SECTION 4: PATIENT RIGHTS

4.4. Request for More Confidential Communications

POLICY

1. The University of Florida (UF) permits patients and personal representatives to request to receive communications of protected health information (PHI) from their UF health care provider or UF-sponsored health plan by alternative means or at alternative locations. Such requests must generally be made in writing. UF providers may not require patients to explain why the request is being made as a condition of providing alternative communications. Health plans may require that a request contain a statement that disclosure of all or part of the information to which the request pertains could endanger the individual.

   a. Verbal Communications: Patients may request an alternative location or method for face-to-face or telephone conversations concerning their health information at any time. Staff members should make reasonable accommodations for such requests at the time they are made.

   b. Written Communications: Patients may request to receive written communications (reports, bills, etc.) in an alternative manner or location. Any request that requires more than a change of address or other demographics may be referred to the Privacy Office for assistance. Such requests should require extraordinary measures or special arrangements outside the normal course of business operations.

2. Review of Requests:

   a. Requests for More Confidential Communications referred to the University of Florida (UF) Privacy Office will be reviewed within 30 days after receiving the written request.

   b. The Privacy Office will grant or deny requests only after consultation with appropriate personnel representing the patient care areas affected by the request.

3. Terms of Agreement:

   a. If UF agrees to any alternative communication method, it must adhere to the terms of the agreement until it is terminated, by either the patient or UF. A management representative must be designated to ensure that all the records, in all formats, to which such agreements apply, are appropriately flagged.

   b. UF reserves the right to require that a request for more confidential communications of health information be made in writing. Such requests will be reviewed individually and every effort made to accommodate reasonable requests. Completed request forms may be delivered in person, or by mail or fax; signed forms may also be scanned and e-mailed.

4. Decision-Making Authority:

   a. The Clinic or Department Manager, Operations Director, and the Chief Privacy Officer each have final authority to deny requests for more confidential communications.

   b. Only the Chief Privacy Officer may grant requests and approve changes in communication that will affect more than one clinic or area. Any such accommodation agreed to by any other staff members is not valid.

5. Denial of Requests:
a. Clinic or Department Managers and Operations Directors may make the decision to deny a request for more confidential communications without input from the Privacy Office. However, if they prefer not to make the decision to deny the request or have a question about the implications of such a decision, the Privacy Office will review the request with the appropriate clinic/department personnel and assist with the decision.

b. Decisions to deny, wherever they are made, must be documented by the person who made the decision.

c. A decision to grant or deny a request will be based on:
   i. The ability or inability of UF to consistently accommodate such a request,
   ii. When appropriate, information as to how payment, if any, will be handled; and
   iii. The patient’s specified alternative location or method of contact.

6. Termination of Alternate Communications: Arrangements for alternative communications may be terminated by the patient or by UF, with appropriate prior notice. Terminations initiated by UF are only effective with respect to PHI created or received after the patient has been informed.

DEFINITIONS

1. **More Confidential Communications:** means requests for changes that will require special accommodations or arrangements outside the normal course of business and across all aspects of UF’s healthcare entities; the term does not include routine changes of emergency contact information or addresses for billing, etc.

2. **Verbal Communications:** Includes face-to-face conversations or telephone conversations.

3. **Written Communications:** Includes printed reports, bills, notifications, letters, copies of documents, or any other type of paper correspondence sent or delivered to the patient by any means, including electronically.

PRIVACY REQUIREMENTS

1. Confidential Communications Requirements:
   a. A covered health care provider must permit individuals to request, and must accommodate reasonable requests by individuals to receive communications of PHI from the covered health care provider by alternative means or at alternative locations.

   b. A health plan must permit individuals to request and must accommodate reasonable requests by individuals to receive communications of protected health information from the health plan by alternative means or at alternative locations, if the individual clearly states that the disclosure of all or part of that information could endanger the individual.

2. Conditions on Providing Confidential Communications
   a. A covered entity (CE) may require the individual to make a request for a confidential communication in writing.

   b. A CE may condition the provision of a reasonable accommodation on:
      i. When appropriate, information as to how payment, if any, will be handled; and
      ii. Specification of an alternative address or other method of contact.

   c. A covered health care provider may not require an explanation from the individual as to the basis for the request as a condition of providing communications on a confidential basis.
A health plan may require that a request contain a statement that disclosure of all or part of the information to which the request pertains could endanger the individual.

**PROCEDURE**

1. **Verify Identity and Authority:** Make reasonable efforts to verify the identity of a person requesting the restriction, and if not the patient, their relationship to the patient and authority to make the request. If a patient or legal representative has documents to corroborate identity or authority, attach copies to the Request form.

2. **Provide Assistance:** Assist the patient or representative to complete a Request for More Confidential Communications form. Give the requestor a copy of the completed form.

3. **Response Coordination:** If a Request for More Confidential Communications requires assistance from the Privacy Office, forward the completed Request form to the appropriate Privacy Office as soon as possible. Responses to these referred requests are the responsibility of the Privacy Office.
   a. If the request is denied, the Clinic or Department Manager, the Operations Director, or the Privacy Office will notify the patient of the denial and the reason(s) in a letter. Place copies of the request and the response letter in the patient's health record. (The original documents will be filed in the Privacy Office.)
   b. If the request is granted, the Privacy Office will inform the patient of the terms of the approval in a letter. Place a copy of the completed Request and response letter in the patient's health record. (The original documents will be filed in the Privacy Office.)
      i. Indicate the alternative communication arrangements in the patient's record.
      ii. Notify all staff affected by the communication change to ensure that the request is implemented in operational activities.
      iii. Notify your supervisor and/or the Privacy Office immediately if any problems occur as a result of the use of the alternative location or method of communication.

4. **Termination of Special Protections:** If the communication arrangement is terminated or changed, the Privacy Office will notify both the patient and the clinic or department in writing. Place the termination documentation in the patient's health record.
   a. Make appropriate changes in the chart or other documentation to indicate that the communication arrangement has been terminated.
   b. Notify all staff affected by the termination of the confidential communications to ensure that the change is implemented in operational activities.

5. **Retain all documentation for at least six years after the date that it was last in effect.**

6. **Privacy Office Role:**
   a. Review the completed Request form with the supervisor or Manager of the patient care area(s) affected.
   b. Verify the details of the proposed alternative manner or location for communications,
   c. Determine if the request is reasonable and feasible and if UF is able to effectively and consistently accommodate the request.
   d. Document the decision to grant or deny the request in writing.
i. File the original completed Response documentation in the Privacy Office along with the original Request form.

ii. Notify the requestor in writing of the response, or delegate this duty to a clinic manager or supervisor.

iii. Send a copy of the Response documentation to the appropriate area to be filed/scanned into the patient’s health record.

e. Review alternative communications agreed to by UF if notified of any difficulties in abiding by the arrangements, or of any problems that arise as a result of the agreement.

f. Alternative communications agreed to by UF may be terminated either by the patient or by UF:
   i. If a termination of alternative communications is requested by the patient or legal representative, the request may be received verbally or in writing, by mail, email or fax; verbal requests must be documented by the Privacy office or the person receiving the request.
   ii. If UF intends to terminate an alternative communication accommodation, before doing so, contact the patient or representative, either in writing, by phone, or face-to-face, to explain the termination and the reasons for it.

g. Document a change in, or the termination of, a communication agreement in writing. File the original termination documentation with the original Request and Response documentation in the Privacy Office.
   i. Notify the requestor in writing of the termination.
   ii. Send a copy of the termination for more confidential communications documentation to the appropriate area to be filed/scanned into the patient’s health record.
   iii. Notify the managers or administrators of all patient care areas affected by the termination.

h. Documentation: Retain all documentation regarding requests for more confidential communications for at least six years after the last effective date of the request.

REFERENCES

1. HIPAA: 45 CFR §164.501 Definitions; § 164.522 Right to Request Privacy Protections

EXHIBITS:

1. UF Privacy Patient Rights Form Request for More Confidential Communications at, http://privacy.ufl.edu/uf-health-privacy/forms/.