I. PURPOSE: This Policy provides a mechanism whereby a patient may request that communications between Hawaii Health Systems Corporation (HHSC) and its facilities and the patient be handled in a confidential manner.

II. DEFINITIONS: None.

III. POLICY:
A. The patient has the right to request confidential communications regarding PHI.

B. HHSC facilities will accommodate reasonable requests from patients who want to receive communications containing protected health information from HHSC by alternate means or at an alternate location.

C. HHSC facilities may require that the patient's request for alternative confidential communications described above be made in writing.

D. The following conditions apply to the patient's requests for confidentiality:
   1. HHSC may not request an explanation from the patient regarding the basis of the request.
   2. The request for confidential communications may be based on:
      a) When appropriate, information about how payment, if any, will be handled, and;
      b) The specification of an alternative address or an alternate method of contact.

E. Requests for confidential communication between HHSC and the patient must be:
   1. Requests by an individual or the individual's personal representative for confidential communication between HHSC and the patient must be made in writing.
   2. All requests related to information held in a medical record shall be referred to the Health Information Management department of the HHSC facility. Information held in a billing record shall be referred to Patient Financial Services in the facility.
   3. The appropriate department will review the request to determine if it is appropriate to warrant an alternative communication method.
   4. Should requests be granted, the appropriate department will coordinate with the appropriate department(s) and the individual to provide timely and appropriate communication.

F. HHSC facilities shall develop procedures to implement this Policy including who can agree to the disclosure, who communicates to the patient or business associate, and how any
changes for patient contact information are made, and how a facility will separate permanent restrictions from episodic restrictions.

IV. APPLICABILITY: This Policy applies to all HHSC facilities.

V. AUTHORITY: 45 CFR §164.522 (b)(1).

VI. ATTACHMENTS: None.