PURPOSE:
All patient records are confidential; however, patients may choose to limit communications or set up alternative means of communication with the Virginia Garcia Memorial Health Center (VGMHC). This procedure addresses how we comply with these patient requests.

SCOPE:
This procedure applies to all VGMHC sites and functions.

RESPONSIBILITY:
The HIPAA Privacy Officer is responsible for ensuring that VGMHC has a process to comply with requests for confidential communications. All VGMHC staff is responsible for implementing this procedure.

CRITERIA FOR CONFIDENTIAL VISITS
The following visit types can be marked confidential at the patient’s request:
- Sexually Transmitted Infection (STI) including HIV/AIDS
- Pregnancy testing
- Family planning/contraceptives
- Domestic violence
- Abuse (physical, sexual, or emotional)
- Any visit that could impact patient safety (provider discretion)

PROCEDURE FOR FRONT DESK:

PATIENT APPOINTMENTS: Patient requests not to be contacted by clinic by mail or telephone.

1. During Registration, Front Desk employee asks patient “how may we contact you?”
2. Patient states that they may not be contacted by the clinic either by mail of telephone.
3. On the Additional Info screen, select the appropriate patient type of confidential.
Patient Types

999C – Confidential for Family Planning – no contact from the clinic related to Family Planning services.

Confidential – Full confidentiality – no calls or correspondence from the clinic.

Confidential – MH – No contact from the clinic related to mental health services.

Non-confidential – Clinic may contact the patient.

UNK Confidential – Information has not been collected.

- The patient type confidential in the first position will prevent billing information from being sent via the interface with lab orders.
- Marking a patient Restricted or Dismissed in this area will lock down the patient throughout the system – not advised.
- Violent is not used in patient type. This information is managed in the Permanent Comments field, which is visible throughout the patient record and across the service areas.

Front desk staff will inform the patient that he/she must let us know at each appointment at the time of check-in if he/she would like the visit to be confidential; otherwise we will default to non-confidential.
The Patient type can also be set in Cadence:

1. On the Appointment Desk select Patient Options menu to update patient record.

2. Select Patient Flags from the patient options menu:

The patient type is on the right hand side of the screen.
3. From Patient Options select Preferences.

4. On this screen we can manage the Cadence communication with the patient.

5. In the Appointment Notification section, select No and no reminders or updates will be sent for appointments. This area is specific for e-mail communication.

6. In the Other Communication section, select Do not contact and no information will be sent. You can also select to have the patient receive information by phone or mail.

7. Confidentiality with Phone Contact. If a patient chooses not to be contacted by phone, the phone field should be a 9 fill (999-999-9999).

8. This is an indicator that the client should not receive reminder calls. Patients with these phone numbers are not called by Televox with appointment reminders. This will also display on the Confirm Appointments Report, which is used by the clinic personnel when making appointment reminder calls.

9. It also displays on the Department Appointments Report, which is used by the Front Desk personnel.
IN CASE OF EMERGENCY

There are times when a clinic needs to contact a patient on an urgent medical matter. To ensure that there is some method of contacting the patient in those instances, there are a few options:

- On the Patient Demographics page in the Address section is Contact Information. This includes the various contact numbers available for the patient.

When this workflow was developed cell phones were not as prevalent as they are today. The patient’s cell phone may remove the need for a confidential contact types. Confidential work, confidential message are two options for contact types.

- Another option is to place the confidential phone number in the comments section.
Confidential phone contact information should be clearly marked as confidential, accessible in case of medical necessity, and not readily available to the user who does not need the information.

**PATIENT CONFIDENTIALITY (ACCOUNTS)**

A confidential account does not send a statement to a patient (if self-pay). Confidential account is found under Add’l Types on the Add Guarantor Account screen.

Family planning Account type is another type of confidential account.
Income and family size are specific to this specific patient.

<table>
<thead>
<tr>
<th>Account Federal Poverty Level Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eff Date</td>
</tr>
<tr>
<td>---------</td>
</tr>
<tr>
<td>1</td>
</tr>
</tbody>
</table>

The limitation on statements is only for self pay. If coverage is attached to the visit, it will be treated as any other account type. Coverage will be billed and an Explanation of Benefits (EOB) may be sent to the patient.

If Front Desk is advised during or after the visit that the visit was confidential, a confidential account will be created and a staff message with subject “confidential visit” will be sent to the Billing Pool advising them to transfer visit to confidential account. Front Desk will use the dot phrase .vgconfidentialbilling.

Patient Name
MRN
Date of Service

PROCEDURE FOR BILLING:
Billing will transfer charges to a confidential account as advised.

PROCEDURE FOR BACK OFFICE:
- Medical Assistant or provider will list the first chief complaint as “Confidential.”
- Provider will use the dot phrase .vgconfidentialvisit at the beginning of the chart note
This visit is confidential in whole or in part and cannot be released without review.

- Should the billing for this visit be confidential? If so, back office will notify front desk and document confidential portion of the visit in a separate encounter after front desk checks patient in under confidential account.
- Notify patient that the visit will not be confidential for the purposes of treatment (i.e., release to other covered entities)
- Depending on the payor, the back staff will follow the directives below:

<table>
<thead>
<tr>
<th>Encounter</th>
<th>Medicaid</th>
<th>Commercial</th>
<th>Self-Pay/Medicare</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 encounter with cc: confidential</td>
<td>1 encounter with cc: confidential</td>
<td>1 encounter with cc: confidential</td>
<td>Open 2 encounters; 1 with cc: confidential</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Charges/Billing</th>
<th>Medicaid</th>
<th>Commercial</th>
<th>Self-Pay/Medicare</th>
</tr>
</thead>
<tbody>
<tr>
<td>Normal (no EOB issued)</td>
<td>Normal (no EOB issued)</td>
<td>Complete form to prevent EOB</td>
<td>Create a separate confidential account and check the pt back in for the confidential portion of the visit &amp; Complete form to prevent EOB</td>
</tr>
<tr>
<td>Create a separate confidential account and check the pt back in for the confidential portion of the visit</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Confidential encounters with commercial insurance will fall into a work queue for review to be released when the Oregon Request for Confidential Communication form has been activated by the payor. Site management will delegate responsibility for the review of this queue.

PROCEDURE FOR MEDICAL RECORDS DEPARTMENT:
- If request is for release to another covered entity, proceed without filtering but ensuring that specially protected records have authorization.
- Medical Records will attempt to filter out confidential visits by:
  1. Chief complaint of “confidential”
  2. Confidentiality warning at the beginning of the chart note.

RELEVANT REFERENCES: OCHIN Patient and Account Confidentiality Workflow

RELATED DOCUMENTS/EXTERNAL LINKS: Request to Restrict Use and Disclosure or Confidential Communications form
OWNER: QI Committee

APPROVAL DATE: 4/1/2016

SUPERSEDES: 4/14/03; 12/12/08