



**DEPARTMENT OF MENTAL HEALTH
POLICY/PROCEDURE**

SUBJECT CLIENT RIGHTS TO REQUEST CONFIDENTIAL COMMUNICATION OF PROTECTED HEALTH INFORMATION	POLICY NO. 501.04	EFFECTIVE DATE 04/14/2003	PAGE 1 of 3
APPROVED BY:  Director	SUPERSEDE 500.13 04/14/2003	ORIGINAL ISSUE DATE 04/14/2003	DISTRIBUTION LEVEL(S) 1

PURPOSE

- 1.1 To ensure that Los Angeles County Department of Mental Health (LACDMH) clients may receive communications regarding their Protected Health Information (PHI) through an alternative means or at an alternative location in order to preserve the confidentiality of the communication pursuant to the Health Portability and Accountability Act of 1996 (HIPAA).

POLICY

- 2.1 LACDMH will provide clients with an opportunity to request PHI in a confidential communication and will accommodate reasonable requests for receipt of confidential communication.

DEFINITION

- 3.1 **“Confidential Communication”** means a communication between a client and LACDMH that includes PHI and is sent through alternative means or to an alternative location from the regular method of communication.

PROCEDURE

- 4.1 LACDMH requires clients to make a request for confidential communication in writing by completing and submitting the Client’s Request for Confidential Communications form (Attachment 1).
- 4.2 LACDMH will not require an explanation from the client concerning the basis for the request as a condition of providing confidential communications.



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- 4.3 LACDMH may require the client to provide the following as a condition for granting a request for confidential communications:
- 4.3.1 In appropriate situations, LACDMH may require the client to provide information as to how payment, if any, will be handled.
 - 4.3.2 LACDMH may require the client to specify an alternative address or an alternative method of contacting the client.
- 4.4 The Program Head/facility manager, using his/her professional judgment and considering all relevant factors, will be responsible for determining on a case-by-case basis whether a client's request for confidential communication is reasonable.
- 4.5 If it has been determined that the request to receive confidential communication by alternative means or at an alternative location is reasonable, the treatment provider will sign and approve the Client's Request for Confidential Communications form. Thereafter, whenever communicating with the client in a way that includes the client's PHI, LACDMH shall communicate in the manner and/or to the location specified on the form.
- 4.6 The treatment provider will include the original Client's Request for Confidential Communications form inside the client's medical record for future delivery verification of the confidential communication. At the client's request, the provider will also give a copy of the signed request to the client.
- 4.7 If the request for confidential communication is denied, the LACDMH Privacy Officer will document such decision by completing a Letter of Denial Regarding Client's Request for Confidential Communications (Attachment 2), which sets forth the basis for the decision to deny the request. LACDMH shall send the completed letter of denial to the requesting client within ten (10) business days. Any follow up questions from the client regarding the denial shall be directed to the facility site Program Head/facility manager. A copy of the letter shall be included in the client's medical record for future reference.



**LAC
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DOCUMENT RETENTION

5.1 This policy, procedure and associated forms will be retained for a period of at least seven (7) years from the date of its creation or the date when it was last in effect, whichever is later.

AUTHORITY

HIPAA, 45 CFR, Section 164.522(b)

ATTACHMENTS (HYPERLINKED)

1. [Client's Request for Confidential Communications](#)
2. [Letter of Denial Regarding Client's Request for Confidential Communications](#)