**PURPOSE**

To describe the process by which individuals can request that [COVERED ENTITY] communicate with them confidentially through specified means or at specified locations.

**POLICY**

[COVERED ENTITY] recognizes an individual’s right to request that [COVERED ENTITY] communicate PHI to him or her through alternate means or at alternate locations. It is [COVERED ENTITY]’s policy to accommodate all such reasonable requests and not to require that the individual explain why he/she has made the request.

**PROCEDURE**

1. Requests to Communicate Via Alternate Means or at Alternate Locations. To request a specific means for confidential communications of PHI, an individual must send a written request to [COVERED ENTITY]’s Privacy Officer at [INSERT CONTACT INFORMATION]. The request should describe the means by which the Individual wishes to receive communications (e.g., telephone, mail) and the location at which the individual wishes to receive communications (e.g., home, office). [COVERED ENTITY] will determine if/how it can accommodate the request as well as any conditions that may apply to [COVERED ENTITY]’s provision of a reasonable accommodation. Among other things, [COVERED ENTITY] may consider:

1. Requesting that the individual to pay for any additional costs incurred in provide the accommodation, and/or
2. Requesting that the individual specify a different alternate means of communication or a different alternate location to which communications will be directed.

2. Documenting Requests. [COVERED ENTITY] will maintain documentation of the request for confidential communications and how that request was accommodated.