

**OLIVE VIEW-UCLA MEDICAL CENTER  
HEALTH INFORMATION MANAGEMENT SERVICES  
POLICY & PROCEDURE**

**NUMBER: 1427  
VERSION: 1**

- SUBJECT/TITLE:** **HIMS - RIGHT TO REQUEST CONFIDENTIAL COMMUNICATIONS OF PROTECTED HEALTH INFORMATION (PHI)**
- POLICY:** Olive View – UCLA Medical Center will provide individuals with an opportunity to request to receive Protected Health Information in a Confidential Communication. Olive View – UCLA Medical Center will accommodate reasonable requests by patients to receive Confidential Communications of Protected Health Information
- PURPOSE:** To establish a policy and procedure pursuant to the HIPAA Privacy Rule to ensure that patients can receive communications regarding their Protected Health Information through an alternative means or at an alternative location in order to preserve the confidential Communications.
- DEPARTMENTS:** **HEALTH INFORMATION MANAGEMENT SERVICES**
- DEFINITIONS:** “Confidential Communications” means a communication between an individual and Olive View – UCLA Medical Center that includes Protected Health Information and is sent through alternative means or to an alternative location from the regular or routine method of communication.
- PROCEDURE:**
- I.** Olive View – UCLA Medical Center requires patients to request Confidential Communications in writing by completing and submitting the Patient’s Request for Confidential Communications form.
  - II.** An explanation from the patient concerning the basis for the request as a condition of providing Confidential communications will not be required.
  - III.** The condition for granting a request for Confidential Communications is based on the following:
    - A.** In appropriate situations, the individual may be required to provide information as to how payment, if any, will be handled.
    - B.** The individual may be required to specify an alternative address or an alternative method where she/he may be contacted
  - IV.** An individual’s request for a Confidential Communication will be

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determined if it's reasonable on a case-by case basis.

- V. If the Patient's Request for Confidential communications is approved, Olive View – UCLA Medical Center shall, whenever communicating with the individual in a way that includes the individual's Protected Health Information, communicate in the manner and/or the location specified in the Request form. All appropriate Workforce Members shall be notified of the alternative means of communicating the information and are in compliance with the Confidential Communications request.
- VI. The Patient's Request for Confidential Communications form will be filed in the patient's medical record and retained in accordance with Olive View – UCLA Policy #11359, "Retention of Medical Records". A copy of the signed request form will be given at the patient's request.
- VII. If the request is denied, The Privacy coordinator will document such decision by completing a Letter of Denial Regarding Patient's Request for Confidential Communications, which sets forth the basis for the decision to deny the request. A copy of the letter will be included in the patient's medical record for future reference.
- VIII. Olive View – UCLA Medical Center will document compliance and maintain the policy/procedure by retaining copies of the policy/procedure, and its associated forms, for a period of at least 6 years from the date of its creation or the date when it last was in effect, whichever is later.

References: 45 Code of Federal Regulations 164.512(a). " Retention of Medical Records and X-ray Films" Policy #11359	
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