HARTSOUGH DERMATOLOGY

7402 East Riverside Boulevard Loves Park, IL 61111

Phone (815) 226-9642

Fax (815) 226-9672

Request Confidential Communications Individual Rights

Introduction

Two sections of the Privacy Rule address the right of an individual to request confidential communications¹ In general; a covered entity – including a physician – is required to accommodate all reasonable requests to keep communications confidential.

Policy

The practice accommodates all reasonable requests to keep communications confidential. The practice determines the reasonableness based on the administrative difficulty of complying with the request.

Procedure

Request for Confidential Communications: A request for confidential communications must be in writing, must specify an alternative address or other method of contact, and must provide information about how payment will be handled. The request must be on the Request Confidential Communications Form and addressed to the practice's Privacy Officer. No reason for the request needs to be stated. The request will be recorded on and maintained with the Request for Confidential Communications Log.

Determination of Reasonableness of Request: The practice accommodates all reasonable requests. The reasonableness of a request is determined solely on the basis of the administrative difficulty of complying with the request.

The practice will reject a request due to administrative difficulty:

- > if no independently verifiable method of communication such as a mailing address or published telephone number is provided for communications, including billing; or
- > if the requestor has not provided information as to how payment for services will be handled.

¹ § 164.522(b) – Rights to Request Privacy Protection for Protected Health Information – Standard – Confidential Communications Requirements; and § 164.502(h) – Uses and Disclosures of Protected Health Information – General Rules – Standard – Confidential Communications.

HARTSOUGH DERMATOLOGY

7402 East Riverside Boulevard Loves Park, IL 61111

Phone (815) 226-9642

Fax (815) 226-9672

The practice will not refuse a request:

- > if the requestor indicates that the communication will cause endangerment; or
- > based on any perception of the merits of the requestor's request.

In any case, clear methods of communication with the requestor should exist.

If a request is accepted, the practice will include a copy of the acceptance with the patient's medical record to ensure the agreed confidential communication occurs.

Documentation

In accordance with §164.526(f) the practice designates the Privacy Officer as the individual responsible for receiving and processing requests for confidential communications. In addition, the practice retains the documentation as required by §164.530(j), including the Request for Confidential Communications, the written request for confidential communications and the practice's response to that request. This information will be maintained for a period of six years from the date of its creation.