How To Remove Medical Collections

HIPAA is the Health Insurance Portability and Accountability Act. This privacy rule mandates

that your personal medical information may not be shared unless there is a permissible reason for doing so.

HIPAA extends to credit reporting agencies and collection agencies as well.

The HIPAA law will assist YOU in dealing with delinquent medical collection accounts because, in order for the collection agency to verify your debt, they will need to have access to your medical information. If they have access to this information, your rights under the HIPAA law have been violated.

## **HIPAA MEDICAL DISPUTE LETTER**

The HIPAA dispute letter template will frighten the collection agencies and credit bureaus and remind them that if they fully validate your validation letter on your medical bills, they are violating HIPAA regulations and are doing criminal activities.

HIPAA laws do not allow your doctor or healthcare provider to share your medical files without

your consent under a HIPAA release.

There has been an increase of doctors asking for a HIPAA release to be signed by you, however, this only allows them to share with other medical professionals, not 3rd party collectors.

Make sure you cross out everyone other than the party intended to receive your medical

information (do not sign a full HIPAA release).

The medical dispute letter should be used after you send out the **Collection Account Validation Letter**. The collection account validation letter templates are included with this document.

The collection agencies occasionally send your medical records as validation. If they do, you now have proof they have broken HIPAA laws (a major violation of the Privacy Act laws!).

There are 2 rounds of HIPAA Dispute Letters included in this document. Start with the first round, wait (30) thirty days for a response, and then go to the final round of HIPAA Dispute Letters.

## **START THE PROCESS WITH A COLLECTION ACCOUNT VALIDATION LETTER**

1. Send the Collection Account Validation Letters to every medical collection company.
   1. This is your first initial contact with the medical collection agency.
   2. You need delivery confirmation, save receipts or emails from USPS confirming delivery.
   3. Certified Mail is best.
   4. Wait for a response from the collection agency. Your goal is not to get one.

When mailing the Collection Account Validation Letter, you may not have your full account number on your credit report. Do not worry about this, simply list the partial numbers that are listed on your credit report.

If the collection agency sends your medical records as validation. You can then include a copy of what they sent to the credit bureaus a proof that they have violated HIPAA laws.

Keep detailed records in case you have to sue, but in most cases, you will be fine.

## **COLLECTION ACCOUNT VALIDATION LETTER**

## 

**YOUR NAME**

**YOUR ADDRESS 1**

**CITY, STATE ZIP**

**SSN: xxx-xx-xxxx | DOB: 01/01/1970**

**Month Day , 20XX**

**COLLECTION AGENCY**

**ADDRESS**

**CITY, STATE ZIP**

To Whom It May Concern:

This letter is being sent to you in response to notices sent to me from your company and more importantly, due to your erroneous reporting to the Credit Bureaus, the highly negative impact on my personal credit report. Please be advised that this is not a refusal to pay, but a notice sent pursuant to the Fair Debt Collection Practices Act, 15 USC 1692g Sec. 809 {b} that your claim is disputed and validation is requested.

This is NOT a request for “verification” or proof of my mailing address, but a request for VALIDATION made pursuant to the above-named Title and Section. I respectfully request that your offices provide me with competent evidence that I have any legal obligation to pay you.

Please provide me with the following:

* What the money you say I owe is for.
* Explain and show me how you calculated what you say I owe.
* Provide me with copies of any papers that show I agreed to pay what you say I owe.
* Provide a verification or copy of any judgment if applicable.
* Identify the original creditor.
* Prove the Statute of Limitations has not expired on this account.
* Show me that you are licensed to collect in my state.
* Provide me with your license numbers and Registered Agent or Agent of Service.

At this time I will also inform you that if your offices have reported invalidated information to any of the 3 major Credit Bureaus (Experian, Equifax, or TransUnion) this action might constitute fraud under both Federal and State Laws. Due to this fact, if any negative mark is found on any of my credit reports by your company or the company that you represent, I will not hesitate to bring legal action against you for the following:

* Violation of the Fair Credit Reporting Act
* Violation of the Fair Debt Collection Practices Act
* Defamation of Character

If your offices are able to provide proper documentation as requested in the following Declaration, I will require at least 30 days to investigate this information and during such time all collection activity must cease and desist.

Also, during this validation period, if any action is taken which could be considered detrimental to any of my credit reports, I will consult with my legal counsel for suit. This includes listing any information with a credit reporting repository that could be inaccurate or invalidated or verifying an account as accurate, when in fact there is no provided proof that it is accurate.

If your company fails to respond to this validation request within 30 days from the date of your receipt, all references to this account must be deleted and completely removed from my credit report and a copy of such deletion(to any/all of the 3 major credit reporting bureaus: Equifax, Experian, and TransUnion) request shall be sent to me immediately.

I would also like to request, in writing, that no telephone contact be made by your company to my home or my place of employment. If your offices attempt telephone communication with me, including but not limited to computer-generated calls and calls or correspondence sent to or with any third parties, it will be considered harassment and I will have no choice but to file suit. All future communications with me MUST be done in writing and sent to the address noted in this letter by USPS.

It would be advisable that you assure that your records are in order before I am forced to take legal action against your company and your client. This is an attempt to correct your records, any information obtained shall be used for that purpose.

Best Regards,

Your Name

Your Street Address

Your City, State and Zip Code

**HIPAA VIOLATION LETTER #1**

**YOUR NAME**

**YOUR ADDRESS 1**

**CITY, STATE ZIP**

**SSN: xxx-xx-xxxx | DOB: 01/01/1970**

**Month Day , 20XX**

**COLLECTION AGENCY**

**ADDRESS**

**CITY, STATE ZIP**

RE: Intent to file lawsuit, HIPAA Privacy Violation

Validation Letter sent to: {Creditor/Collection Agency}

Account #

To Whom It May Concern:

Please be advised I have requested “validation”, not verification, of an item reported to you by the above original creditor/collection agency. I have received a response that clearly violates my rights according to HIPAA.

{Creditor/Collection Agency} did NOT provide me a HIPAA release that releases my medical information to them, therefore by providing such information they are in VIOLATION of my HIPAA rights. I am proceeding with legal action as prescribed by law against the above-named original creditor/collection agency should this item not be deleted within the required time allowed by law. I will seek every legal remedy available to me and file a suit against the credit bureau responsible for reporting this violation.

I urge you to take this extremely seriously as I have documented my case without error. I encourage a response from you expeditiously.

Sincerely

Your Name

Your Street Address

Your City, State and Zip Code

**HIPAA VIOLATION LETTER #2**

**YOUR NAME**

**YOUR ADDRESS 1**

**CITY, STATE ZIP**

**SSN: xxx-xx-xxxx | DOB: 01/01/1970**

**Month Day , 20XX**

**COLLECTION AGENCY**

**ADDRESS**

**CITY, STATE ZIP**

RE: Intent to file lawsuit, No validation of debt.

Validation Letter sent to: (Creditor/Collection Agency)

Account #

To Whom It May Concern:

Please be advised I have requested “validation”, not verification, of an item reported to you by the above original creditor/collection agency. I have received a response that does not indicate or prove:

1. I had this service.

2. What services I am being charged for.

3. What the cost of each service I am being charged for.

Furthermore, (Creditor/Collection Agency) did NOT provide me a HIPAA release that releases my medical information to them, therefore by providing such information they are in VIOLATION of my HIPAA rights. I am proceeding with legal action as prescribed by law against the above-named original creditor/collection agency. Should this item not be deleted within the required time allowed by law I will seek every legal remedy available to me and file suit against the credit bureau responsible for reporting this violation.

I urge you to take this extremely seriously as I have documented my case without error. I encourage a response from you expeditiously.

Sincerely

Your Name

Your Street Address

Your City, State and Zip Code