(A) Policy Statement

An individual may request alternative methods or locations to receive Protected Health Information (PHI).1

(B) Purpose of Policy

This policy complies with the Privacy Regulations of Health Insurance Portability and Accountability Act (HIPAA) CFR 164.522(b)(1).

(C) Procedure

1. A patient who wishes to receive PHI communication by an alternative means may so indicate this on the Receipt of the Notice of Information Practices.

2. The patient may specify an address that will be used as their primary address for purposes of this communication. Reasonable requests will be accommodated.

3. This selected primary address will be communicated to our healthcare providers in our organized healthcare arrangement through computer interfaces and/or other appropriate means.

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1 Health information that identifies or can be used to identify an individual is considered Protected Health Information (PHI) under HIPAA. Any of the following information pertaining to a patient or the relatives, employers or household members of the patient can be used to identify a patient which include: name, street address, city, county, precinct, zip code, geocode, birth date, admission date, discharge date, date of death, age, telephone number, fax number, e-mail, social security number, medical records number, health plan number, account number, certificate/license number, vehicle ID number and license plate, device identifier, web location, Internet Address, biometric identifier, photographs or any unique ID.