



Issuing Department: Internal Audit, Compliance, and
Enterprise Risk Management

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Right to Request Confidential or Alternative Communications

Policy

The Medical Center permits patients to request confidential or alternative communications with respect to their Protected Health Information (“PHI”). For example, a patient may request that the Medical Center communicate with them at his or her place of employment rather than his or her place of residence, or at a designated address or email address.

All requests for confidential communications after initial patient intake should be submitted in writing, unless the request is made in an urgent or emergency situation. Medical Center staff must document the date of the request and the alternative communication method or address in the patient’s medical record.

The Medical Center will accommodate all reasonable requests for alternative communications. A request is unreasonable if it is impractical (e.g., a request to communicate with a patient only within a short period of time after office hours).

The patient will not be required to explain why the patient is requesting alternative communication as a condition to accommodating the patient’s request. However, if appropriate under the circumstances, the Medical Center may require the patient to explain how payment for treatment will be handled, and/or to specify an alternative address, or other method of contact before providing the requested accommodation.

To ensure compliance with patient requests, Workforce Members should review a patient’s medical record to determine whether a patient has requested confidential or alternative communications.

Procedure

1. At the time of intake, Medical Center staff will ask the patient for his or her preferred contact information. Medical Center staff will document the patient’s preferred contact information in the demographics section of the patient’s medical record. Should the patient request confidential communications, the confidential address or other contact information will be flagged in the patient’s medical record.

2. After initial intake, all patient requests for alternative communications must be made in writing. To request alternative communications, the patient should complete the “Patient Request for Confidential Communications of Protected Health Information” Form (“Request Form”).
3. Workforce Members will forward the patient’s completed Request Form to the Privacy Manager.
4. The Privacy Manager will determine whether the Medical Center will accommodate the patient’s request. The Privacy Manager will notify the patient of his or her decision in writing within thirty (30) days from the receipt of the request.
5. The alternative communication method or location must be documented in the patient’s medical record.
6. Before communicating with a patient, Workforce Members must review the patient’s medical record to determine if an alternative communication method or location is in place.
7. If the patient requests email communication, all such email communications can only be sent using a Medical Center-approved encryption method, such as SendSafe Secure Email. Where applicable, Medical Center staff should direct the patient to access their medical record securely over the internet via NYULangoneHealth available at <https://www.nyulangonehealth.com/mychart/>.

Related Documents

Disclosure of PHI by Telephone, Email, or Fax

General Uses and Disclosures of PHI

Patient Request for Confidential Communications of Protected Health Information Form

Legal Reference

45 C.F.R. §164.522(b)

This version supersedes all previous Hospitals Center, School of Medicine, and/or Medical Center policies.