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Owner: *David Behinfar: HCS Exec Dir Privacy*
Policy Area: *HIPAA - Privacy*
Policy Tag Groups:
Applicability: *UNCHCS - All except Pardee*

Right to Confidential Communications

APPLICABILITY:

This policy applies to the following entities (collectively referred to as "UNC Health" in this policy):

✓ UNC Health Care System / UNC Medical Center*	✓ Johnston Health
✓ UNC Physicians Network	✓ Lenoir Memorial Hospital
✓ UNC Physicians Network Group Practices / UNC Physicians Group Practices II	Margaret R. Pardee Memorial Hospital
✓ Rex Healthcare / Rex Hospital	✓ Nash Healthcare System/Nash Hospitals
✓ Chatham Hospital	✓ Wayne Memorial Hospital
✓ Caldwell Memorial Hospital	
✓ UNC Rockingham Health Care / UNC Rockingham Hospital	

***UNC Medical Center includes all UNC Hospitals' facilities and the clinical patient care programs of the School of Medicine of UNC-Chapel Hill (including UNC Faculty Physicians).**

I. Description

UNC Health and its Members shall allow patients to request to receive reasonable confidential communications of their PHI, either by alternative means or at alternative locations.

Included within the scope of this policy are the patient care programs of the UNC School of Medicine (UNC SOM). As a result, this policy shall apply to all UNC SOM personnel, including but not limited to faculty, staff, students, trainees, interns and volunteers who may be full-time, part-time, paid or unpaid who create, store, transmit, access or use any patient information in support of clinical purposes for UNC Health or any other healthcare entity.

II. Policy

- A. **Requests for Confidential Communication.** UNC Health will consider reasonable requests made by patients to receive confidential communications. Patients may use the [Request for Confidential Communications Form](#) to submit a request for confidential communications. Examples of confidential

communication may include a patient's request that they be contacted via a specified telephone number, fax number, or at an address other than their home address.

- B. **Requests that are Unreasonable.** If a patient's request is unreasonable, the patient shall be notified in writing of the reasons for denial, and the patient shall have the opportunity to revise his or her request in order to make it reasonable.
- C. **Purpose of Request is Not Required.** The patient shall **NOT** be required to provide an explanation as to the basis for the request as a condition for making such request.
- D. **Decision Making Authority to approve/deny requests.** The following individuals shall each independently have final authority to approve and/or deny requests
 - 1. UNC Health Executive Director of HIM or appropriate designee;
 - 2. UNC Health Chief Privacy Officer (or designee) for UNC Health Facilities; or
 - 3. UNC Health Facility Privacy Officer (for all UNC Health Managed Facilities).
- E. **Approval of Requests may be Conditional.** The granting of the request to receive confidential communication may be conditioned on the receipt of information regarding how payment will be handled and how to contact the patient.
- F. **Notification of Approval or Denial. Approval or denial of a request for confidential.** communication shall be communicated to the patient in writing or in another manner consistent with the alternative means set forth by the patient in the [Request for Confidential Communications Form](#).
- G. **Documentation.** The request shall be documented in the patient's medical record and all future confidential communications shall be made pursuant to the patient's request
- H. **Review of Requests for Confidential Communications.** All requests for confidential communication shall be reviewed and approved or denied by appropriate UNC Health Health Information Management staff.
- I. **Verify Identity and Authority:** Make reasonable efforts to verify the identity of a person requesting the restriction, and if not the patient, their relationship to the patient and authority to make the request. See UNC Health [Verification of Identity](#) Policy. If a patient or legal representative has documents to corroborate identity or authority, attach copies to the [Request for Confidential Communications Form](#).
- J. **Provide Assistance:** Assist the patient or representative to complete a [Request for Confidential Communications Form](#).
- K. **Response Coordination:** If a request requires assistance from the Privacy Office, forward the completed Request form to the appropriate UNC Health System or UNC Health Facility Privacy Office.
- L. **Documentation of Response.** After the UNC Health HIM Department approves or denies a request, the HIM staff will notify the patient of the decision and the reason(s) on the Response to Request for Confidential Communications form or in a letter. HIM shall place copies of the request and the response in the patient's health record.
- M. **Additional Actions.** HIM shall also:
 - 1. Indicate the alternative communication arrangements in the patient's medical record; and
 - 2. Ensure that all staff affected by the communication change are aware of the change to ensure that the request is implemented in operational activities.

III. Definitions

Confidentiality – means the property that data or information is not made available or disclosed to unauthorized persons or processes. [45 CFR 164.304.]

IV. References

45 C.F.R. § 164.522(b))

V. Related Policies/Forms

[Request for Confidential Communications Form \(English\)](#)

[Request for Confidential Communications Form \(Spanish\)](#)

UNC Health [Verification of Identity](#) Policy

Attachments

No Attachments

Approval Signatures

Step Description	Approver	Date
	Jerylyn Williams: Chief Audit & Compliance Ofcr	06/2020
SYSTEM Site Administrator	Emilie Hendee: HCS Attorney Sr	06/2020
	David Behinfar: HCS Exec Dir Privacy	06/2020

Applicability

Caldwell Memorial Hospital, Chatham Hospital, Johnston Health, Nash UNC Health Care, UNC Health Care System, UNC Lenoir Health Care, UNC Medical Center, UNC Physicians Network, UNC Rex Healthcare, UNC Rockingham Health Care, Wayne Memorial Hospital