


**Emma Eccles Jones College of Education & Human Services**

**POLICY INFORMATION**

Document # <b>104</b>	Title: <b>Patient Right to Request Confidential Communications of PHI</b>	Print Date: <b>5/18/2016</b>
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Standard: <b>HIPAA</b>	Approved by: <b>Dean Beth E. Foley</b>  <small>7AB6B86710B5491...</small>	Date Approved: <b>8/7/2016</b>

**I. POLICY STATEMENT**

It is the policy of CEHS to establish a process in which a patient can request confidential communication of PHI from a Health Care Component (HCC) in accordance with 45 CFR §164.522.

**II. DEFINITIONS**

See HIPAA Privacy Policy 100

**III. AUTHORITY AND RESPONSIBILITIES**

CEHS has component units that are listed as a hybrid entity in accordance with USU's HIPAA Hybrid Covered Entity Declaration. Only the health care component (i.e., covered functions) of CEHS must comply with this policy. All references in this policy to "CEHS" shall be construed to refer only to the health care component of CEHS.

**IV. PROCEDURES TO IMPLEMENT**

1. Patients have the right to request confidential communication of their PHI by alternative means or at alternative locations. The HCC must accommodate all reasonable requests. Examples of types of communications to which this policy may apply include:
  - a. Mailing or telephoning regarding appointment reminders
  - b. Mailing bills or statements of payment due
  - c. Pre or post-treatment phone calls
  - d. Sending test results
  - e. Prescription refill reminders
2. Request for confidential communications apply to:
  - a. Communications from HCC to the patient; and
  - b. Information that would be sent to the named insured of an insurance policy that covers the patient as a dependent of the named insured.
3. HCC must accommodate all reasonable request from the patient for confidential communication, and may not condition accommodation of the request or require an explanation as a condition of accommodating the request.

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4. Requests for confidential communication must include the patient's designation of the means and location of alternative delivery of the PHI. For example, these requests may include, but not be limited to:
  - a. Communication by telephone to an alternate phone number,
  - b. Mail to an address other than the address of record,
  - c. A request for telephone communication only, or
  - d. Sealed envelope delivery rather than a post card.
5. The only basis upon which the HCC may decline to accommodate a reasonable request for confidential communication is in the event the patient fails to:
  - a. Provide an alternative address, telephone number, or other communication method or location in his or her request; or
  - b. Provide information about how payment for the additional communication requirements will be handled, if applicable.
6. Requests for confidential communication must be made in writing to the Clinic Privacy Officer. The patient may use the form attached to this policy, See Attachment A - Request for Confidential Communications of Protected Health Information
7. The patient must be informed:
  - a. Of any fees or charges to be paid by the patient related to the type of confidential communication requested.
  - b. If HCC is not able to meet the request for confidential communication.
8. The patient's request for confidential communication must be documented in the patient's medical and billing records, and the original request form must be placed in the patient's medical record.
9. Agreed upon requests for confidential communication must be communicated to all HCC's and any research areas involved in the use or disclosure of the individual's PHI.
10. Once designated, alternate means of communication should remain in effect until the patient informs the HCC otherwise; however, in certain limited circumstances and with the prior consent of the Clinic Privacy Officer, the HCC may contact an individual for treatment, payment and/or health care operation purposes at an address or via a means that differ from the means/method initially agreed to by the HCC.
  - a. By way of example, in the event that a patient should refuse to respond to the HCC's communications (e.g. patient fails to pay the HCC's bill or return phone calls) the HCC's staff should bring the problem to the attention of the Clinic Privacy Officer for the HCC to determine whether the patient should be contacted via a means or at an address other than the address or method requested by the patient.
11. Each HCC is responsible for designating the individual or individuals who will receive requests for confidential communications and ensure that the information is documented and communicated to the appropriate individuals and departments.

**V. ATTACHMENTS**

Attachment A - Request for Confidential Communication of Protected Health Information

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**VI. REFERENCES**

45 CFR §164.522

HIPAA Privacy Policy 100

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**Attachment A**

**Request for Confidential Communication of Protected Health Information**

I, \_\_\_\_\_, request communication of my protected health information (PHI) by CEHS by alternative means or at alternative locations. I understand this request applies only to communications from CEHS to the patient, and communications that would be sent to the named insured of an insurance policy that covers the patient as a dependent of the named insured.

Please indicate the methods and/or locations by or at which we may contact you.

Telephone \_\_\_\_\_ Mail \_\_\_\_\_

Number \_\_\_\_\_ Address \_\_\_\_\_

Other \_\_\_\_\_

Describe \_\_\_\_\_

NOTE: This request will remain in effect until you notify us of a change.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_

Relationship if Not Patient \_\_\_\_\_

Patient's Date of Birth \_\_\_\_\_ Patient Medical Record Number: \_\_\_\_\_

Original: Medical Record

Copy: Billing Record