

## Texas Tech University Health Sciences Center El Paso HIPAA Privacy Policy

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| <b>Administration</b>  | <b>Policy: 4.2</b>                   |
| <b>Texting of Protected Health Information</b>   | <b>Effective Date: June 25, 2016</b> |
| <b>References:</b> <a href="http://www.hhs.gov/ocr/hipaa">http://www.hhs.gov/ocr/hipaa</a>                           |                                      |
| <b>TTUHSC El Paso HIPAA Website:</b> <a href="http://elpaso.ttuhscc.edu/hipaa/">http://elpaso.ttuhscc.edu/hipaa/</a> |                                      |

### **Policy Statement**

The purpose of this Texas Tech University Health Sciences Center El Paso (TTUHSC El Paso) HIPAA Policy and Procedure is to define accepted practices, responsibilities and procedures for the transmission of PHI via secure text messaging between clinic providers and staff.

Text messaging is a form of informal communication that can be beneficial if used appropriately.

### **Scope**

This policy applies to all health care clinical service areas owned and/or operated by Texas Tech University Health Sciences Center El Paso (TTUHSC El Paso)

### **Definitions.**

Refer to [HPP 1.1 for Glossary of HIPAA Terms](#)

### **Policy**

#### 1. Eligibility

- A. Texting application as approved by the Privacy and Security Committee is the only secure text messaging platform approved for use by TTUHSC El Paso health care professionals. Other text messaging platforms, e.g., Tiger Text will not be used.
- B. TTUHSC El Paso faculty, staff, and students can use a smart phone, TTUHSC El Paso managed computer workstation or device, or a personal mobile device to access the secure messaging solution.

#### 2. Scope of Use

- A. All messages that reference a patient should include two patient identifiers in order to confirm patient identity.
- B. It is TTUHSC El Paso's policy not to allow secure texting as a method to communicate patient orders

#### 3. Ownership

- A. Audits by the Office of Institutional Compliance or Information Technology - Security Division may be conducted as needed to determine compliance with TTUHSC El Paso policy guidelines.

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### 4. Security

- A. Refer to TTUHSC El Paso IT Policy 56.01, Use of Information Technology Resources for additional guidelines on mobile device security.
- B. Users of mobile devices are responsible for physical security of these devices both onsite and offsite. In the event a mobile device becomes lost or stolen, either personal or TTUHSC El Paso owned, the responsible TTUHSC El Paso faculty, staff or student shall report the incident immediately to his/her supervisor, the TTUHSC El Paso Privacy Officer (IPO), and the TTUHSC El Paso Information Security Officer (ISO).
- C. Refer to TTUHSC El Paso IT Policy 1.4.1 that users should never share logins, passwords, or other security measures and should not disable or alter any security measures configured on a mobile device.

### 5. Right to Change Policy

TTUHSC El Paso reserves the right to interpret, change, modify, amend or rescind any policy in whole or in part at any time without the consent of workforce.

This policy and procedure will be documented and retained for a period of 6 years from the date of its creation or the date when it last was in effect, whichever is later.

Knowledge of a violation or potential violation of this policy must be reported directly to the Institutional Privacy Officer or to the employee Compliance Fraud and Misconduct Hotline at (866) 294-9352 or [www.ethicspoint.com](http://www.ethicspoint.com) under Texas Tech University System.

### **Frequency of Review**

The TTUHSC El Paso Privacy and Security Committee have authority for HIPAA policy approval.

Questions regarding this policy may be addressed to the [Institutional Privacy Officer](#) or the [Institutional Compliance Officer](#).

This policy may be amended or terminated at any time.

**Review Date:** November 8, 2019

**Revision Date:** May 16, 2017, November 19, 2019