurance company or other payer form to the physician or nurse and wants the form sent to the payer.	If the form is required for the payer to pay UCMC for its services, then none. Otherwise, written authorization from the patient, including "specific consent" if highly confidential information is involved.

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GUIDANCE

September 1, 2009

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