

Weber Family Chiropractic PC
Patient Right to Request Alternative Methods of Communication

Policy No.: 5

Issue Date: 04/14/03

Revision Date: ___/___/___

Approvals: Dr. Scott Weber
Title: Office Manager

Title:

I. POLICY

It is the policy of Weber Family Chiropractic PC to allow a patient or the patient's authorized representative to request that Weber Family Chiropractic PC communicate about the patient's health information with the patient by alternative means or at alternative locations. Weber Family Chiropractic PC will grant reasonable requests. This Policy supersedes any previous policy on this subject.

II. PURPOSE

The purpose of this Policy is to outline the specific procedures to be followed when a patient requests that Weber Family Chiropractic PC communicate health information to the patient by alternative means or at alternative locations.

III. SCOPE

It is Weber Family Chiropractic PC's standard practice to communicate health information to patients either through a phone call or mail to the patient's home. This Policy applies any time a patient requests that Weber Family Chiropractic PC communicate health information to the patient through any other method (e.g., email, facsimile) or to any other location (e.g., the office, a post office box address).

IV. PROCEDURES

1. If a patient requests that Weber Family Chiropractic PC communicate health information to the patient other than through a phone call or mail to the patient's home, the receptionist will ask the patient to complete a Request for Alternative Communications Form ("Form").
2. The Form may be submitted in person, by mail or by facsimile. If mailed or faxed, the receptionist will instruct the patient to return the completed Form to the attention of Dr. Scott Weber. The receptionist will give all completed Forms to Dr. Scott Weber.
3. Dr. Scott Weber will review the Form to ensure that the Form is complete and has been signed and dated by the patient. If the Form is not complete, Dr. Scott Weber will contact the patient to provide instructions for completion of the Form. The deadlines in this Policy will be calculated from the date of receipt of a completed Form.
4. Dr. Scott Weber will review the Form to determine whether the request is reasonable. In making this determination, Dr. Scott Weber may contact the patient to ask how payment will be handled under the requested

arrangement. Dr. Scott Weber cannot ask the patient for an explanation of the reason for the request. Any request for communication through facsimile or at the patient's business office will always be deemed reasonable by Dr. Scott Weber; a request for email communications is reasonable only if Weber Family Chiropractic PC has the technical capacity to adequately protect the confidentiality of the patient through this means. Other types of requests will be considered on a case-by-case basis. Dr. Scott Weber will make a decision within ten (10) days after receipt of the completed Form.

5. If Dr. Scott Weber decides that the request is reasonable, Dr. Scott Weber will:

- a. notify the patient through the alternate method or location of the decision to approve the request;
- b. make a note in a conspicuous place inside the medical record where contact information is maintained, and in any computer database containing contact information, of the agreed upon method or location of communication; and
- c. complete the bottom portion of the Form and place the Form in the file maintained by Dr. Scott Weber specifically for this type of request.

6. If Dr. Scott Weber decides that the request is not reasonable, Dr. Scott Weber will:

- a. send a letter to the patient at the patient's home address of the decision to deny the request; and
- b. complete the bottom portion of the Form and place the Form and the letter in the file maintained by Dr. Scott Weber specifically for this purpose.

7. Dr. Scott Weber will ensure that all Forms and letters are retained for six (6) years from the date of the document.

**Weber Family Chiropractic PC
Request for Alternative Communications**

You (or your authorized representative) have the right to request that Weber Family Chiropractic PC communicate health information to you through alternative methods or at alternative locations. It is Weber Family Chiropractic PC's standard procedure to communicate health information to patients by phone or mail at your home. If you wish to have us contact you in a different manner or at a different location, please complete this form and return it to the receptionist or mail or fax it back to this office to the attention of Dr. Scott Weber. Weber Family Chiropractic PC will approve all reasonable requests. If we approve your request, we will contact you through the alternative you requested. If we find that we must deny your request, we will send notice in writing to your home address.

Patient Name: _____

Home Address: _____

Date of Birth: _____ Home Phone: _____

Please describe the alternative you would prefer Weber Family Chiropractic PC use to communicate health information to you:

Alternate Phone: _____

Alternate Location: _____

Other: _____

Signature of Patient or Patient's Representative

Date of Request

Print Name of Patient's Representative

Relationship to Patient

OFFICE USE ONLY:

Approve: _____ Deny: _____ Reason: _____

Reviewed By: _____ Date: _____

Patient Notification Date: _____ (Attach Letter)

Change Made: _____ Medical Record _____ Database _____ Billing Record