

EVMS MEDICAL GROUP

HIPAA SELF-PAY RESTRICTION FORM

By law, EVMS Medical Group must comply with an individual's request to restrict disclosure of a service to a health plan if: (1) the disclosure is for the purpose of carrying out payment or health care operations and is not otherwise required by law, and (2) the PHI pertains solely to a health care item or service for which the individual, or person other than the health plan on behalf of the individual, has paid the covered entity in full.

EVMS Medical Group will make a notation in the record with respect to the PHI that has been restricted to ensure that the information is not inadvertently disclosed to a health plan for payment or other health care operations purposes, such as audits by the health plan other than those with disclosures required by law.

If the requested restriction involves part of services that are bundled, EVMS Medical Group will unbundle the services to allow the restriction if able to do so. In the event that services cannot be unbundled, the patient will be given the opportunity to restrict and pay out of pocket for the entire bundle of services.

Name _____ Date of Birth or SSN _____

Address _____

Telephone _____

SERVICE	DATE	AMOUNT PAID IN FULL

Signature _____

Date _____

Please note, EVMS Medical Group is not required to abide by this restriction request if the payment for the service is not received in full. If the payment is dishonored due to an invalid credit card or check EVMS Medical Group will make one attempt to collect payment. Absent payment in full, EVMS Medical Group will file a claim to the health plan.

Office use only

Date received: _____

Staff initials: _____