

The University of North Carolina at Chapel Hill

Request for Alternative Means or Location for Confidential Communications

Patient Name: _____ Patient Date of Birth: _____

Medical Record#: _____ Address _____

Telephone _____

Please identify the alternative means or alternative location(s) of communication you request:

I understand that UNC- Chapel Hill will make every effort to accommodate reasonable requests for alternative means of communication. If alternative means of billing have been requested, UNC-Chapel Hill may request information as to how payment will be handled before accommodating the request.

Signature of Patient or Legal Representative Date _____

For administrative use only

Date Request received: _____ Accepted/Denied (circle one)

Accommodation made in the Practice Management System _____

Other concerned parties notified of the accommodation:

If accommodation denied, reason for denial:

Name of Staff member: _____ Title: _____

THE UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL

**REQUEST FOR ALTERNATIVE MEANS OR LOCATION FOR CONFIDENTIAL
COMMUNICATIONS FOR PROTECTED HEALTH INFORMATION**

Policy:

Pursuant to the Health Insurance Portability and Accountability Act of 1996 (HIPAA), individuals have the right to request reasonable alternative means of communications from health care providers in order to ensure confidentiality. If alternative means of communications are not requested, the health care provider will freely communicate with the individual through the standard means of telephone and/or post to the telephone number(s) and address(es) provided by the individual. It is important to ensure that individuals can receive communications regarding their Protected Health Information in a means and location that the individual feels is safe from unauthorized use or disclosure. UNC-Chapel Hill will accommodate reasonable requests by individuals to receive communications of Protected Health Information from the UNC-Chapel Hill covered health care providers by alternative means or at alternative locations.

Procedure:

1. Individuals must request alternative means of confidential communications in writing, using the form *Request for Confidential Communications*. Reasonable requests include (but are not limited to) using alternative telephone numbers, alternative addresses, refraining from leaving messages on answering machines, and refraining from mailing information to the individual. Unreasonable requests are those that would be too difficult technologically or practically for the UNC-Chapel Hill covered health care provider to accommodate.
2. UNC-Chapel Hill covered health care providers will not require any explanation from the individual of the reason for the request as a condition of providing alternative communications on a confidential basis.
3. When appropriate, UNC-Chapel Hill covered health care providers may condition the provision of a reasonable accommodation on information as to how payment, if any, will be handled, and specification of an alternative address or other method of contact. For alternative billing communications, an alternative means or location that is satisfactory to both parties will be designated on a case by case basis before communication of Protected Health Information is made.
4. If the UNC-Chapel Hill covered health care provider determines that a request is unreasonable, the entity Privacy Officer, or his/her designee representative, will work with the individual to attempt to come to a solution acceptable to both parties. In the event that the request is unreasonable and cannot be accommodated, the UNC-Chapel Hill covered health provider will inform the individual in writing.
5. Authorized personnel will be responsible for noting the alternative means of communication or alternative location in the practice management system, so that it can be communicated to anyone needing to send health or billing information to the individual. All requests for alternative means of communication or alternative locations will be maintained in the individual's medical record maintained by University Health Care Provider.
6. Knowledge of a violation or potential violation of this policy must be reported directly to the University HIPAA Privacy Officer at (919) 962-1219 or CB# 9105.