



**Right of Patients to Request Confidential Communications Regarding  
the Use and Disclosure of Their Protected Health Information  
#1660.005**

<b>INITIAL EFFECTIVE DATE:</b>	<b>LAST REVISION DATE:</b>	<b>RESPONSIBLE UNIVERSITY DIVISION/DEPARTMENT</b>
October 13, 2020	July 29, 2025	Office of Compliance and Integrity

**POLICY STATEMENT**

Workforce members within the Florida International University (FIU) Health Insurance Portability and Accountability Act (HIPAA) Hybrid Designated Components (hereinafter facilities and programs) must permit patients to request the facility or program communicate with the patient by alternative means or at an alternative location (e.g., other than their home address or telephone number).

The facilities and programs may require the patient to make a request for confidential communications in writing.

As a University-wide policy and procedure, this policy and procedure takes precedence over any facility or program-specific policies, procedures, or protocols that conflicts with this policy and procedure, unless prior approval is obtained from the Office of Compliance and Integrity. (FIU Policy and Procedure #1600.080) (Policies and Procedures, Changes to Policies and Procedures, and Documentation)

Facilities and programs may maintain HIPAA documentation in either paper or electronic form, provided that any format is sufficiently protected to ensure it will be retrievable throughout the required retention period. Unless otherwise indicated in FIU Privacy and Security Rule Policy and Procedure, the facility or program Privacy Coordinator will be responsible for maintaining all HIPAA documentation relevant to their facility or program. (FIU Policy and Procedure #1600.080) (Policies and Procedures, Changes to Policies and Procedures, and Documentation)

All facility and program Workforce members shall receive mandatory HIPAA Privacy and Security Rule training. (FIU Policy and Procedure #1660.075) (HIPAA Privacy and Security Rule Training)

Facility or program Workforce members who fail to adhere to this policy and procedure may be subject to civil and criminal penalties as provided by law, and/or administrative and disciplinary action. (FIU Policy and Procedure #1660.085) (Sanctions)



FIU reserves the right to amend, change or terminate this policy and procedure at any time, either prospectively or retroactively, without notice. Any ambiguities between this policy and procedure and the other policies and procedures should be accordingly made consistent with the requirements of HIPAA, federal law and Florida state statutes. (FIU Policy and Procedure #1600.080) (Policies and Procedures, Changes to Policies and Procedures, and Documentation)

#### SCOPE

The policy applies to FIU facilities and programs contained within FIU HIPAA Hybrid Designation (FIU Policy and Procedure #1610.005), its Workforce members and Business Associates as defined in this policy and FIU Policy and Procedure #1660.015 regarding Business Associate Agreements.

#### REASON FOR POLICY

To ensure the patient's right to request that communications of their PHI be delivered by alternative means or at alternative locations (Confidential Communications) as required by the HIPAA Privacy Rule and Florida state statute and to identify the steps the Workforce members must take to grant or deny a patient's right to Confidential Communications.

#### DEFINITIONS

Please refer to the following link for a complete list of definitions pertaining to all HIPAA policies.

[HIPAA Policies Definitions](#)

#### ROLES AND RESPONSIBILITIES

**Compliance Oversight:** The Director of Compliance and Privacy for Health Affairs:

- Evaluates all federal and state healthcare privacy laws, regulations, rules and ordinances (Rules) to ensure compliance with the Rules.
- Develops and maintains all required University-wide Privacy Rule policies and procedures.
- Develops and maintains HIPAA health care Privacy Rule training modules.
- Performs audits and assessments of the facilities and programs to ensure their compliance with the Privacy Rules and associated FIU Policies and Procedures.
- Partners with the Division of Information Technology HIPAA Security Officer to ensure compliance with all federal and state healthcare privacy and security laws, regulations rules, and ordinances.

**HIPAA Facilities and Programs:**

- Each FIU HIPAA Hybrid Designated facility and program must designate a Privacy Coordinator responsible for overseeing and ensuring the implementation and compliance with the HIPAA Privacy Rule, FIU's associated HIPAA Privacy Policies and Procedures, and any applicable federal rules and regulations, and Florida state statutes governing the confidentiality, integrity and availability of PHI and electronic PHI (ePHI), including, but not limited to receiving and processing requests by patients for Confidential Communications.

**RELATED RESOURCES**

**References**

- 45 CFR §164.502
- 45 CFR §164.504
- 45 CFR §164.514
- 45 CFR §164.524
- 45 CFR §164.530
- Florida Statute §456.057
- Florida Statute §95.11
- Florida Statute §394.4615

**Related Policies**

- FIU Policy # 1610.005 (Designated Health Care Components of FIU Community)
- FIU Policy and Procedure #1660.070 (Designation of HIPAA Privacy Officer and Component Privacy and Security Coordinators)
- FIU Policy and Procedure #1660.085 (Sanctions)
- FIU Policy and Procedure #1660.075 (HIPAA Privacy and Security Rule Training)
- FIU Policy and Procedure #1660.015 (Business Associate Agreements)
- FIU Policy and Procedure #1600.080 (Policies and Procedures, Changes to Policies and Procedures, and Documentation)
- FIU Policy and Procedure #1660.040 (Verification)

**CONTACTS**

For further information concerning this policy, please contact the Director of Compliance and Privacy for Health Affairs at (305) 348-0622 or [hipaaprivacy@fiu.edu](mailto:hipaaprivacy@fiu.edu), or contact the appropriate Component Privacy Coordinator.



### HISTORY

**Initial Effective Date:** October 13, 2020

**Review Dates** (*review performed, no updates*): n/a

**Revision Dates** (*review performed, updates made to document*): October 13, 2020; February 29, 2024; July 29, 2025.



**Right of Patients to Request Confidential Communications Regarding  
the Use and Disclosure of Their Protected Health Information  
#1660.005a**

<b>INITIAL EFFECTIVE DATE:</b>	<b>LAST REVISION DATE:</b>	<b>RESPONSIBLE UNIVERSITY DIVISION/DEPARTMENT</b>
October 13, 2020	July 29, 2025	Office of Compliance and Integrity

**PROCEDURE STATEMENT**

**I. Requests for Confidential Communications**

The facility or program Privacy Coordinator is responsible for overseeing and ensuring the proper receipt and the processing of requests by patients for confidential communications regarding the use and disclosure of their PHI contained within their medical records. Privacy Coordinators may delegate and share duties and responsibilities as necessary and appropriate but retain oversight responsibility. (FIU Policy and Procedure #1660.070) (Designation of HIPAA Privacy Officer and Component Privacy and Security Coordinators)

- A. When a patient makes a request for confidential communications, the Workforce member must accommodate reasonable requests to receive communications of their PHI by alternative means or at alternative locations (confidential communications), by having the patient complete and sign a Request for Communication of Protected Health Information Form. (Sample Communication Form attached) (hereinafter Communication Form) However, Workforce members will accept any written request for confidential communications if the required information and signature are provided.
- B. The patient must describe in writing specifically the alternative means and/or location the patient would like the facility or program to communicate with the patient. (Communication Form)
- C. Workforce members will assist the patient in completing the Communication Form, if necessary.
- D. Workforce members will honor requests for alternative means of making this request if reasonable accommodations (such as disability or illiteracy) are needed.
- E. Upon receipt of a complete or incomplete Communication Form, or other written document, the Workforce member must verify the identity of the individual making the request. (FIU Policy and Procedure #1660.040) (Verification)

- F. If a patient submits a request for the facility or program to communicate with him/her via electronic communication (i.e., email/facsimile/text message), the patient is required to complete the Communication Form and the Email/Text/Facsimile Message Confidential Communication Form (hereinafter Email Form) (hereinafter both forms are known collectively as the Communication Form(s)) which identifies the risk associated with using electronic communication, the conditions for using electronic communication, instructions, and an acknowledgement.
  
- G. If after advising the patient of the risk associated with the use of electronic communications, the patient determines that the risk(s) is unacceptable as a means of confidential communications, the patient should be offered other more secured means of communication such as mail, the telephone, or other electronic methods of communication.

**NOTE:** Under the HIPAA Privacy Rule, healthcare providers, facilities and programs may communicate with patients electronically, such as through email, provided they apply reasonable safeguards when doing so. (See 45 C.F.R. § 164.530(c)). For example, certain precautions must be taken when using email to avoid unintentional disclosures, such as checking an e-mail address for accuracy before sending the email or sending an email alert to the patient for address confirmation prior to sending the message.

**NOTE:** Workforce members must ensure that any emails sent containing PHI are done in compliance with FIU HIPAA Security Policy and Procedure. With limited exception, Workforce members must not communicate with patients through unencrypted email. Further, while the Privacy Rule does not prohibit the use of unencrypted email for treatment-related communications between health care providers and patients, other safeguards should be applied to reasonably protect privacy, such as limiting the amount or type of information disclosed through the unencrypted email and patients must be advised of the risk of using encrypted and/or unencrypted email.

**For example,** a health care provider should accommodate an individual's request to receive appointment reminders via email, rather than on a postcard, if email is a reasonable, alternative means for that health care provider to communicate with the patient.

## II. Incomplete Communication Form(s)

- A. If a patient submits an incomplete Communication Form(s) or other written document, Workforce members will not evaluate the request for confidential

communication until all required information and signature are provided. The Workforce member who received the incomplete Communication Form(s) will:

1. Date stamp the incomplete Communication Form(s), or other written document, on the day received,
2. Document in the patient's medical records:
  - a. That the Communication Form(s), or other written document, is incomplete
  - b. The date and time the incomplete Communication Form(s), or other written document, was received,
  - c. The name and title of the Workforce member who received the incomplete Communication Form(s), or other written document, and
  - d. The reason(s) why the Communication Form(s), or other written document, is incomplete.
3. Make a photocopy of the patient's incomplete Communication Form(s), or written document, and
4. Properly secure the photocopy of the incomplete Communication Form(s), or other written document, in the patient's medical records.

**NOTE:** It is preferable for Workforce members to contact the patient in-person or via the telephone and advise him/her of that the required information is missing and their request for confidential communication cannot be evaluated until the required information is provided, versus mailing a written notice to the patient, as mailing a written notice may unreasonably delay the patient's right to confidential communications.

- B. Prior to contacting the patient to advise him/her of the need for the missing information, the Workforce member must review the patient's Communication Form, or other written document, and medical records to identify:
  1. If the patient previously identified a preferred method of communication, and/or
  2. If the patient previously requested, and the facility or program agreed to communicate with the patient via alternative means or location.
- C. If the patient is not available in-person, or via the telephone, and did not previously request and been approved for confidential communications, the Workforce member may notify the patient of the need for the missing information by sending the original incomplete Communication Form, or other written document, without unreasonable delay to the patient via the United States Postal Service First-Class mail in an envelope that identifies the name of the facility or program.

**NOTE:** Electronic communications are only available as an option if previously requested by the patient and approved by the facility or program in which event the procedures set forth for delivery and documentation of delivery outlined in the **NOTE** and Section II.D.1, 2 and 3 immediately below shall apply.

**NOTE:** Electronic communications (i.e., email/facsimile/text message) containing patient protected health information (PHI) must contain the following or similar confidentiality statement approved by the Office of Compliance and Integrity:

The information contained in this transmission may contain privileged and confidential information, including patient information protected by federal and state privacy laws, including the Health Insurance Portability and Accountability Act Privacy Rule (HIPAA) (45 C.F.R. Part 164). It is intended only for the use of the person(s) named above. If you are not the intended recipient, you are hereby notified that any review, dissemination, distribution, or duplication of this communication is strictly prohibited and may be unlawful. If you are not the intended recipient, please contact the sender by reply email or call the sender at the telephone number include in their contact information and delete this e-mail from your system and destroy any and all copies of the original email message.

D. Workforce members must:

1. Document in the patient's medical records:
  - a. The date, name and title of the Workforce member who completed the delivery, and
  - b. The method of delivery.
2. Properly secure a copy of the incomplete Communication Form(s), or other written document, and Cover Letter (See Sample Cover Letter Requesting Complete or Additional Information) (hereinafter Cover Letter) in the patient's medical records, and
3. If the delivery is accomplished via previously approved electronic communication, the Workforce member must:
  - a. print a hardcopy of the electronic communication (i.e., email/facsimile/text message) and properly secure it in the patient's medical records, or
  - b. if the delivery was completed via facsimile, print a hardcopy of the facsimile transmittal report and properly secure it in the patient's medical records.

**III. Properly Completed Communication Form(s)**

- A. Upon receipt of a completed Communication Form(s), Workforce members will:
1. Date stamp receipt of the completed Communication Form(s), or other written document, on the day received,
  2. Complete the "For FIU Entities USE ONLY" section of the Communication Form,
  3. Promptly document in the patient's medical records:
    - a. Receipt of the Communication Form(s), or other written document, and

- b. The date, name, and title of the Workforce member who received the properly completed Communication Form(s), or other written document.
- 4. Properly secure the Communication Form(s), or other written document, in the patient's medical records.
  
- B. The Workforce member, along with other appropriate and necessary Workforce members, will review the patient's request to receive communications of their PHI by alternative means or at an alternative location to determine if the facility or program will grant or deny the request.
  
- C. The Workforce member, and the other appropriate and necessary Workforce members responsible for reviewing the patient's request, must not require the patient to provide an explanation regarding his/her request for communications of their PHI by alternative means or at an alternative location as a condition of providing communications on a confidential basis.
  
- D. The Workforce member must condition and document in the patient's medical records when evaluating a patient's request to receive communications of his/her PHI by alternative means or at alternative locations on:
  - 1. Information regarding how payment, if any, will be handled; and
  - 2. Specification of an alternative address or other method of contact (i.e., email address, cellular telephone number verses home telephone number, mailing address verses P.O. Box address, etc.)
  
- E. The Workforce member must within a reasonable time following receipt of the properly completed a Communication Form(s), or other written document, accept or deny the patient's request for confidential communications and complete the "FOR FIU INTERNAL USE ONLY" Section of the Communication Form.

#### IV. Confidential Communications Approved

- A. If the Workforce member and the appropriate and necessary Workforce members approve the patient's request for confidential communications, FIU Workforce members must not communicate with the patient in a manner that violates the approved alternative means and/or location of confidential communication.
  
- B. The Workforce member shall promptly send the patient an Approval Letter (See Sample Letter Accepting Patient's Request for Confidential Communications (hereinafter Approval Letter) via the approved method of confidential communication. The Approval Letter shall identify:
  - 1. The request is approved,
  - 2. The facility or program will communicate with the patient using the alternative means or location requested and approved,

3. The approval will remain in-place until such time as:
  - a. The facility or program receives a written request from the patient to terminate or change the agreement, or
  - b. The facility or program determines that it is no longer administratively possible to comply with the approved request.
4. That in an urgent or emergency situation, the facility or program will use whatever communication mechanism is necessary to contact the patient.  
(Approval Letter)

C. The Workforce member must:

1. Document in the patient's medical records:
  - a. The date, name(s), and title of the Workforce members involved in the review and approval of the requested confidential communication(s),
  - b. The specific approved alternative means and/or location of confidential communication(s),
2. Prepare and deliver to the patient the Approval Letter.
3. Document in the patient's medical records:
  - a. The date, name, and title of the Workforce member who completed delivery of the Approval Letter, and
  - b. The method of delivery.
4. Ensure that appropriate Workforce members are notified of the approved confidential communication,
5. Document in the patient's medical records:
  - a. The date, names, and titles of the Workforce member(s) who were notified of the approved confidential communication, and
  - b. The manner in which the Workforce members were notified (i.e., in-person, memorandum, etc.)
6. Properly secure in the patient's medical records:
  - a. The original Communications Form(s),
  - b. A copy of the Approval Letter,
  - c. The original written notification sent to Workforce members regarding the agreed upon confidential communication, (or copy when appropriate), and
  - d. If delivery of the written notification sent to the Workforce members was made via electronic communication:
    1. Print a hardcopy of the electronic communication, and
    2. Properly secure it in the patient's medical records.

V. **Termination of Agreement for Confidential Communications**

- A. The facility or program may terminate an agreement to communicate with the patient by confidential communications if:

1. The appropriate Workforce members determine the alternative means or location is not effective (e.g., facility or program is unable to contact the patient by the approved specific means and/or at the specified location); or
  2. The facility or program can no longer accommodate the request because it is not reasonable.
- B. When a facility or program terminates an agreement for confidential communication, the Workforce members must make a reasonable attempt to notify the patient in writing that the facility or program is terminating the agreement before resuming communication through the normal channels. (See Sample Letter Terminating Agreement for Confidential Communications) (hereinafter Termination Letter)
- C. The Workforce member must:
1. First attempt to deliver the Termination Letter to the patient via the previously requested and approved alternative means or location;
  2. Document in the patient's medical records:
    - a. The date, name, and title of the Workforce member who attempted delivery of the Termination Letter;
    - b. The Form and Format of the attempted delivery, and
    - c. If the delivery was successful:
      1. The date of delivery.
  3. Properly secure a copy of the Termination Letter in the patient's medical records, and
  4. If the delivery was made via electronic communication, print a hardcopy of the electronic communication (i.e., email/facsimile/text message) and properly secure it in the patient's medical records.
- D. If the Workforce member is not able to accomplish or verify delivery of the Termination Letter, the Workforce member must:
1. Document in the patient's medical records:
    - a. The date, name and title of the Workforce member who attempted delivery, and
    - b. The Form and Format of the attempted delivery.
  2. Properly secure a copy of the Termination Letter in the patient's medical records;
  3. If the attempted delivery was made via electronic communication, print a hardcopy of the electronic communication and properly secure it in the patient's medical records, and
  4. Resume delivery through normal channels and document delivery in the same manner as described in V.D.1 and 2 of this Section.

## **VI. Confidential Communications Denied**

- A. If the appropriate Workforce members deny the patient's request for confidential communications, the Workforce member must:
1. Document in the patient's medical records:
    - a. The date, name(s), and title of the Workforce member(s) involved in the review and denial of the requested confidential communication,
    - b. The denial of requested confidential communication.
  2. Prepare a Denial Letter (See Sample Letter Denying Patient's Request for Confidential Communications) (hereinafter Denial Letter);
  3. Document in the patient's medical records:
    - a. The date, name, and title of the Workforce member who completed delivery of the Denial Letter;
    - b. The Form and Format of delivery, and
    - c. Ensure that appropriate Workforce members are notified of the denial of the request for confidential communication.
  4. Document in the patient's medical records:
    - a. The date, names, and titles of the Workforce member(s) who were notified of the denial of confidential communication, and
    - b. The manner in which the Workforce members were notified (i.e., in-person, memorandum, etc.)
  5. Properly secure in the patient's medical records:
    - a. The original Communications Form(s);
    - b. A copy of the Denial Letter, and
    - c. All original written notification(s) of the denial of confidential communication (or copy when appropriate) sent to the Workforce members, and
  6. If the deliver was made via electronic communication:
    - a. Print a hardcopy of the electronic communication, and
    - b. Properly secure it in the patient's medical records.
- B. The Denial Letter shall identify:
1. The request was denied,
  2. The reason(s) for the denial,
  3. A statement that if the patient disagrees with the denial, he/she may contact the Workforce member at the address and telephone number provided on the Denial Letter.

## **VII. Record/Documentation Retention**

- A. If a communication, action, activity, or designation is required to be documented in writing, the document or record owner (The facility of program) will maintain such writings, or an electronic copy, for seven (7) years from the date of its creation or the last effective date, whichever is later. (FIU Policy and Procedure #1660.080) (Policies and Procedures, Changes to Policies and Procedures, and Documentation)



**VIII. Forms**

- Sample Confidential Communication Request Form
- Sample Email/Text /Facsimile Message Confidential Communication Form
- Sample Cover Letter requesting Complete or Additional Information
- Sample Letter Accepting Patient's Request for Confidential Communications
- Sample Letter Denying Patient's Request for Confidential Communications
- Sample Letter Terminating Agreement for Confidential Communications