

**Texas Tech University Health Sciences Center
HIPAA Privacy Policies**

Patients' Rights	Policy 7.5
Alternate Means of Communication	Effective Date: July 6, 2016
References: http://www.hhs.gov/ocr/hipaa HSC HIPAA website http://www.ttuhscc.edu/hipaa/policies_procedures.aspx	

Policy Statement

Texas Tech University Health Sciences Center (HSC) recognizes that individual rights are a critical aspect of maintaining quality care and service and is committed to allowing individuals to exercise rights under the HIPAA Privacy Rule, and other applicable federal state and/or local laws and regulations. To support this commitment, HSC will maintain and update, as appropriate, written policies and procedures to provide guidance on employee and organizational responsibilities regarding the rights of patients to request to receive communications of Protected Health Information (PHI) by alternate means or at alternate locations.

Scope and Distribution

This policy applies to all health care clinical service areas owned and/or operated by TTUHSC. It does not apply to inmates seen or treated by TTUHSC.

Definitions

Refer to [HPP 1.1](#) for Glossary of HIPAA Terms

See [Old/New HIPAA Policy Number Cross Reference Chart](#)

Procedure

A patient must request communication by alternate means or at alternate locations in writing by using the TTUHSC [Alternate Means of Communication](#) form ([Spanish version](#)). HSC cannot require an explanation from the patient as to the basis for the request as a condition of considering or granting the request.

Reasonable requests include (but are not limited to) using alternate telephone numbers, alternate addresses, refraining from leaving messages on answering machines, and refraining from mailing information to the individual. Unreasonable requests are those that would be too difficult technologically or practically for HSC to accommodate.

The HSC Clinic receiving the request will provide the patient with the [Alternate Means of Communication](#) form to complete. The completed form will be sent to the respective campus' Regional Privacy Officer (RPO) for review and approval/denial. The RPO will notify the patient and clinical department of the decision. If approved, the RPO will also notify other departments with an operational need-to-know of the change, e.g., MPIP Business Office.

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Any questions on this process should be directed to the Regional Privacy Officer at each campus or the Office of Institutional Compliance.

This policy and procedure will be documented and retained for a period of 6 years from the date of its creation or the date when it last was in effect, whichever is later.

Knowledge of a violation or potential violation of this policy must be reported directly to a Regional Privacy Officer, the Institutional Privacy Officer or to the employee Compliance Hotline at (866) 294-9352 or [Ethics Point - Texas Tech University](#) under HSC.

Approval Authority

The TTUHSC Privacy and Security Committee has authority for HIPAA policy approval.

Responsibility and Revisions

Questions regarding this policy may be addressed to the Regional Privacy Officer ([Amarillo](#), [Permian Basin](#) [Lubbock](#)), the [Institutional Privacy Officer](#), or the [Institutional Compliance Officer](#).

This policy may be amended or terminated at any time.