REVOCATION OF PATIENT ELECTION TO SELF-PAY FOR SERVICES

In 2013, the Department of Health and Human Services issued updates to HIPAA privacy regulations. Those updates gave patients more control over who has access to their Personal Health Information (PHI), including their own insurance companies. Under HIPAA, patients may opt out of using their insurance benefits to prevent reporting this service to their insurance carrier. Additionally, on Feb. 18, 2010, the HITECH Act regulated that a health care provider is required to honor a patient's request to restrict disclosure of PHI to a health plan for purposes other than carrying out treatment (specifically, payment or health care operations) if the patient pays the health care provider out of pocket in full.[1] This means that if a patient does not wish to use their health insurance, they can request their insurance not be billed.

I,_____, the undersigned patient, acknowledge that I understand and agree that:

1. I am _____ Uninsured. _____ Underinsured.
   I may have insurance in which MD Labs is a provider.

2. I previously signed a *Patient Election to Self-Pay for Services* on: _____

3. I continue to be insured under a health insurance plan with which MD Labs may be a provider.

4. By my signature below, I revoke my earlier election to *Self-Pay for Services* and direct MD Labs to begin billing my health insurance for services provided by MD Labs.

5. The health insurance plan under which I am covered may limit coverage for services provided by MD Labs and/or may subject me to a deductible that must be satisfied before any benefits are provided under the health plan.

6. I will be personally responsible for the cost of any services provided to me by MD Labs that are not covered by my health plan to the extent consistent with the terms of my health plan.

7. MD Labs will bill for services at their contracted rates as a participating provider with my insurance which may be higher than the self-pay rate MD Labs makes available to patients who self-pay for services.

8. I have read this *Revocation of Patient Election to Self-Pay for Services* form and have had the opportunity to ask any questions I may have had about this form. Any questions I may have had about this form have been answered to my satisfaction.

_____   _____
Patient Name (Print)   Patient DOB (MM/DD/YYYY)

_____   _____
Patient Signature   Date

Should you have any questions or concerns, call MD Labs Billing Department at 775-499-5150.

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[1] Reference: Section 13405 of Subtitle D of the HITECH Act (42 USC 17935)