Requests by Patients for Alternative Confidential Communications

The HIPAA Privacy Rule requires that patients be allowed to request communication from a healthcare provider by an alternative means or at an alternative location (e.g., other than their home address or telephone number). UW-Madison complies with the Privacy Rule with respect to patients’ request for alternatives to communication. This document describes how UW-Madison ensures that patients’ requests regarding how their protected health information is communicated to them are handled appropriately.

Who This Policy Applies To

Applies to all members of the UW-Madison Health Care Component.

Rationale

In enacting HIPAA, Congress mandated the establishment of Federal standards for the privacy of individually identifiable health information. Under the patchwork of laws existing prior to adoption of HIPAA and the Privacy Rule, personal health information could be distributed—without either notice or authorization—for reasons that had nothing to do with a patient’s medical treatment or health care reimbursement. For example, unless otherwise forbidden by State or local law, without the Privacy Rule patient information held by a health plan could, without the patient’s permission, be passed on to a lender who could then deny the patient’s application for a home mortgage or a credit card, or to an employer who could use it in personnel decisions. The Privacy Rule establishes a Federal floor of safeguards to protect the confidentiality of medical information. State laws which provide stronger privacy protections apply over and above the new Federal privacy standards.

Policy Detail

1. Patients may request that they receive communications of PHI by alternative means or at alternative locations at the time of visit, or at any time during the course of their care.

2. Patient requests to receive communications of PHI by alternative means or at alternative locations must be made in writing using the Alternative Confidential Communication Request Form (located within the “Forms” tab at hipaa.wisc.edu).
3. Each UW HCC unit must designate a HIPAA Privacy Coordinator (the Privacy Officer functions as the Privacy Coordinator for those units comprised of individuals performing internal business support functions on behalf of the units that provide health care). He or she will make decisions about reasonableness of the request.

4. All patient requests should be forwarded to the HIPAA Privacy Coordinator at the UW HCC unit for a decision.

5. The UW HCC unit may deny a request for alternative confidential communications only if:
   5.1 The request is unreasonable from an administrative standpoint and/or;
   5.2 The patient does not provide an alternative address or other method of contact.

6. Reasonableness of a request from an administrative standpoint may vary by the size and complexity of the UW HCC unit.

7. The UW HCC unit will not require that the patient provide a reason for their request.

8. The UW HCC unit will not deny requests based on its perception of whether the patient has a good reason for making the request. A patient’s reason for making a request cannot be used to determine whether the request is reasonable.

9. If a UW HCC unit grants a patient’s request, it will inform appropriate staff of the alternative communication requirements and will require staff to adhere to them.

10. An alternative communication request that is implemented remains in place until it is revoked by the patient or until such time as the UW HCC unit determines that it no longer meets the administrative reasonableness criteria. Revocation or denial of an implemented request will be communicated to provider and patient and documented in the patient record.

11. Each patient will be informed in writing whether his/her request has been approved or denied and, if approved, that all future communications initiated by the UW HCC unit will be made in this manner. (Exception: if it is necessary to communicate urgently with the patient, staff may use any available address or phone number.)

12. Each UW HCC unit must develop processes to implement the approved change requests within each unit.

**Consequences for Non-Compliance**

Failing to comply with this policy may result in discipline for the individual(s) responsible for such non-compliance.

Further, the US Department Health and Human Services (HHS) Office for Civil Rights (OCR) is responsible for enforcing the HIPAA Privacy and Security Rules, and an individual’s non-compliance may result in institutional non-compliance and/or an investigation by OCR. OCR attempts to resolve investigations by obtaining voluntary compliance and entering into Corrective Action Plans and Resolution Agreements. Failures to comply with HIPAA or cooperate with OCR in an investigation may result in civil and/or criminal penalties.
Supporting Tools

Additional information may be found at www.compliance.wisc.edu/hipaa

Definitions

1. **Alternative Communication**: A communication from provider to patient by an alternative means or at an alternative location. Examples may include using an alternate mailing address or phone number; or using an alternate communication vehicle (phone, mail or email) rather than the provider’s standard method of communication.

2. **Protected Health Information** ("PHI"): Health information or health care payment information, including demographic information collected from an individual, which identifies the individual or can be used to identify the individual. PHI does not include student records held by educational institutions or employment records held by employers.

3. **UW-Madison Health Care Component** ("UW HCC"): Those units of the University of Wisconsin-Madison that have been designated by the University as part of its health care component under HIPAA. See HIPAA Policy 1.1 “Designation of UW-Madison Health Care Component” for a listing of these units.

Responsibilities

HIPAA Privacy Officer
HIPAA Security Officer

Link to Current Policy

[TBD]

Link to Related Policies

https://compliance.wisc.edu/policies-and-forms/

Link to Policy History

N/A

Review / Approval

• HIPAA Executive Board, March 26, 2020