

## VNS HEALTH CORPORATE POLICY & PROCEDURE

**TITLE:** Alternative Confidential Communications of Protected Health Information (PHI)

**APPLIES TO:** VNS Health Home Care, including the Home Care, and Care Management Organization (CMO) divisions;  
VNS Health Personal Care;  
VNS Health Behavioral Health, Inc.;  
VNS Health Health Plans;  
VNS Health Hospice Care; and  
Medical Care at Home, P.C. (collectively, “VNS Health”)

**POLICY OWNER:** Corporate Compliance Department

**FIRST ISSUED:** March 2022

**NUMBER:** HIPAA.22

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### PURPOSE

This policy and procedure establishes the rules that VNS Health will follow when a patient requests an alternative or confidential communication.

### POLICY

- A. A patient may request that VNS Health communicate PHI to the patient by alternative means or at alternative locations. VNS Health will accommodate all reasonable requests in accordance with applicable federal and state laws.
- B. Any request for confidential communications must be made by the patient in writing. VNS Health will accommodate such a request only after the patient provides an alternative address or method of contact and, when necessary and appropriate, information on how payment will be handled. VNS Health cannot require the patient to explain why they are seeking such an accommodation.

### PROCEDURE

- A. A VNS Health employee receives a written request from a patient seeking to have PHI communicated to the patient through alternative means or at an alternative location.
- B. The VNS Health employee delivers the request to the Privacy Officer.
- C. All reasonable requests to have communications of PHI sent by specific means or to alternative locations will be granted. A request that no communication of health information be made is not reasonable and will not be granted. No explanation for such requests will be required.

- D. Reasonable means of communication may include, but are not limited to, transmissions via facsimile, e-mail, courier service and overnight express mail delivery. The patient making the request will be informed of their responsibility to pay for any charges incurred to transmit information by the means requested, to the extent such transmission is not performed electronically.
- E. Reasonable alternative locations may include, but are not limited to, transmissions of information to work addresses (physical or electronic) or post office boxes, so long as VNS Health is reasonably able to accommodate such requests.
- F. All requests for alternative communications must be submitted to the Privacy Officer or designee in writing. The Request for Communications via Specific Means or at Alternative Locations Form will be provided to patients for this purpose. If the form is not used, written requests must include the following information:
  - i. The patient's name;
  - ii. The specific means or alternative locations for contact that are desired;
  - iii. What communications of PHI are involved (*i.e.*, the alternative means may only be desired for certain prescriptions); and
  - iv. How the patient intends to pay for the costs of the alternative communication (*i.e.*, overnight postage is expected to be paid by the patient, if this is the means of communication requested).
- G. Any request for alternative communications that may interfere with the ability to obtain payment for the services provided to the patient will be denied, unless the patient provides appropriate information regarding how payment will be handled.
- H. The Privacy Officer, as well as clinicians, are authorized to grant requests to receive confidential communications by specific means or at alternative locations.
- I. The patient making the request will be informed whether the request is granted or denied. If the request is denied, the patient will be informed of the reason for the denial and, if applicable, any alterations to the request that may allow it to be granted.
- J. All requests for alternative communications will be documented in the patient's record, along with a notation of the status of the request, and will be maintained for a minimum of six (6) years from the date of the request. If the request does not apply to the entire record, the documentation in the record will be linked in some manner to the information that is restricted (*e.g.*, if the request applies only to a laboratory test, the chart notes regarding the test should have a notation that refers to the request).
- K. If the information that is subject to the restriction is released to a Business Associate, the Business Associate will be informed of the request for communications by specific means or to alternative locations.

#### REFERENCES:

45 CFR § 164.522(b)

<b>Reviewed:</b>	3/2022	6/2023						
<b>Revised &amp; Approved:</b>	6/2022	9/2023						

## REQUEST FOR COMMUNICATIONS VIA SPECIFIC MEANS OR AT ALTERNATIVE LOCATIONS FORM

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The attached form may be used to request a specific means or an alternative location for VNS Health to communicate your Protected Health Information to you. All reasonable requests for communications via specific means or at alternative locations will be granted. Specific means include, for example, facsimile transmissions or e-mail. Alternative locations include, for example, work addresses or friends' addresses.

A request not to receive any information and any request that may interfere with the ability to obtain payment for the services provided to you will be denied, unless appropriate information about how payment will be handled is provided.

You are responsible for any additional costs associated with communications via a specific means or to an alternative location. For example, if you request overnight mail delivery of certain medical records, you will be expected to pay the postage prior to delivery.

To submit a request for communications via specific means or at alternative locations, please complete the attached form and return it to the individual from VNS Health who provided the form to you or mail it to:

VNS Health  
Attn.: Privacy Officer  
220 East 42nd St., 6th Floor  
New York, NY 10017



**REQUEST FOR ALTERNATIVE COMMUNICATION  
OF PROTECTED HEALTH INFORMATION**

Today's date \_\_\_\_\_

Patient/Member name \_\_\_\_\_

Medical record # (if known) \_\_\_\_\_

Birth date \_\_\_\_\_ Last 4 Digits of Social Security # \_\_\_\_\_

Address \_\_\_\_\_

Phone # (H) \_\_\_\_\_ (W) \_\_\_\_\_ (M) \_\_\_\_\_

**A. Affected Protected Health Information ("PHI")**

Please restrict communication of the following information to the methods or locations listed below:

\_\_\_\_\_  
\_\_\_\_\_

**B. Alternative Means or Location**

1. Please communicate the PHI described above ONLY to the following location: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

2. Please communicate the PHI described above ONLY via the following means:

\_\_\_\_\_ Fax Number: \_\_\_\_\_

\_\_\_\_\_ E-mail E-mail Address: \_\_\_\_\_

\_\_\_\_\_ Regular U.S. Mail Address: \_\_\_\_\_

\_\_\_\_\_ Overnight Mail Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Other: \_\_\_\_\_

\_\_\_\_\_

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**C. Costs**

The costs associated with the above request will be paid for, in advance, via the following method:

\_\_\_\_\_ Cash

\_\_\_\_\_ Check

*If you are not the patient/member, please complete the following:*

Your name \_\_\_\_\_

Your relationship to the patient/member \_\_\_\_\_

Your address (if different than above) \_\_\_\_\_

Phone # (if different than above) (H) \_\_\_\_\_ (W) \_\_\_\_\_ (M) \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature