



L - 05: Request for Alternate Communication of Protected Health Information

POLICY: See HHSA-L-05 Request for Alternate Communication of Protected Health Information, at www.cosdcompliance.org.

DEFINITIONS: See HHSA Policy L-30 Privacy Definitions.

PROCEDURES:

1. Individuals must submit written requests for alternate communications using the approved County form (HHSA Form 23-05) or an alternate written request. A request via email or emailing a scanned form shall suffice.
2. The County shall not require an explanation from the individual as to the reason for the request.
3. The County shall do its best to accommodate reasonable requests but shall only approve requests from the individual authorized to make such a request (see HHSA Policy L-27).
4. Some requests (such as those for unencrypted email or text message communication) may require the individual to acknowledge in writing that there may be risks associated with the request. The approved County form (HHSA 23-05) includes this language; thus, no additional acknowledgement is required if the initial request was made using this form.
5. Any denials of requests for alternative communication shall be reviewed by Business Assurance and Compliance (BAC).

QUESTIONS/INFORMATION: Please contact HHSA Business Assurance and Compliance (BAC) by email at Compliance.HHSA@SDCounty.ca.gov or by phone (619) 237-8571.