

## Policy and Procedure

**Subject:** A Patient's Right to Request Confidential Communications

<b>Issued By:</b>	<b>HCHN Management</b>	<b>Policy #:</b>
<b>Prepared By:</b>	<b>Susan Siwek</b>	<b>Revision:</b>
<b>Approved By:</b>	<b>HCHN Board of Directors</b>	<b>Effective Date:</b>

**Policy:**

A patient of Hamilton Community Health Network request to receive communications about protected health information by alternative means or at an alternative location. HCHN will accommodate all reasonable requests and, if the request is accepted, HCHN will communicate with the patient in a manner consistent with the patient's request. [§§ 164.502(h) & 164.522(b)(1)]

**Procedure:**

**1. Patient Requests.** A patient may request confidential communications of protected health information by submitting a request in writing to HCHN's privacy contact person. The request must supply the following information:

- a. the manner in which the patient wishes to receive confidential communications from HCHN and specification of an alternative address or other information necessary to deliver information in the requested manner;
- b. the information, or type of information, to be communicated in the confidential manner requested (this may be limited to a particular illness or treatment or to all exchanges of protected health information);
- c. if applicable, the time period to which the request applies;
- d. if confidential handling of billing matters is also requested, the manner in which payment for treatment will be made.

HCHN will not require an explanation from the patient as to the basis for the request. [§ 164.522(b)(2)]

**2. Processing the Request.** When a patient makes a request for confidential communications, HCHN will verify the patient's identity by comparing the signature on the patient's written request with a sample maintained in the medical record. HCHN will review the request to make

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sure that the request is reasonable and includes the information necessary to accommodate the request. If the request involves billing information, HCHN will confirm that the request includes adequate assurance that payment for services will be received.

If accepted, HCHN will prominently document the requested method of confidential communication in the patient's medical, billing and/or other record, including the information and time periods that are the subject of the patient's request. If the request is for an alternate address, HCHN will enter the address into the patient's address file as the required confidential address. If the patient has asked to pick-up the confidential information in person, HCHN will highlight the requirement for easy recognition by other members of HCHN's workforce responsible for communications involving protected health information.

**3. Documentation.** HCHN will document the acceptance or denial of a patient's request for confidential communications, and maintain all documentation relating to the request in the patient's permanent medical, billing and/or other record.

**This policy and procedure shall be periodically reviewed and updated consistent with the requirements and standards established by the Board of Directors and by Hamilton Community Health Network management, Federal and State law and regulations, and applicable accrediting and review organizations.**