

PRIVACY POLICY AND PROCEDURES

LSU Health Sciences Center New Orleans

Date Effective: April 14, 2003

Patient Information Policy

Patient's Right to Request to Receive Confidential Communications by Alternative Means or at Alternative Locations

Policy #: 2100.12

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SCOPE:

All Louisiana State University (LSU) System health care facilities and providers including, but not limited to hospitals, physician practices, clinics, schools, etc. on the LSU Health Sciences Center New Orleans Academic Campus.

Nota Bene: All LSU System health care facilities and providers including, but not limited to hospitals, physician clinics, schools, etc. on the LSU Health Sciences Center New Orleans Academic Campus, are referred to in this policy as LSUHSC-NO.

PURPOSE:

To provide guidance to the health care facilities and providers affiliated with LSUHSC-NO on a patient's right to request to receive confidential communications by alternative means or at alternative locations of their Protected Health Information, as required by the Health Insurance Portability and Accountability Act, Standards for Privacy of Individually Identifiable Health Information (HIPAA Privacy Regulations), and any other applicable state or federal laws or regulations.

POLICY:

All LSUHSC-NO health care facilities and providers must provide patients with a right to request and must accommodate reasonable requests by individuals to receive confidential communications by alternative means or at alternative locations of their Protected Health Information.

DEFINITIONS:

Protected Health Information (sometime referred to as "PHI") – for purposes of this policy means individually identifiable health information, that relates to the past, present, or future health care services provided to an individual. Examples of Protected Health Information include medical and billing records of a patient.

Privacy Officer – Person designated by LSUHSC-NO as the Privacy Officer.

PROCEDURE:

1.0 A patient may make a request in writing to LSUHSC-NO to receive communications of their Protected Health Information by alternative means or at alternative locations. A patient should be asked to complete Attachment A when making such request.

1.1 The patient cannot be required to provide an explanation for their request.

2.0 The request should be given to the Privacy Officer who will be responsible for receiving requests for confidential communications, and communicate it to the appropriate employees.

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3.0 LSUHSC-NO is only required to handle requests that are reasonable. The reasonableness of a request must be determined by LSUHSC-NO solely on the basis of the administrative difficulty of complying with the request.

3.1 LSUHSC-NO may condition the provision of reasonable accommodation:

1. when appropriate, information as to how payment, if any, will be handled and
2. specification of an alternative address or other method of contact.

4.0 Examples of the types of communications subject to this policy include but are not limited to:

- A request by the patient that LSUHSC-NO communicate with the individual about the their treatment at the individual's place of employment, by mail, or a designated phone number;
- Mailing or telephoning of appointment reminders to a particular location
- Sending prescription refill reminders to a particular address
- Mailing bills or statements to a particular address
- Request to send communications in a closed envelope rather than a postcard.

5.0 Requests for confidential communication must include the patient's designation of the means and location of alternative delivery of the PHI. For example, these requests may include, but not be limited to:

- Communication by telephone to an alternative phone number;
- Mail to an address other than the address of record;
- A request for only telephone communication;
- Sealed envelope delivery rather than a postcard; or
- Mail to an alternate address.

6.0 The patient must be informed:

- If LSUHSC-NO is not able to meet the request for confidential communications;
- The patient's request for confidential communication should be documented in the patient's medical and billing records and the original copy of the request form will be attached in the patient's medical record.

REFERENCE:

45 C.F.R. § 164.522(b) (1)