

<p>WEBER HUMAN SERVICES</p>	<p>Policy & Procedure</p>	<p>NUMBER 10</p>
	<p>HIPAA / PRIVACY ALTERNATIVE</p>	<p>APPROVED 2/21/2014</p>
	<p>COMMUNICATION OF PHI</p>	<p>REVIEWED 5/11/2017</p>
		<p>REVISED</p>

PURPOSE:

To ensure the client’s right to request that communications of Protected Health Information (“PHI”) be delivered by alternative means or at alternate locations.

POLICY:

A client will be allowed to request that the Facility communicate PHI to him by alternative means or at alternative locations. The Facility shall accommodate reasonable requests.

PROCEDURE:

1. The client will be notified of the right to request communication by alternative means or at alternative locations in the Facility’s *Notice of Privacy Practices*.
2. The Privacy Officer will manage requests to receive communications by alternative means.
3. When an inquiry is received from a client regarding the right to request that the Facility communicate with him or his personal representative by some alternate means, the Facility will provide the client with a copy of A *Request for Communications by Alternative Means* ("Request for Communications") form. A request will not be evaluated until this request form is completed and signed by the client or personal representative. (See sample *Request for Communications* form following this Policy.)
4. The Privacy Officer will review the completed *Request for Communications* form to determine if it is a reasonable request. The Facility may not require an explanation for the request. The Facility’s decision will not be based on the perceived merits of the request. The Facility will accommodate a request determined to be reasonable.
5. The Privacy Officer will complete the Response section of the *Request for Communications* form to inform the client of the Facility’s decision.
6. The Privacy Officer shall maintain all requests and responses in the appropriate location in the client’s Medical Record.
7. The Privacy Officer will notify appropriate facility staff of the restriction to ensure that all facility staff comply.

SAMPLE
REQUEST FOR COMMUNICATION BY ALTERNATIVE MEANS/LOCATION

Client Name: _____ Date of Birth _____

ID # of Client: _____

Client Address: _____

Facility Name: _____

I wish to receive communication of my Protected Health Information from the Facility by the following mean:

Signature of Client or Personal Representative

Date

Print Name

Personal Representative's Title (e.g., Guardian, Executor of Estate, Health Care Power of Attorney)

Response to Request

Date Request Received: _____

Alternative communication has been:

____ Accepted

____ Declined: The request is not reasonable because:

Signature of Privacy Official

Date

Print Name

Distribution of copies: Original to client's Medical Record, copy to client