Scope:
Accountable Care Organization; Administrative & Business Offices; Ambulatory; Behavioral Health; Breast Health Center; Center for Advanced Medicine B; Center for Advanced Medicine C; foundation; Healthcare Center; Home Health; Hometown Health; Hospice; Hyperbaric; Laboratory; Medical Group; Monaco Ridge; Pregnancy Center; Regional Medical Center; Rehabilitation Hospital; Skilled Nursing; South Meadows Medical Center; Surgical Arts; Therapies; Urgent Care; Wound Care; X-ray & Imaging

Policy Statement:
Renown Health must permit individuals to request and must accommodate reasonable requests by individuals to receive communications of protected health information from their Renown Health provider by alternative means or at alternative locations.

Renown Health may require the individual to make a request for a confidential communication described below in writing.

Renown Health 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.

Renown Health 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.

HomeTown Health Plan must permit individuals to request and must accommodate reasonable requests by individuals to receive communications of protected health information from the health plan by alternative means or at alternative locations, if the individual clearly states that the disclosure of all or part of that information could endanger the individual.

HomeTown Health Plan may require that a request contain a statement that disclosure of all or part of the information to which the request pertains could endanger the individual.
Definition of Terms:

1. Alternate Address – A location other than the patient’s residence, such as a P. O. Box or other address that the patient designates.

2. Health Care Operations – Means any of the following activities of the covered entity to the extent that the activities are related to covered functions:
   a. Conducting quality assessment and improvement activities, including outcomes evaluation and development of clinical guidelines
   b. Reviewing the competence or qualifications of the health care professionals
   c. Underwriting, premium rating, and other activities relating to the creation, renewal or replacement of a contract of health insurance or health benefits
   d. Conducting or arranging for medical review, legal services, and auditing functions, including fraud and abuse detection and compliance programs
   e. Business planning and development

3. HIPAA – Health Insurance Portability and Accountability Act

4. Payment – The activities undertaken by a health care provider or health plan to obtain or provide reimbursement for the provision of health care; determinations of eligibility or coverage; adjudication or subrogation of health benefit claims; and risk adjusting amounts due based on enrollee health status and demographic characteristics. It also includes billing, claims management, and collection activities.

5. Protected Health Information (PHI) – For the purpose of this policy, is defined as any individually identifiable health information collected or stored by a health care provider, including billing information. Individually identifiable health information includes demographic information and any information that relates to past, present or future physical or mental condition of an individual and billing records. PHI does not include education records covered by the Family Educational Rights and Privacy Act (FERPA); Employment records by a Covered Entity in its role as an employer; and regarding a person who has been deceased more than 50 years.

6. Restriction – An agreed upon limitation on use and disclosure of PHI about an individual to carry out Treatment, Payment or Health Care Operations (TPO) and disclosures for involvement in the individual’s care.

7. Treatment – The provision, coordination, or management of health care and related services by one or more health care providers, including the coordination or management of health care by a health care provider with a third party; consultation between health care providers relating to a patient; or the referral of a patient for health care from one health care provider to another.

8. Workforce Member – Employees, volunteers, trainees, medical staff, residents and other persons whose conduct, in the performance of work for a Renown Health, is under the direct control of Renown, whether or not they are paid by Renown.

Procedure:

1. The patient’s right to request such communication will be described in the Notice of Privacy Practices. When a patient indicates that they would like their bill sent to an alternate address (i.e. P.O. box), staff will request for alternate means of receiving protected health information will be considered on a case by case basis.
basis.

2. When the patient requests that their bill be sent to an address, other than their street address, the processing employee should use the following script: "We can accommodate your request; however, we will need to also document your home/street address in the event that mail is returned from this alternate address."

3. The Compliance and Privacy Officer has the responsibility of facilitating compliance with these procedures.

4. Each individual with treatment, payment or health care related responsibilities is responsible for attending ongoing education on patient privacy rights as directed.

5. Each individual with treatment, payment or health care related responsibilities is responsible for compliance with these policies and principles.


### References/Regulations:

45 CFR §164.522(b)(1)
RENOWN.HRM.810 Coaching and Corrective Action

### Contributors:

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