

Texas Tech University Health Sciences Center El Paso HIPAA Privacy Policy

Using and Disclosing PHI	Policy: 4.5
Mailing Protected Health Information	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 the Texas Tech University Health Sciences Center El Paso (TTUHSC El Paso) to secure confidentiality of protected health information released (PHI) by mail. This policy defines the minimum guidelines and procedures that individuals must follow when transmitting patient information via mail. Unless otherwise allowed by federal or state law, TTUHSC El Paso shall only mail 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 that is released by mail should be in a sealed envelope and addressed to the individual or the party designated through written or oral request by the individual, to receive the PHI.

Examples:

- Appointment reminders and No-Show letters should be placed in a sealed envelope before mailing.
- Lab results or letters containing lab results should be placed in a sealed envelope before mailing.
- Statements requested by the individual should be placed in a sealed envelope before mailing.
- Postcards containing PHI should be placed in a sealed envelope before mailing.

Clinical departments are to utilize window envelopes when sending out information containing protected health information.

Individuals must make certain that no PHI is visible through the window prior to sending the envelope.

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.

Texas Tech University Health Sciences Center El Paso HIPAA Privacy Policy

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: March 10, 2020

Revision Date: May 16, 2017, September 15, 2020