



DEPARTMENT OF MENTAL HEALTH POLICY/PROCEDURE

SUBJECT: CLIENT RIGHTS TO REQUEST CONFIDENTIAL COMMUNICATION OF PROTECTED HEALTH INFORMATION	POLICY NO. 500.13	EFFECTIVE DATE 04/14/03	PAGE 1 of 2
APPROVED BY: <div style="text-align: right; margin-top: 5px;">Director</div>	SUPERSEDES	ORIGINAL ISSUE DATE	DISTRIBUTION LEVEL(S) 1

PURPOSE

- 1.1 To ensure that Department of Mental Health (DMH) 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 DMH 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 DMH that includes PHI and is sent through alternative means or to an alternative location from the regular method of communication.

PROCEDURE

- 4.1 DMH requires clients to make a request for confidential communication in writing by completing and submitting the Client’s Request for Confidential Communications form (Attachment I).
- 4.2 DMH will not require an explanation from the client concerning the basis for the request as a condition of providing confidential communications.
- 4.3 DMH may require the client to provide the following as a condition for granting a request for confidential communications:
 - 4.3.1 In appropriate situations, DMH may require the client to provide information as to how payment, if any, will be handled.
 - 4.3.2 DMH may require the client to specify an alternative address or an alternative method of contacting the client.



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- 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, DMH 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 DMH Privacy Officer will document such decision by completing a Letter of Denial Regarding Client's Request for Confidential Communications (Attachment II), which sets forth the basis for the decision to deny the request. DMH 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.

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

- | | |
|---------------|---|
| Attachment I | Client's Request for Confidential Communications |
| Attachment II | Letter of Denial Regarding Client's Request for Confidential Communications |



DEPARTMENT OF MENTAL HEALTH

CLIENT'S REQUEST FOR CONFIDENTIAL COMMUNICATIONS

Note: This form applies only to requests for confidential communications, i.e., when an individual is requesting a special manner of communication based on confidentiality concerns. This form is NOT to be used merely to notify DMH of a change in address or other contact information.

Client Name: _____

Date: _____

Date of Birth: _____

MIS #: _____

You have the right to request to receive confidential communications of health information by alternative means or at alternative addresses. For example, if you do not want your appointment notices or your bills to go to your home where a family member might see it, you may ask us to communicate with you by another method or at an alternative location, such as a post office box.

We will not ask you the reason for your request. We will accommodate all reasonable requests to receive communications from us by alternative means or at alternative locations.

If you ask us to communicate with you in a different manner or at a different location than we are now using, you must give us an alternative address or other method of contacting you (phone number, email address, etc.). Please specify how or where you wish to be contacted:

Alternate Address (postal or email):

New Phone Number (include area code):

Indicate what method of communication NOT to use: _____

Signature of client or representative: _____

If representative, give relationship: _____

APPROVAL

Signature of Treatment Provider: _____

Date: _____



DEPARTMENT OF MENTAL HEALTH

LETTER OF DENIAL REGARDING CLIENT'S REQUEST FOR CONFIDENTIAL COMMUNICATIONS

Date of Birth:

MIS #:

Dear

Thank you for submitting your ***CLIENT'S REQUEST FOR CONFIDENTIAL COMMUNICATIONS*** form. DMH has reviewed your request to receive communications involving your health information from us through an alternative means or to an alternative location and has determined that it must deny your request.

Reason for Denial:

If you have any questions, please contact the Treatment Team or call us at .

Thank you for providing us with this opportunity to serve you and improve the accuracy and completeness of your health information. We look forward to continuing to serve your healthcare needs.

Sincerely,

Department of Mental Health
Los Angeles County