

University of Colorado Health Sciences Center
HIPAA Policy

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	Right to Request Confidential Communications	Page: 1 of 2

I. Purpose, Reference, and Responsibility

A. Purpose

The purpose of this policy is to identify the circumstances under which a health care provider or health plan must accommodate a reasonable request from an individual to receive communications of his or her protected health information (“PHI”) from the health care provider or health plan by alternative means or at alternative locations.

B. Reference

45 C.F.R. § 164.522(b)

C. Responsibility

It is the responsibility of all member of the UCHSC workforce to follow this policy if an individual submits a reasonable request that his or her PHI be communicated by alternative means or at alternative locations.

II. Applicability and Definitions

A. Applicability

This policy applies to the disclosure of PHI to an individual, who is the subject of the PHI, who has made a reasonable request to have the PHI communicated to him or her by alternative means or at alternative locations.

B. Definitions

Health Care Provider
Health Plan
Protected Health Information (PHI)
Workforce

University of Colorado Health Sciences Center
HIPAA Policy

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III. Policy

A. General

The provision to individuals of their own PHI will follow all other applicable UCHSC HIPAA policies. However, upon receipt of a reasonable request, the UCHSC personnel receiving the request must consider the request and if accepted provide PHI to individuals by alternative means or at alternative locations.

B. Conditions on Providing Confidential Communications

1. The UCHSC requires that the individual's request be made in writing. A standardized form is attached for use by individuals who wish to request PHI be provided to them by alternative means or at alternative locations.
2. The UCHSC may condition this accommodation on:
 - a) Assurance of how payment, if any, will be handled; and
 - b) Specification of the alternative address or other reasonable method of contact.
3. A health care provider **may not** require an explanation from the individual as to the reason for the request as a requirement for granting a request for confidential communications.
4. A health plan **may** require that a request contain a statement that disclosure of the PHI could endanger the individual

- C. If a request is granted, UCHSC personnel must appropriately document the provision of PHI by alternative means or at an alternative location and follow the request in the area for which the request was made.

**REQUEST FOR HEALTH INFORMATION ABOUT ME
TO BE PROVIDED TO ME AT ALTERNATIVE LOCATIONS
AND/OR BY ALTERNATIVE MEANS**

Individual's Name: _____
(please print)

I am requesting the following health information about me: _____

_____ be communicated to me
by (please check one):

Mail or post at:

Name: _____

Address: _____

I am requesting that my PHI be sent to the above address by:*

Mark one

_____ Courier

_____ First Class Mail

_____ Overnight Delivery

E-mail - Address _____

Telephone – Number _____

Fax – Number _____

Other _____

*** I understand that I will be responsible for reasonable additional fees, if any, associated with providing my PHI by alternative means or at an alternative location. Additional fees may include postage, duplication and other reasonable administrative costs.**

I understand that I am NOT required to provide an explanation as to the basis for this request unless I am making this request of a health plan.

(Individual's signature)

(Date)

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For UCHSC Official Use Only

UCHSC personnel must appropriately document the provision of PHI by alternative means or alternative location. (Please check one box below.)

Request accepted for: _____ (please specify area of UCHSC)

Request denied
(Please provide reason) _____

Name of Person Accepting/Denying the Request: _____

Signature: _____

Title: _____

Date: _____

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