

# Policy and Procedure on Requesting Confidential Handling of Information

## Cardiac Surgery Associates, SC

**Date:** April 14, 2003

**Authority:** Executive Management Committee, Drs. Bakhos, Blakeman, Bonilla, and Foy; M. Budzynski

**Responsibility:** Office Manager

### **Purpose:**

The purpose of this policy is to comply with the requirements of the Health Insurance Portability and Accountability Act (HIPAA) and to inform our patients of their right to request confidential handling of their protected health information when it is sent to them.

### **General Policy:**

It is our policy to accommodate reasonable requests regarding the confidential handling of protected health information, and to maintain that confidential treatment consistent with the patient's request.

### **Definitions and Regulatory Requirements**

*Protected health information:* Individually identifiable health information, including information that is maintained in our medical records and billing records.

*Confidential Communications Requirements:* A covered health care provider must permit individuals to request and must accommodate reasonable requests by individuals to receive communications of protected health information from the covered health care provider by alternative means or at alternative locations.

*Conditions on providing confidential communications:*

- 1.) A covered entity may require the individual to make a request for a confidential communication in writing.
- 2.) A covered entity may condition the provision of a reasonable accommodation on:
  - a. When appropriate, information as to how payment, if any, will be handled; and
  - b. Specification of an alternative address or other method of contact.
- 3.) A covered health care provider may not require an explanation from the individual as to the basis for the request as a condition of providing communications on a confidential basis.

### **Procedure:**

1. Patients may request confidential handling of health information by submitting a request, in writing, in one of the following ways:
  - a. In person, on our Request for Confidential Handling of Health Information Form;
  - b. By mail, either on our Request for Confidential Handling of Information Form or in a letter containing the necessary information specified below. All requests should be

mailed to:

c/o Chief Financial Officer - Patient Request  
Cardiac Surgery Associates, S.C.  
900 S. Frontage Rd.  
Ste. 110  
Woodridge, IL 60517

All requests should be directed to the Office Manager.

The request must supply the following details about the protected health information the individual wants confidentially handled:

- a. The type of information, specifying if the request is limited to a particular illness or treatment or all health information exchanges;
- b. The time period for which the request applies;
- c. The manner in which payment will be received, if confidential handling of billing matters pertaining to the type of information is also requested;
- d. The manner in which the patient wishes to receive confidential communications, with any alternate information necessary to deliver information in the requested manner.

2. When a request for confidential handling is made by a patient:

- a. Validate the request with the individual. If the request is received by mail, call the contact phone number and ask to speak with the patient to confirm the request. If the request is made in person, request confirmation of identity, if needed. Employees may not ask the patient why the patient is requesting the confidential communication.
- b. If the request involves billing information confirm that the commitment for payment will be satisfied and hold confidential mailing until any payment due is received. For future billing, ensure that an agreement to pay at the time of visit is signed. Place a prominent note in the file or have a flag in your scheduling system that payment is required at the time of visit.
- c. If the request is for an alternate address, enter the address into the patient's address file as the required confidential address.
- d. If the request is to pick-up the confidential information in person, highlight the requirement for easy recognition by staff handling correspondence.
- e. If the request is time limited, flag the end date for confidential handling of information in the appropriate files and systems.
- f. Place a copy of the Request for Confidential Handling of Information Form in the patient's medical record and place a copy in your Risk Management file.

Cardiac Surgery Associates, SC  
900 S. Frontage Rd.  
Ste. #110  
Woodridge, IL 60517  
6309103849

**Request for Confidential Handling of Health Information**

I, \_\_\_\_\_(Print Name), request confidential handling of correspondence regarding my health information for the period:

FROM: \_\_\_\_\_

TO: \_\_\_\_\_

This request applies to health information involving:

*Please be as specific as possible, e.g., treatment regarding a given illness or diagnosis.*

Do you wish confidential handling of billing matters pertaining to the information described above? \_\_\_ Yes \_\_\_ No

If yes, please sign the following:

Patient Signature: \_\_\_\_\_

Date: \_\_\_\_\_

I have selected to receive confidential communications in the following way:

\_\_\_ Patient will pick up communications at the provider's office.

\_\_\_ Patient will receive any information at an alternate mailing address.

Please use the following mailing address for all health information communications that fit in the description provided above.

PRINT MAILING ADDRESS:

\_\_\_\_\_  
PRINT CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

If you have any questions concerning this confidential handling, please contact:

X \_\_\_\_\_ (630) 985-0036 DATE: \_\_\_\_\_

Signature of Office Manager

\_\_\_\_\_  
**Printed Name of Office Manager**

# State Law Information for Requesting Confidential Handling

## Cardiac Surgery Associates, SC

State: IL

Your state's laws regarding Protected Health Information must be considered along with the HIPAA Privacy Regulation when updating your organization's policies and procedures. We are providing the information below as a guide to what those other considerations may be. Consult your state's laws to make sure you are meeting all of the requirements.

### Summary

Illinois has a statute on the definition of Protected Health Information. There are no statutes affecting the confidential communication process, including exceptions and denials. Carefully read the state provision on Protected Health Information and incorporate into your policy.

### General Policy Issues

In the HIPAA Privacy Regulation, a patient is allowed to request confidential communication of their PHI. You need to decide whether you will accept their condition. The state law may differ in the provisions under which you may accept or reject a person's request for confidential handling.

### Definitions

#### ***Protected Health Information***

State law may have a different definition for PHI or may use a different term. If necessary, change the policy to incorporate the state definition.

#### ***Confidential Communications***

There are certain exceptions to the confidential communications regulation that are listed here. State law may or may not follow the same exceptions or may have additional exceptions. The regulation allows patients to request confidential communications of their PHI.

### Procedure

The HIPAA Privacy Regulation requires you to have a process for handling requested confidential communications. Take a look at the process defined in the policy, compare it to the state statutes cited below and incorporate the state law as necessary.

#### ***Definition of Protected Health Information***

**Expected Impact [Low]**

The federal access regulation applies to protected health information maintained in a designated record set. State law appears to be broader in scope. The broader state definition appears to be applicable. The federal regulation clearly covers payment information and that aspect of the federal regulation is applicable.

NOTE: A patient is entitled to the most information available under state law or the federal regulation.

**State Law Citation**

735 ILCS 5/8-2003

**Highlight of State Provision**

Access must be provided to records including diagnosis, treatment, prognosis, history, charts, etc. kept in connection with the treatment of a patient.

***Confidential Communications***

We have not discovered any relevant state statutes for this section.