

Stark County Board of Developmental Disabilities

HIPAA Procedure 7: HIPAA Alternative Communications	Effective: 4/14/2003
Chapter 2: Agency Administration	Page 1 of 1

Subject: HIPAA Alternative Communications

Individuals served, a legal guardian, or parent or legal guardian of an individual under the age of eighteen (hereinafter referred to as "Individual Served"), has the right to request that the Board communicate Protected Health Information ("PHI") in an alternative method or to an alternative location. The Individual Served must submit a written request ([HIPAA-3 form](#)), indicating the type of alternative communication or the certain location to forward the individual's PHI. Written requests for alternative communication of the individual's PHI shall be sent to the Privacy Officer.

All reasonable requests for alternative communications will be honored. The decision to honor the request for alternative communication will be made by the Privacy Officer. The Privacy Officer will notify the Individual Served in writing regarding the acceptance or denial of the request for alternative communications. The Board and the Board's Business Associates will be bound to the accepted alternative communication method or location for the period of time requested by the Individual Served or until the request for alternative communication is terminated.

Prior to disclosure of an individual's PHI to the Individual Served, all Case Record Administrators must verify whether an alternative communication method has been agreed to by the Board.

For accepted alternative communications, the Privacy Officer will notify each Compliance Committee Member, who is then responsible for seeing that the individual's record/file is marked as "Alternative Communication" by attaching the HIPAA-3 form to the file of the Individual Served.

<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">Applies to:</td> <td style="width: 15%;">Yes</td> <td style="width: 15%;">No</td> </tr> <tr> <td>All Employees</td> <td style="text-align: center;">X</td> <td></td> </tr> <tr> <td>Non Represented</td> <td></td> <td></td> </tr> <tr> <td>SCEPTA</td> <td></td> <td></td> </tr> <tr> <td>SCDD SSA</td> <td></td> <td></td> </tr> <tr> <td>See Current Bargaining Agreement</td> <td></td> <td></td> </tr> </table>	Applies to:	Yes	No	All Employees	X		Non Represented			SCEPTA			SCDD SSA			See Current Bargaining Agreement			<p>Historical Resolution Information Policy 2.22 HIPAA</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Date</th> <th style="text-align: left;">Resolution Number</th> </tr> </thead> <tbody> <tr> <td>3/24/03</td> <td>3-28-03</td> </tr> <tr> <td>1/19/13</td> <td>01-09-13</td> </tr> </tbody> </table> <p>Procedure Revision 5/15/12</p>	Date	Resolution Number	3/24/03	3-28-03	1/19/13	01-09-13
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