

**TEXAS ASSOCIATION OF COUNTIES
HEALTH AND EMPLOYEE BENEFITS POOL
HIPPA POLICIES**

**PARTICIPANT REQUESTS FOR CONFIDENTIAL
COMMUNICATIONS**

Effective Date: March 17, 2003

POLICY

Participants in the Health Plan of the Texas Association of Counties Health & Employee Benefits Pool (HEBP) have the right to request restrictions on how and where their Protected Health Information ("PHI") is communicated. HEBP will not discriminate or retaliate against any participant for making such a request.

PROCEDURE

- Participants who desire their PHI to be communicated in a manner or location other than the Health Plan would otherwise use, may request a specific alternative location or other method of communication.
- To be entitled to any requested restrictions, a Participant must clearly establish that the restriction is necessary to prevent an unlawful disclosure.
- Even if the participant fails to establish that a failure to grant the request would result in an unlawful disclosure, HEBP will accommodate reasonable requests unless the requests impose an unreasonable administrative burden.
- The participant may request confidential communication at any time.
- The request must be made in writing to *TAC HEBP Program Manager, (512) 478-8753, P.O. Box 2131, Austin, Texas 78768.*
- Written documentation of the participant's request, if granted, will be placed in the participant's record(s).