

Texas Tech University Health Sciences Center El Paso HIPAA Privacy Policy

Using and Disclosing PHI	Policy: 4.3
Release of Protected Health Information by Email	Effective Date: May 18, 2016
References: http://www.hhs.gov/ocr/hipaa	
TTUHSC El Paso HIPAA Website: http://elpaso.ttuhscc.edu/hipaa/	

Policy Statement

It is the policy of Texas Tech University Health Sciences Center El Paso (TTUHSC El Paso) to ensure confidentiality of protected health information (PHI) released by email. This policy defines the minimum guidelines and procedures that individuals must follow when transmitting patient information via email. Unless otherwise allowed by federal or state law, TTUHSC El Paso shall only email PHI as outlined in this policy.

Scope

This policy applies to all PHI maintained by TTUHSC El Paso.

Definitions

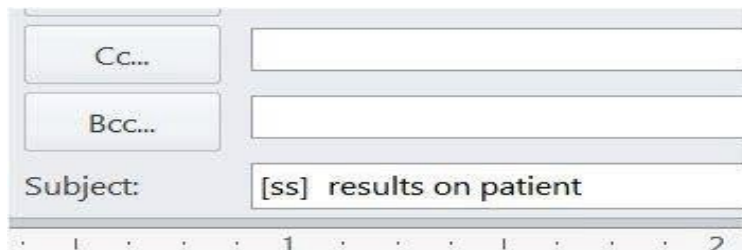
Refer to [HPP 1.1 for Glossary of HIPAA terms](#)

Policy

PHI is allowed in internal messages without encryption, i.e., the email must go to another ttuhsc.edu email address.

Transmission of PHI to external parties i.e., any email address other than ttuhsc.edu must be manually encrypted. This includes emails to patients, providers, hospitals, payors, etc.

How to encrypt email: Type **[send secure]** or **[ss]** in the subject line right before the subject of the email, as shown below.



If a patient requests in writing their PHI be sent unencrypted, TTUHSC El Paso will advise the patient of the risks involved with sending PHI unencrypted. However, if the patient insists, TTUHSC El Paso will comply, documenting the patient's request in his/her record.

Knowledge of a violation or potential violation of this policy must be reported directly to the institutional privacy officer or to the Fraud and Misconduct Hotline at (866) 294-9352 or www.ethicspoint.com under Texas Tech University System.

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Frequency of Review

The TTUHSC El Paso Privacy and Security Committee has 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: December 8, 2016, November 19, 2019