

Privacy, Confidentiality and EHRs: Opportunities and Challenges

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Sample EOB with Sensitive Information Highlighted

If you have a question, please contact us free of charge at 855-208-1641. Our representatives are here to help you Monday through Friday 8:00am to 6:00pm Eastern Standard Time.

Website: healthvet.org

Name & address of patient or policyholder

JoAnn Test
1079 Main Street
Anytown, CT 06000

Date: 02/03/2014

Patient name & member ID

Explanation of Benefits-- This is NOT a Bill

Date of Service

Patient Name: JOANN Test Member ID: HCTAB000001014				Provider: Thomas Smith Provider ID: 200000				Claim #: 00000000000001 Group ID: HCTNX000000000			
Dates of Service	Billed Amount	Provider Discount	Allowed Amount	Reason Codes	Applied to Deductible	Co-Pay	CoIns.	Other Plan Paid	Interest Paid	Member Owes	Payment Amount
01/10/2014-01/10/2014	250.00	61.97	188.03		0.00	0.00	0.00	0.00	0.00	0.00	188.03
Procedure: 99385 INITIAL COMPREHENSIVE PREVENTIVE MEDICINE E AND M											
Claim Sub- Totals			250.00	61.97	188.03	0.00	0.00	0.00	0.00	0.00	188.03

Procedure description & code

Provider name & ID

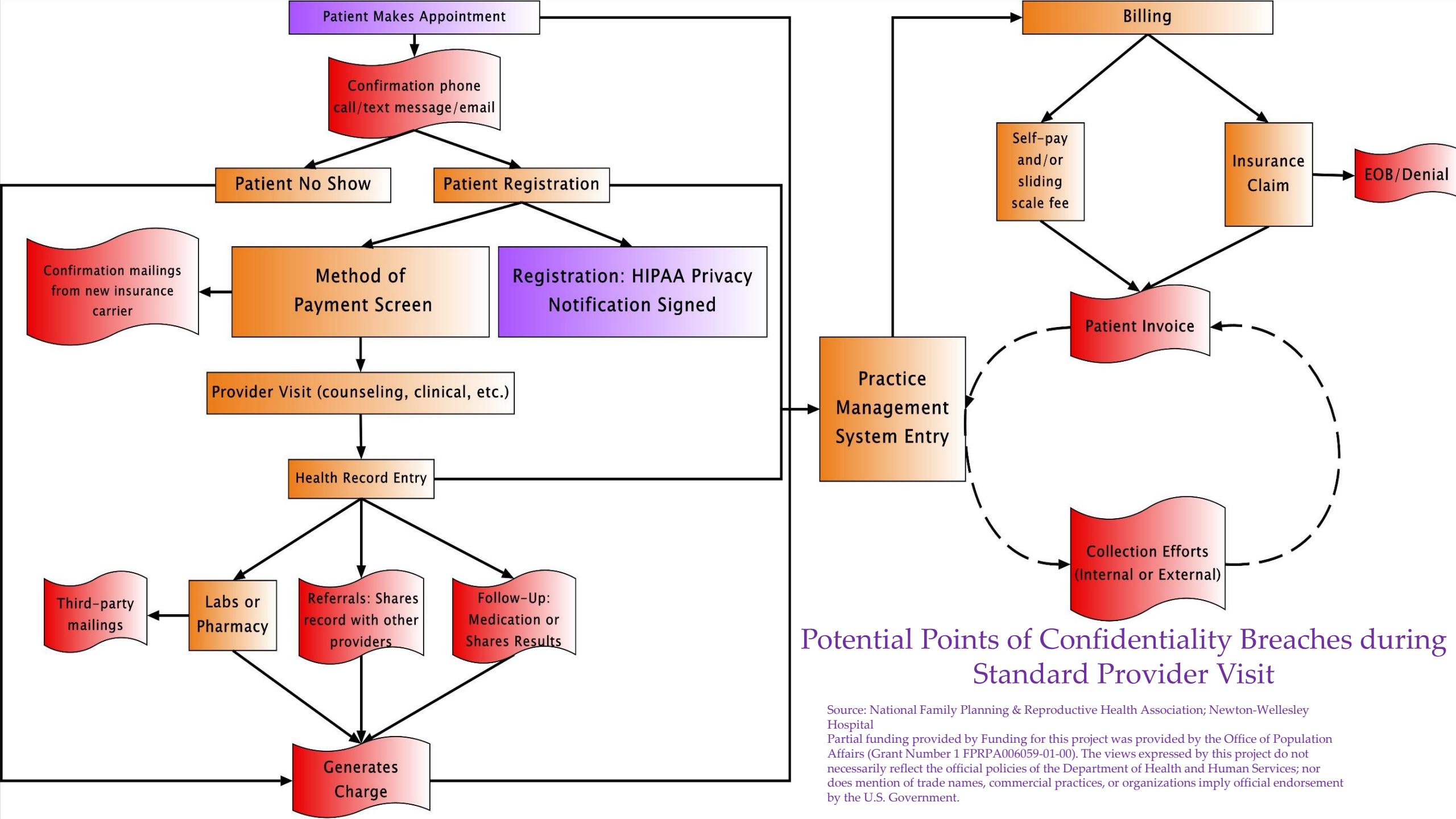
Patient Name: JoAnn Test Member ID: HCTAB000001014				Provider: Robert Smith Provider ID: 300000				Claim #: 000000000000002 Group ID: HCTNX000000000e			
Dates of Service	Billed Amount	Provider Discount	Allowed Amount	Reason Codes	Applied to Deductible	Co-Pay	CoIns.	Other Plan Paid	Interest Paid	Member Owes	Payment Amount
01/10/2014-01/10/2014	20.00	14.88	5.12		0.00	0.00	0.00	0.00	0.00	0.00	5.12
Procedure: 36415 COLLECTION, VENOUS BLOOD, VENIPUNCTURE											
Claim Sub- Totals			20.00	14.88	5.12	0.00	0.00	0.00	0.00	0.00	5.12

Billing information (such as deductible, copay, other insurance paid, amount owed)

Patient Name: JoAnn Test Member ID: HCTAB000001014				Provider: Mary Jones Provider ID: 4000000				Claim #: 000000000000003 Group ID: HCTNX000000000			
Dates of Service	Billed Amount	Provider Discount	Allowed Amount	Reason Codes	Applied to Deductible	Co-Pay	CoIns.	Other Plan Paid	Interest Paid	Member Owes	Payment Amount
01/11/2014-01/11	165.00	62.31	102.69	154	0.00	25.00	0.00	0.00	0.00	25.00	77.69
Procedure: 97110 THERAPEUTIC PROCEDURE, 1 OR MORE AREAS, EACH 15 MIN, T											
Claim Sub- Totals			165.00	62.31	102.69	0.00	25.00	0.00	0.00	25.00	77.69

Statement Totals	Billed Amount	Provider Discount	Allowed Amount	Applied to Deductible	Co-Pay	CoIns.	Other Plan Paid	Interest Paid	Member Owes	Payment Amount
	435.00	139.16	295.84	0.00	25.00	0.00	0.00	0.00	25.00	270.84

Reason Code Descriptions



Contact Information

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