

UNIVERSITY OF FLORIDA
INFORMATION PRIVACY POLICIES & PROCEDURES
HEALTH INFORMATION OPERATIONAL GUIDELINES

I. Patient's Rights: More Confidential Communications

A. POLICY

Rev. 06/01/2005

UF will make every effort to accommodate reasonable requests for receiving communications of PHI in a different way or in a different location.

B. DEFINITIONS

1. **Verbal Communications:** Includes face-to-face conversations or telephone conversations.
2. **Written Communications:** Includes printed reports, bills, notifications, letters, copies of documents, or any other type of paper correspondence sent or delivered to the patient by any means, including electronically.

C. PRIVACY REQUIREMENTS

1. **Conditions:** UF may not require an explanation from the patient as to the basis for the request as a condition of providing the confidential communications.
2. **Verbal Communications:** Patients may request an alternative location for verbal discussion or provision of health information at any time. Staff members should be able to make reasonable accommodations for such requests at the time they are received.
3. **Written Communications:** Patients may request to receive written communications (reports, bills, etc.) in an alternative manner or location should make their request in writing and address it to the Privacy Officer.
 - a) *Requests of this type do not include routine changes of address, but refer to extraordinary requests requiring special arrangements outside the normal course of business operations.*
 - b) *The healthcare provider may decide to immediately notify a patient of the University's decision to accommodate or deny the patient's request based on:*
 - (1) The urgency of the request and the ability of the University of Florida to consistently accommodate the request, and
 - (2) Whether the patient can specify an alternative location or method of contact.
4. **Final Decision-Making Authority:** The Clinic Manager, Operations Director, and the Privacy Officer each have final authority to deny requests for more confidential communications.
 - a) *Decisions to deny, wherever they are made, must be documented by the person who made the decision. See Procedures for Managers, following.*
 - b) *Only the Privacy Officer may grant requests and approve changes in communication that will affect more than one clinic or area. Any accommodation agreed to by any other staff members is not valid.*

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INFORMATION PRIVACY POLICIES & PROCEDURES
HEALTH INFORMATION OPERATIONAL GUIDELINES

D. PROCEDURES FOR STAFF

- 1. Verify Identity and Authority:** Verify the identity of persons requesting to receive PHI in an alternative manner or location, and if not the patient, also verify their relationship to the patient and their authority to make the request. (See Verification of Identity and Authority for the verification process and a list of legal representatives.)
- 2. Provide Assistance:** Assist the patient or representative to complete a Request for Special Privacy Protections form. Give the requestor a copy of the completed form.
 - a) If the legal representative has documents to corroborate identity or authority, attach copies to the Request form.*
 - b) Forward the completed Request form to your immediate supervisor.*
- 3. Responses to Requests for More Confidential Communications:**
 - a) If the request is denied, the Clinic Manager, the Operations Director, or the Privacy Office will notify the patient of the denial and the reason(s) on a Response to Request for Special Privacy Protections form or in a letter.*
 - (1) File copies of the request and the response in the patient's health record. The original documents will be filed in the Privacy Office.
 - (2) If the decision to deny was not made by the Privacy Officer, send the original Request form and the response to the Privacy Office.
 - b) If the request is granted, the Privacy Office will notify the patient of the terms of the accommodation granted on the Response to Request for Special Privacy Protections form or in a letter.*
 - (1) Place copies of the request and the response from the Privacy Office in the patient's health record. The original forms will be filed in the Privacy Office.
 - (2) Indicate the alternative communication method in the patient's record.
 - (3) Notify all staff affected by the communication change to ensure that the request is implemented in operational activities.
 - (4) Notify your supervisor immediately if any problems occur as a result of the use of the alternative location or method of communication.
- 4. Termination of Special Protections:** If the communication arrangement is terminated or changed, the Privacy Office will provide a copy of the Termination of Special Privacy Protections form:
 - a) File the Termination form in the patient's health record.*
 - b) Make appropriate changes in the chart or other documentation to indicate that the communication arrangement has been terminated.*
 - c) Notify all staff affected by the termination of the confidential communications to ensure that the change is implemented in operational activities.*

UNIVERSITY OF FLORIDA
INFORMATION PRIVACY POLICIES & PROCEDURES
HEALTH INFORMATION OPERATIONAL GUIDELINES

5. **Retain all documentation** for at least six years after the date that it was last in effect.

E. PROCEDURES FOR MANAGERS

1. **Denial of Requests:** Clinic Managers and Operations Directors may make the decision to deny a request for more confidential communications without input from the Privacy Office. However, if they prefer not to make the decision to deny the request or have a question about the implications of such a decision, the Privacy Office will review the request with the appropriate clinic personnel and assist with the decision.
2. **Granting Requests:** Only the Privacy Officer may make the decision to grant a request for more confidential communications.
 - a) *Forward completed Requests for Special Privacy Protection forms to the Privacy Office.*
 - b) *The Privacy Officer will review the completed Request form with the appropriate clinic supervisor or manager, if necessary, to verify the alternative manner or location for communications and to determine if the University of Florida can accommodate the request.*

F. REFERENCES

HIPAA: 45 CFR §164.501 (Definitions); § 164.522 (Right to Request Privacy Protections)

G. EXHIBITS: None