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| <b>SEPA<br/>Labs</b> | <b>Policy &amp; Procedure</b><br><br>HIPAA / PRIVACY<br><b>ALTERNATIVE COMMUNICATION<br/>OF PROTECTED HEALTH INFORMATION</b> | FUNCTION                          |
|                      |  | NUMBER<br>3c                      |
|                      |  | PRIOR ISSUE                       |
|                      |  | EFFECTIVE DATE<br>January 1, 2014 |

**PURPOSE**

To ensure the patient’s right to request that communications of Protected Health Information (“PHI”) be delivered by alternative means or at alternate locations.

**POLICY**

A patient will be allowed to request that SEPA Labs communicate PHI to him by alternative means or at alternative locations. SEPA Labs shall accommodate reasonable requests.

**PROCEDURE**

1. The patient will be notified of the right to request communication by alternative means or at alternative locations in SEPA Labs’s *Notice of Privacy Practices*.
2. SEPA Labs Privacy Official will manage requests to receive communications by alternative means.
3. When an inquiry is received from a patient regarding the right to request that SEPA Labs communicate with him or his personal representative by some alternate means, SEPA Labs will provide the patient with a copy of *A Request for Communications by Alternative Means ("Request for Communications")* form. A request will not be evaluated until this request form is completed and signed by the patient or personal representative.  
(See sample *Request for Communications* form following this Policy.)
4. The Privacy Official will review the completed *Request for Communications* form to determine if it is a reasonable request. SEPA Labs may not require an explanation for the request. SEPA Labs’s decision will not be based on the perceived merits of the request. SEPA Labs will accommodate a request determined to be reasonable.
5. The Privacy Official will complete the Response section of the *Request for Communications* form to inform the patient of SEPA Labs’s decision.
6. The Privacy Official shall maintain all requests and responses in the appropriate location in the patient’s Laboratory Record. (See the Policy “Retention of Protected Health Information.”)

SEPA  
Labs

# Policy & Procedure

HIPAA / PRIVACY  
**ALTERNATIVE COMMUNICATION  
OF PROTECTED HEALTH INFORMATION**

FUNCTION

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**SAMPLE**  
**REQUEST FOR COMMUNICATION BY ALTERNATIVE MEANS/LOCATION**

Patient Name: \_\_\_\_\_ Laboratory \_\_\_\_\_ Record  
Number \_\_\_\_\_

Patient Address: \_\_\_\_\_

Facility Name: \_\_\_\_\_

I wish to receive communication of my Protected Health Information from SEPA Labs by the following mean:

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

\_\_\_\_\_  
Signature of Patient or Personal Representative \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Personal Representative's Title (e.g., Guardian, Executor of Estate,  
Health Care Power of Attorney)

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**RESPONSE TO REQUEST**

Date Request Received: \_\_\_\_\_

Alternative communication has been:

\_\_\_\_\_ Accepted

\_\_\_\_\_ Declined: The request is not reasonable because:

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

\_\_\_\_\_  
Signature of Privacy Official \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Print Name

**Distribution of copies: Original to patient's Laboratory Record, copy to patient**

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