#### UNIVERSITY OF WYOMING

## **HIPAA POLICY 4.4**

### REQUEST FOR CONFIDENTIAL COMMUNICATIONS

- PURPOSE: The University of Wyoming and its Covered Components are committed to ensuring the safety and well-being of patients and protected health information ("PHI"). The purpose of this policy is to provide guidance to Covered Components who provide direct treatment to patients for the documentation and processing of requests from individuals to receive confidential communications. Reasonable requests by individuals for confidential communications to be made to alternative locations or through alternative means will be accommodated.
- II. INDIVIDUAL RIGHTS: Individuals have the following rights with regard to their PHI:
  - a. A right to request that communications regarding PHI be provided through a specific means
  - b. A right to request that communications regarding PHI be provided at alternative locations.
  - c. A right to decline to provide an explanation as to the basis for a request for confidential communications.

# III. PROCEDURE:

- a. **Form:** All requests from the patient should be in writing using the form approved by the UW Covered Component.
  - i. An explanation from the patient as to the basis of the request is not required as a condition of providing the communication on a confidential basis.
  - ii. The patient must specify how information regarding payment should be handled, where necessary to comply with the request.
  - iii. The patient must specify an alternate address or other method of contact, where necessary to comply with the request.
- b. **Evaluation of Request:** The UW Covered Component's Privacy Officer should evaluate the request to determine whether the UW Covered Component can reasonably comply with the request. The following factors may be considered:
  - Whether the request may cause the UW Covered Component to violate applicable federal or state law or professional standards, including medical ethical standards;
  - Whether the UW Covered Component will be able to communicate with the patient promptly and effectively if it complies with the alternative method of communication;
  - iii. Whether the UW Covered Component will have the ability to apply the alternative method of communication consistently;
  - iv. Whether the alternative method of communication would place an unreasonable financial burden on the UW Covered Component;

v. Whether the patient has provided adequate assurances of how payment will be handled if the UW Covered Component agrees to the alternative method of communication.

## c. Notification:

- i. The patient must be notified in writing of the decision to grant or deny the request
  - 1. If the patient's request is approved, the notice should specify the alternate method of communication that the UW Covered Component has agreed to.
  - 2. If the patient's request is denied, the notice should specify the reason for the denial.
- ii. If the alternative method of communication was approved, all practice and medical staff involved in the patient's care must be notified.
  - 1. A copy of the UW Covered Component's approved form should be placed in the front of the medical record.
  - 2. The applicable computer system must be updated to reflect the alternative method of communication.
  - 3. All staff members must review the record to determine any alternative method of communication.
  - Business associates shall be notified, as applicable, of alternative methods of communication agreed upon to by the UW Covered Component.

# IV. REFERENCES/APPLICABLE LAW:

a. 45 C.F.R. Section 164.522

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