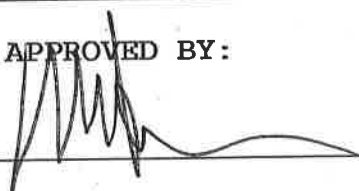


COUNTY OF IMPERIAL
DEPARTMENT OF BEHAVIORAL HEALTH SERVICES
POLICY AND PROCEDURE MANUAL

SUBJECT: Request to Receive Confidential Communications by Alternative Means or at Alternative Locations	PROCEDURE: 01-19
SECTION: Administration	EFFECTIVE DATE: 6-14-04
REFERENCE: 45 C.F.R. Section 164.522(b) (1)	PAGE: 1 of 8
AUTHORITY: Behavioral Health Director as the Local Mental Health Director and Alcohol and Drug Administrator	SUPERSEDES: 5-21-04
	APPROVED BY: 

PURPOSE: To establish a procedure to ensure that an individual's request regarding how their protected health information (PHI) is communicated to them is handled properly.

SCOPE: The information in this document applies to all members of the workforce which includes employees, contract employees, volunteers, and trainees, etc., granted access to protected health information (PHI).

NOTES: Section 164.522(b) (1) of the HIPAA Privacy Rule provides that ICBHS must permit individuals to request, and must accommodate reasonable requests by individuals to receive communication of PHI from ICBHS by alternative means or at alternative locations. For example, an individual who does not want his or her family to know about his or her treatment may request that all bills be sent to a certain address, or that ICBHS contact him or her by telephone call or email at work, rather than a home phone number. Or, an individual may request that ICBHS send communications by fax or in a closed envelope rather than a post card.

An alternative communication request that is implemented remains in place until it is revoked by the individual or until such time as ICBHS determines that it no longer meets the administrative reasonableness criteria. Revocation or denial of an implemented request will be communicated to appropriate staff and the individual who requested the alternative communication, and documented in the individual's medical record.

DEFINITIONS: Alternative Communication: A communication from ICBHS to an individual by an alternative means or at an alternative location. Examples may include using an alternative mailing address or phone number; or using an alternative communication vehicle (phone, email, or mail) rather than ICBHS' standard method of communication.

HIPAA: Health Insurance Portability and Accountability Act. The federal law passed in 1996 that provides national standards for health information.

Individual: Under HIPAA, individual means the person who is the subject of PHI. In this procedure, the term "client" will be used to be used to refer to the individual.

Protected Health Information (PHI): Individually identifiable information relating to past, present, or future physical or mental health condition of an individual, provision of health care to an individual, or the past, present, or future payment for health care provided to an individual transmitted or maintained in any form or medium including oral, written, or electronic communication.

Workforce: Employees, volunteers, trainees, and other persons whose conduct, in the performance of work for the covered entity, is under the direct control of such entity, whether or not they are paid by the covered entity. In this procedure, the term "employee" is used to refer to members of the workforce.

PROCEDURE:

PERSON RESPONSIBLE

ACTION:

Client/Personal Representative

1. Requests to receive confidential communications by alternative means or at alternative locations.

Note: ICBHS may not ask an individual for an explanation as to why an alternative methods of communication is be requested.

ICBHS Staff

a. If the identity and authority of the requestor is known, responds to oral requests by:

- 1) Stating that the requests must be in writing, and providing the requestor a Request to Receive Confidential Communications by Alternative Means Or At Alternative Locations/ Solicitud Para Recibir Comunicaciones Confidenciales Por Medios O Domicilios Alternos form.
- 2) Explaining that the form may be completed, signed, and returned to the team center or sent to the privacy officer.

b. If the identity and authority of the requestor is known, responds to written requests by:

- 1) Forwarding the Request To Receive Confidential Communications By Alternative Means Or At Alternative Locations/ Solicitud Para Recibir Comunicaciones Confidenciales Por Medios O Domicilios Alternos form to the privacy officer.

ICBHS Staff

Note: If the written request is not on the ICBHS Request To Receive Confidential Communications By Alternative Means Or At Alternative Locations/ Solicitud Para Recibir Comunicaciones Confidenciales Por Medios O Domicilios Alternos form, mails the form to the individual.

ICBHS Staff (cont.)

- c. If the identity and authority of the requestor is not known, either responds to the request by following Policy 01-78, Verification of Identity and Authority or by responding to the request without disclosing any PHI.

Note: Do not disclose any PHI to the requestor without first verifying the identity and authority to receive the PHI. In some cases, disclosures of PHI may occur simply by confirming that the individual is a client of ICBHS.

Privacy Officer

2. If the identity and authority is verified, date stamps the form effective the date of receipt and forwards the request form to the privacy officer.
3. Records the request in the **Alternative Communications Requests Log**.
4. Reviews the request to determine if it contains the following information necessary for ICBHS to act on the request:
 - a. An alternative address or other means of contact.
 - 1) If an alternative address or other means of contact has been provided, go to Step b. 1).
 - 2) If an alternative address or other means of contact has not been provided, go to Step 7.

Privacy Officer (cont.)

b. Information as to how payment, if any, will be handled.

1) If payment information has been provided, go to Step "c. 1)".

2) If payment information has not been provided, go to Step 7.

Note: Do not process the request until the information in step "a", "b", and "c" is provided

c. Determines whether the request is reasonable.

1) If the request is reasonable, go to Step 5.

2) If the request is not reasonable, go to Step 8.

5. Consults with the program manager or designee.

6. If approved, implements the decision to grant the request by doing the following:

a. Completes a Response to Request to Receive Confidential Communications by Alternative Means Or At Alternative Locations/ Solicitud Para Recibir Comunicaciones Confidenciales Por Medios O Domicilios Alternos.

b. Records the response in the Requests For Alternative Communications Log.

Privacy Officer (cont.)

- c. Routes the Response To Request To Receive Confidential Communications by Alternative Means Or At Alternative Locations/
Solicitud Para Recibir Comunicaciones Por Medios O Domicilios Alternos form as follows:

Original: Client
Canary : Program Supervisor
Pink : Privacy Officer

Program Supervisor

- d. Upon receipt of the canary copy of the Response To Request To Receive Confidential Communications by Alternative Means Or At Alternative Locations/
Solicitud Para Recibir Comunicaciones Por Medios O Domicilios Alternos form response, informs all employees members that may communicate with the individual of the accommodation.
- e. Ensures that all relevant electronic records or files are updated to comply with the accommodation.

Privacy Officer

- f. Communicates the alternative communication accommodation to business associates that may communicate with the individual on behalf of ICBHS.
7. If the request does not contain sufficient information for ICBHS to act on the request:
- a. Completes a Response To Request To Receive Confidential Communications by Alternative Means Or At Alternative Locations/
Solicitud Para Recibir

Privacy Officer (cont.)

Comunicaciones Por Medios
O Domicilios Alternos form,
indicating the required
information was not
provided.

- b. Attaches the Request To Receive Confidential Communications By Alternative Means Or At Alternative Locations/Solicitud Para Recibir Comunicaciones Confidenciales Por Medios O Domicilios Alternos form to the response letter and mails them to the requestor.
8. Implements the decision to deny the request by doing the following:
- a. Completes a Response To Request To Receive Confidential Communications by Alternative Means Or At Alternative Locations/Solicitud Para Recibir Comunicaciones Por Medios O Domicilios Alternos form.

Note: If a request is determined to be unreasonable, the individual may modify his or her request for alternative communication to make it reasonable.

- b. Records the response in the **Alternative Communications Requests Log**.
- c. Routes the form as follows:
 - 1) Original copy to the individual to inform him or her that the request was denied

Privacy Officer (cont.)

- 2) Canary copy to the program supervisor for filing in the chart
- 3) Pink copy in privacy officer files

ICBHS

9. Retains documentation for six (6) years from the date of its creation or the date it was last in effect, whichever is later, or such longer period as required by state or other federal law.

It is ICBHS' records retention policy that all records be kept a minimum of seven (7) years from the date of discharge, except for minors, whose records shall be kept at least one (1) year after the minor has reached the age of eighteen (18), but in no case less than seven years.

Forms used in this procedure:

Request to Receive Confidential Communications by Alternative Means or Alternative Locations ICBHS 00-39
Solicitud Para Recibir Comunicaciones Confidenciales Por Medios O Domicilios Alternos ICBHS 00-51
Response to Request to Receive Confidential Communication by Alternative Means or Alternative Locations ICBHS 00-65
Respuesta A La Solicitud Para Recibir Comunicaciones Confidenciales Alternos Por Medios O Domicilios Alternos ICBHS 00-70
Alternative Communications Requests Log ICBHS 00-67