



# Harris County Hospital District

## POLICY AND REGULATIONS MANUAL HIPAA ADMINISTRATIVE POLICY

Patient's Request for  
Confidential  
Communications

Policy No: 3.11.202  
Page Number: 1 of 5

Effective Date: 06/26/03  
Board Motion No: 03.6-267

**TITLE: PATIENT'S REQUEST FOR CONFIDENTIAL  
COMMUNICATIONS**

**PURPOSE:** To provide guidance for complying with patients' requests to communicate with them using alternative means or at alternative locations.

This policy supports the Hospital District's Health Insurance Portability and Accountability Act (HIPAA) policy and may require development of department specific procedures.

[Key Words: Protected Health Information (PHI), Confidential, Communications]

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**POLICY STATEMENT:**

Harris County Hospital District will accommodate a reasonable request from a patient to receive Confidential Communication of his/her Protected Health Information by alternative means or at alternative locations, pursuant to Federal and state laws.

**POLICY ELABORATION:**

**I. DEFINITIONS**

- A. Business Associate - A person or entity that provides certain functions, activities, or services for or to a Covered Entity involving the use and/or disclosure of PHI.
- B. Protected Health Information - Individually Identifiable patient Health Information in any form, including demographic information, that is created or received by a healthcare provider, and relates to the patient's healthcare condition, provision of healthcare, or payment for the provision of healthcare.



## II. CONFIDENTIAL COMMUNICATION REQUESTS

- A. Harris County Hospital District will accommodate patients' reasonable requests to receive communication of their PHI from Harris County Hospital District by alternative means or at alternative locations. These requests may include, but are not limited to:
1. Communication to an alternate telephone number,
  2. Mail to an alternate mailing address,
  3. A request for telephone communication only, or
  4. A request to use sealed envelopes rather than post cards.
- B. Requests for Confidential Communication of the patient's PHI can be made for communications from Harris County Hospital District to:
1. The patient or patient's personal representative.
  2. The insured of an insurance policy covering the patient as a dependent of the insured.
- C. Harris County Hospital District will not require the patient to explain the basis for the request as a condition to accommodate the request for Confidential Communication.
- D. Requests for Confidential Communication must be made in writing using the attached Request for Confidential Communication of PHI [Form 282019(06/03)] and submitted to the HIPAA Privacy Officer or designee.



- E. Requests for Confidential Communication must include the patient's designation of the means and location of alternative delivery of PHI.
- F. HIPAA Privacy Officer, or designee, will notify the patient of the receipt of the request for Confidential Communication.
- G. Approved requests for Confidential Communication shall be communicated to all departments involved in Use and Disclosure of the patient's PHI, including but not limited to: the Primary Care Providers, all care and treatment areas, Health Information Management department, Patient Accounting Offices, Patient Information Operators, Business Associates who may have received the PHI, and providers to whom PHI has been disclosed in an emergency care situation.

### **III. RESPONSIBILITIES FOR PROCESSING CONFIDENTIAL COMMUNICATION REQUESTS**

HIPAA Privacy Officer, or designee, is responsible for:

- A. Processing all requests for Confidential Communication,
- B. Assuring that all requests for Confidential Communication are documented in the patient's medical and billing records and that the original copy of the submitted Attachment A is placed in the patient's medical record, and
- C. Communicating such requests to appropriate individuals and departments.

### **IV. LIMITATIONS ON ACCOMMODATING THE REQUESTS**



# Harris County Hospital District

## POLICY AND REGULATIONS MANUAL HIPAA ADMINISTRATIVE POLICY

Patient's Request for Confidential Communications

Policy No: 3.11.202  
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Effective Date: 06/26/03  
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Harris County Hospital District is not required to accommodate a patient's request for Confidential Communication of PHI using alternative means or locations if the patient fails to provide to Harris County Hospital District:

- A. An alternative address, telephone number, or other method of contact, or
- B. Information about how payment for healthcare services, if any, will be handled.

### REFERENCES/BIBLIOGRAPHY:

- Policy 3.11.000, HCHD HIPAA Policy

### OFFICE OF PRIMARY RESPONSIBILITY:

Office of Privacy Administration.

### REVISION HISTORY:

Record revisions below:

Effective Date	Version	Approved by:
04/14/03	V1.0	Policy Review Committee

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

**For**  
Harris County Hospital District

I, \_\_\_\_\_, request communication of

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

by the Harris County Hospital District by alternative means or at alternative locations. I understand this request applies only to the above communications from Harris County Hospital District to me and, if applicable, to the named insured of an insurance policy that covers me as a dependent of the named insured.

Patient's Signature \_\_\_\_\_ Date \_\_\_\_\_

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

Patient's Date of Birth \_\_\_\_\_ Patient's MR# \_\_\_\_\_

***Please indicate the methods and/or locations where we may contact you  
or provide you other written communication.***

Telephone Number \_\_\_\_\_

Mailing Address \_\_\_\_\_

Other Contact Information \_\_\_\_\_

Additional Instructions \_\_\_\_\_

(use additional paper if necessary)

**NOTE: This request will remain in effect until you notify Harris County Hospital District in writing requesting a change.**