



Department of Health, Housing & Human Services (H3S)

POLICY TITLE:	Individuals Right to Request Confidential/Alternative Communication		
POLICY ID:	HP-07	EFFECTIVE DATE:	
SECTION:	H3S Directors Office	REVISION DATES:	
CHAPTER:	Privacy-HIPAA	NEXT REVIEW:	
CONTACT:	H3S Privacy Coordinator	Reviewed BY:	County Counsel
APPLIES TO:	All H3S workforce members with the hybrid covered component	REPLACES:	None
APPROVED BY:	Rich Swift	DATE APPROVED:	4/9/18

I. PURPOSE: The purpose of this procedure is to define “alternative communication” and to outline the requirements each H3S division or program should follow in responding to a request for confidential/alternative communication.

II. POLICY: Clackamas County will accommodate any reasonable request by an individual to receive communications of his or her protected health information from Clackamas County by specified confidential alternative means or at a specified alternative locations. All division and program workforce members shall respond to a client’s request for alternative communication accommodation according to Clackamas County HIPAA Privacy policy, state law, and this procedure.

III. DEFINITIONS: See Clackamas County HIPAA Privacy Policy

IV. PROCEDURE: Each H3S division or program will accommodate any reasonable request by a client to receive any communication of his or her Protected Health Information (PHI) from the division or program by alternative means or at alternative locations, provided that the conditions described in Section IV.A below are satisfied. A minor client that is old enough to consent to treatment without parent’s consent is also old enough to request confidential communications.

A. Special Communication Requirements: A client may make the request verbally or use the Request for Confidential Communications Form, provided the client has been offered assistance in writing the request. In EPIC, users will use the confidential button to flag the records as a confidential communication.

1. The division or program may condition its accommodation of the client’s request on
 - a. the client has provided the division or program with information as to how payment, if applicable, for services rendered will be handled;
 - b. the client has specified an alternative address or other method of contact.



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2. The division or program shall not condition the request on receiving an explanation from the client as to the reason for the request. However, health plans may require that the request contain a statement that disclosure of all or part of the information to which the request pertains may endanger the individual.

C. Electronic Record: Any H3S workforce member that receives a request for confidential communication shall ensure the request is documented in the Health Record. The division or program shall ensure that all relevant electronic records or files are flagged or marked to reflect any approved accommodation including updates to addresses and phone numbers. This includes providing a note to link with the original request housed in the client's permanent record or other method for ensuring that electronic files, if communicated or released to the client, are done so according to the client's request. In EPIC, users will use the confidential button to flag the records as an alternate communication.

E. Documentation: The division or program shall ensure that the request for alternative communication and any correspondence associated with the requested accommodation are placed in the client's permanent record. The division or program shall ensure that "flags" are placed in the client's records where client contact information is affected, including electronic records.

V. REGULATIONS:

45 CFR 164.522(b)
ORS 109.675
ORS 109.640

VI. REFERENCES:

Clackamas County HIPAA Privacy Policy

VII. LINKS (TITLE & URL):

VIII. ATTACHMENTS:

Request for Confidential Communications Form