

POLICY TITLE: Patient's Right to Request Confidential Communications	
DEPARTMENT: Corporate Responsibility	ORIGINATION DATE: 04/14/2003
CATEGORY: Privacy-HIPAA	EFFECTIVE DATE: 06/11/2012

SCOPE

This policy applies to all Centura Health facilities, practices, entities and services (“Centura”) and all members of the workforce including, but not limited to, associates, employed physicians, contractors, and volunteers.

PURPOSE

To ensure patients the right to request to receive protected health information (PHI) communications from their provider by alternative means or at an alternative location.

STATEMENT OF POLICY

It is policy that patients will be provided the right to request an alternative means or location for receiving communications of PHI by way other than those that Centura typically uses. Centura may not require the patient to explain the basis for the request of confidential communications, but the request must be made in writing, signed and dated.

Centura may refuse to accommodate a patient’s request for confidential communications if the patient fails to provide either of the following:

- An alternative address, alternative telephone number, or other method of contact; or
- If applicable, information about how payment for healthcare services will be handled if Centura agrees to use alternate addresses or phone numbers.

PROCEDURE**Receiving a Request for Confidential Communications**

1. Individuals requesting confidential communications will complete a Patient Request for Confidential Communications Form (Attachment A) and submit the completed form, including signature and date, to the designated Patient Access/Registration department.
2. Requests will be reviewed by the Patient Access/Registration department for decisions on whether the request is considered reasonable and can be honored.

Agreeing to a Request for Confidential Communications

1. The Patient Access/Registration department will enter “Y” in the “Alternate Address” field and enter the alternative address provided by the patient in the “Address” field on the patient demographics screen in the ADM module of Meditech, the SCH/Registration module of LSS, or applicable screens in other business service line systems.
 - a. If an alternative phone number is requested by the patient the Patient Access/Registration department will enter the alternate phone number provided by the patient into the “Home Phone” field on the patient demographics screen in the ADM module of Meditech. The Patient Access/Registration department will enter the otherwise used phone number into the “Other Phone” field on the patient demographics screen in the ADM module of Meditech.

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- b. If other method of contact is requested by the patient and he or she requests email correspondence other than alternate address or alternate telephone, the Patient Access/Registration department will select “Y” in the “Use Email” field and will enter the email address in the “Email” field on the patient demographics screen in the ADM module of Meditech.
2. If the requesting individual is not present, the Patient Access/Registration department will respond to the patient in writing informing him/her of the approval (Attachment B).
3. The Patient Access/Registration department will file the Patient Request for Confidential Communications form in the individual’s health record.

Denying a Request for Confidential Communications

1. If the request is denied and the requesting individual is not present, the Patient Access/Registration department will respond to the patient in writing informing him/her of the denial and include an explanation of the reason for denial (Attachment B).
2. The Patient Access/Registration department will file the Patient Request for Confidential Communications form in the individual’s health record.

DEFINITIONS

Confidential Communications: Alternative means or location for sending communications of PHI by way other than those that Centura typically uses.

REFERENCES AND SOURCES OF EVIDENCE

N/A

POLICY VIOLATION

Any workforce member who fails to abide by this policy may be subject to disciplinary action, up to and including termination.

REVIEW/APPROVAL SUMMARY

REVIEW/REVISION DATES: 08/01/2006, 01/23/2012 <i>(Dates in parentheses include review but no revision)</i>	
APPROVAL BODY(IES): Board of Trustees Audit & Corporate Responsibility Committee	APPROVAL DATE: 06/11/2012

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**ATTACHMENT A
PATIENT REQUEST FOR CONFIDENTIAL COMMUNICATIONS**

Facility Name: _____

Patient Name	Date of Birth	Last 4 Digits of Social Security #
Address	City, State, Zip Code	Telephone Number

I hereby request that this Centura Health facility use an alternative location or alternative means for communicating with me related to my personal health, treatment or payment for treatment other than those Centura Health typically uses. This request supersedes any prior request for confidential communications I may have made. I understand that this request will remain in effect until I notify Centura in writing requesting a change.

I request that communications be made using the alternative means listed below (check and complete only those for which you prefer an alternative to what we already have on file):

PHONE – Alternate telephone number: _____
 DO DO NOT leave messages on my answering machine/voicemail
 DO DO NOT leave messages with any other person

MAIL – Alternate mailing address: _____

OTHER METHOD – Describe: _____

(If email is requested as other method) EMAIL – Email address: _____

SPECIFIC INSTRUCTIONS OR OTHER REQUESTS: _____

SIGNATURE: _____ **DATE:** _____
 Patient (Parent or Legal Guardian)

Name of individual signing on behalf of patient: _____

Relationship (if other than patient): _____

Verification: Drivers License # _____ Other Appropriate ID: _____

OFFICE USE ONLY	
Name of individual who received request: _____	Date received: _____
Patient Medical Record #/Account #: _____ / _____	Completion date: _____
Request: Approved <input type="checkbox"/> Denied <input type="checkbox"/> Delivery Method: _____	

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ATTACHMENT B
PATIENT REQUEST FOR CONFIDENTIAL COMMUNICATIONS RESPONSE LETTER

Date:

[Patient's Name]
[Address]
[City, State, Zip Code]

RE: Request for Confidential Communications

Dear [Patient Name]:

At Centura Health, each patient has the right to request to receive protected health information (PHI) communications from their provider by alternative means or at an alternative location.

We have received your Request for Confidential Communications, dated [insert date]. This request has been reviewed and has been:

Accepted

Denied for the following reason(s):

- An alternative address, alternative telephone number, or other method of contact was not provided.
- Information about how payment for healthcare services will be handled was not provided.
- Other: _____

Please contact the Patient Access/Registration department with any concerns or questions regarding the request for confidential communications.

Sincerely,

[Name]
[Insert Facility]
Patient Access/Registration Department

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