



**POLICY TITLE:** Enhanced Privacy Requests - Receiving and Responding to Requests for Alternative Confidential Communications

**Responsible Department:** Corporate Privacy Office

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## **SUMMARY & PURPOSE:**

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy Rule provides Federal privacy protections for individually identifiable health information, called protected health information or PHI, held by most health care providers and health plans and their business associates. The HIPAA Privacy Rule protects all "*individually identifiable health information*" held or transmitted by a covered entity or its business associate, in any form or media, whether electronic, paper, or oral. The Privacy Rule sets out how and with whom PHI may be shared.

The HIPAA Privacy Rule grants patients important rights with respect to health information obtained and maintained by Baptist Health. The Baptist Health Privacy Office is responsible for ensuring the confidentiality of Baptist Health patient medical information and responding to such requests. All requests for alternative confidential communications are processed and granted through the Patient Access departments of any Baptist Health facility.

## **POLICY:**

It is the policy of Baptist Health South Florida, Inc. ("BHSF" or "Baptist Health") to comply with applicable state and federal laws, including those protecting the confidentiality of patient health information and establishing certain individual privacy rights. BHSF patients have the right to request Alternative confidential Communications. This policy governs Receiving and Responding to Requests for Alternative Confidential Communications.

## **SCOPE/APPLICABILITY:**

This policy applies to Baptist Health, its affiliates, all workforce members, and others as described below.

- **Workforce members.** Workforce members means employees, volunteers, trainees, temporary staff, and contractors/consultants who are not independent contractors under *Human Resources Policy 1150 - Independent Contractors*.

- **Medical staff members.** Medical staff members are treated as members of an organized health care arrangement with Baptist Health South Florida and must comply with this policy as if they are workforce members pursuant to their applicable medical staff bylaws.
- **Students.** Employed students are treated as workforce members. Non-employed students (fellows, residents, students) must comply with this policy as if they are workforce members pursuant to the terms of their applicable academic agreements.
- **Independent Contractors and Others.** Independent Contractors and others who have agreed to comply with Baptist Health's policies and procedures as a condition of receiving access to Protected Health Information (PHI) must comply with this policy as if they are workforce members.
- The Admitting and Patient Registration departments of each BHSF facility when admitting or registering patients and the Privacy Office.

**PROCEDURES TO ENSURE COMPLIANCE:**

1. General Rule: Requests by patients for Alternative Confidential Communications
  - a. BHSF patients have a right to request that we communicate with them about medical matters in a certain way or at a certain location. For example, patients may request that we contact them only by mail or at work. Requests must specify how or where patients wish to be contacted. BHSF will accommodate reasonable requests.
2. Receiving Requests for Alternative Confidential Communications
  - a. Upon request, the Patient Access Department staff will grant and document accordingly in the registration system a patient's or patient's personal representative's request for communication at an alternative location or by an alternative means Reasonable Requests
  - b. The registrar will document a patient or patient representative's request for Alternate Communications, if it is administratively reasonable to do so in accordance with BHSF Patient Access Policy 352.03 HIPAA requests for confidential communications. A reasonable request will include an address, email address or phone number.
  - c. Requests other than alternate address or phone number
    - a. Requests for alternate communications that include any desire for modifications other than an alternate address and/or telephone number (ex., patient requests to only be contacted only via email, or patient requests to only be contacted on Thursday's at 2:00p) shall be forwarded to patient experience and the Privacy Office to review.
    - b. Inform the patient or patient's personal representative that the Patient Experience Department must be notified for additional assistance.
    - c. All unreasonable requests must be reviewed (by Patient Experience and/or the Privacy Office) and will not take effect unless they are agreed upon.
    - d. Do not make any revisions in the registration system, according to the unreasonable requests, unless advised by Patient Experience, the Privacy Office, or the Patient Access leadership team.
3. Responding to Requests for Alternative Confidential Communications
  - a. General Rule: The Privacy Office shall grant or deny the request for alternative confidential communications without unreasonable delay.
  - b. The Privacy Office must either:
    - i. Grant the patient's request for alternative confidential communications; or
    - ii. Deny the patient's request for alternative confidential communications.
  - c. Denying Patient's Request
    - i. The Privacy Office shall deny a request if it is unreasonable administratively to provide communications of health information at a patient's alternative locations or by alternative means.
    - ii. The Privacy Office may refuse to accommodate a request if the patient has not:
      - 1) Provided information as to how payment, if any, will be handled, where relevant; and

All references to Policies must go to the BHSF Master Copy on the BHSF Intranet; do not rely on other versions / copies of the Policy.

- 2) Specified an alternative address or other method of contact.
- iii. If the Privacy Office denies the request, they must send the patient a denial letter.
- i. Granting Patient's Request
  - 1) The following steps should be followed when Patient Access Departments grant a patient or patient's representative's request for alternate communications:
    - a) Document the patient's alternate address in the Pt Demographics tab of the registration system, under the Mailing address type.
    - b) Document the patient's actual, physical home address in the Pt Demographics tab of the registration system, under the Residence address type.
    - c) If the patient refuses to provide an actual, physical address, document "Patient Refused" in the registration system under the appropriate Residence address type.
4. Termination of the Agreement
  - a. If the patient agrees to terminate the request for alternative confidential communications already in the possession of Baptist Health, the Privacy Office, if applicable should:
    - i. Document this request in writing on the request for confidential communications form; and
    - ii. Notify the records custodian of the patient's designated record set (include any business associates) that agreement has been terminated and ask that the records custodian remove the standard statement describing the confidential communication from the patient's designated record sets.
5. Documentation
  - a. The Privacy Office must maintain any letter generated under this policy for six years from the later of the date of creation or the effective date of the letter.

**SUPPORTING/REFERENCE DOCUMENTATION:**

- Health Insurance Portability and Accountability Act of 1996 as amended from time to time and including any regulations promulgated thereunder (collectively, "HIPAA")
- Applicable Florida State Laws

**RELATED POLICIES, PROCEDURES, AND ASSOCIATED FORMS:**

Corporate HIPAA Privacy Policies

Form 6720 – Notice of Privacy Practices Brochure

Form 6028 – Request for Restrictions

Administrative Policies - Registration Management:

- 352.02 HIPAA Privacy Procedures - Patients Request for Confidential communication

**ENFORCEMENT & SANCTIONS:**

1. Reference: Corporate HIPAA Privacy Policy 10000-74220-605.20 – Sanctions for Privacy Violations
2. Violations of this policy will be determined by the Chief Privacy Officer in consultation with the appropriate levels of department leadership and appropriate Human Resources management level.
3. Reference: HR policies 5250 – Employee Conduct and 5300 – Corrective Action.
4. Violations of this policy may lead to disciplinary action up to and including termination.
5. Enforcement of this policy will be performed by Baptist Health South Florida's Privacy Office in conjunction with Human Resources, as circumstances may dictate.