

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

Administration	<b>Policy: 4.6</b>
Faxing Protected Health Information (PHI)	<b>Effective Date:</b> May 1, 2015
<b>References:</b> 45 CFR 164.52; <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.ttuhs.c.edu/hipaa/">http://elpaso.ttuhs.c.edu/hipaa/</a>	

### **Policy Statement**

It is the policy of Texas Tech University Health Sciences Center El Paso (TTUHSC El Paso) to secure confidentiality of the facsimile (fax) transmission of protected health information (PHI). This policy defines the minimum guidelines and procedures that individuals must follow when transmitting patient information via facsimile.

Unless otherwise allowed by federal or state law, TTUHSC El Paso shall only release PHI as outlined in this policy.

TTUHSC El Paso will not routinely send or accept faxes that contain sensitive patient information (definition below). Special precautions must be made to verify the correct fax number before faxing PHI, particularly sensitive PHI.

### **Scope**

This policy applies to all health care clinical service areas owned and/or operated by TTUHSC El Paso.

### **Definitions**

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

### **Policy**

#### **Sending Faxes**

1. TTUHSC El Paso workforce members will transmit patient information by fax only when the transmission is time-sensitive and delivery by regular mail will not meet the needs for treatment, payment or health care operations. For example, personnel may transmit PHI by facsimile when urgently needed for patient care or required by a third-party payer for ongoing certification of payment for a patient.
2. The following types of medical information are additionally protected by federal and/or state statute, and as a general practice, should not be faxed even if disclosure is authorized or permitted. If necessary to fax, **extra caution and approval from the supervisor** must be obtained before faxing any of the following:

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

- a) Psychiatric/psychological records (records of treatment by a psychiatrist, licensed psychologist or psychiatric clinical nurse specialist).
  - b) Social work counseling/therapy.
  - c) Domestic violence counseling for victims.
  - d) Sexual assault counseling.
  - e) HIV test results (patient authorization required for EACH release request).
  - f) Records pertaining to sexually-transmitted diseases, and
  - g) Alcohol and drug abuse records protected by federal confidentiality rules (45 CFR Part 2).
3. All faxes containing PHI must include a cover sheet identifying the name of the sender and recipient. **The TTUHSC El Paso standard fax cover sheet is attached and must be used by all workforce members to send faxes containing PHI. Do not include any PHI on the fax cover sheet.** The name, title, business affiliation, telephone number and fax number of the intended recipient, as well as the number of pages contained in the transmission should be included on the cover sheet. **The fax cover sheet contains contact information for the TTUHSC El Paso Institutional Compliance Office if a fax is received in error.**
- a) Individuals that work in department that utilize computer faxing should follow principles outlined above
4. Workforce members must make reasonable efforts to ensure that they send the fax transmission to the intended recipient by taking the following precautions:
- a) Employee should confirm with the intended recipient that the receiving fax machine is located in a secure area or that the intended recipient is waiting by the fax machine to receive the transmission;
  - b) Pre-program frequently used numbers into the machine to prevent misdialing errors. Periodically check all pre-programmed numbers to ensure that they are current, valid, accurate and authorized to receive confidential information.
  - c) If automated or “paperless” faxing is used, periodically ensure that numbers and destinations are accurate and up to date;
  - d) Fax confirmation sheets should be checked immediately or as soon as possible after the fax has been transmitted to confirm the material was faxed to the intended fax number;
  - e) For a new recipient, the sender must verify the fax number with the recipient, and verify the identity of the person and/or organization that will be receiving the information. When patient authorization is required, the patient will be asked specifically to authorize TTUHSC El Paso to fax health information;
  - f) Periodically remind those who are frequent recipients of PHI to notify TTUHSC El Paso if their fax number changes.
5. Fax confirmation sheets should be attached to and maintained with all faxed documents.

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

6. When faxing PHI, workforce members will comply with all other TTUHSC El Paso policies.

### Misdirected Faxes-Faxes Sent to the Wrong Patient

1. Fax confirmation sheets should be checked immediately or as soon as possible after the fax has been transmitted to confirm the material was faxed to the intended fax number. If the intended recipient notifies the sender that the fax was not received, the sender will use best judgment to determine whether the fax was inadvertently transmitted to another fax number by checking the fax confirmation sheet and/or the fax machine's internal logging system.
2. If a workforce member becomes aware that a fax was sent to the wrong fax number, the employee will immediately contact the Institutional Privacy Officer or the Office of Institutional Compliance.

### Receiving Faxes

Workforce members who are intended recipients of faxes that contain PHI will take reasonable steps to minimize the possibility those faxes are viewed or received by unauthorized personnel. Reasonable steps include, but are not limited to, the following:

1. Fax machines used for patient care or patient-related services should be located in secure areas not accessible to the general public or unauthorized staff. The supervisor or his/her designee is responsible for limiting access to them. The area must be locked/secured when not staffed.
2. Each department/clinic is responsible for ensuring that incoming faxes are properly handled.
3. If an individual receives a fax addressed to someone other than the employee and the person to whom the fax is addressed is someone at TTUHSC El Paso, the individual will promptly notify the individual to whom the fax was addressed and deliver or make arrangements to deliver the misdirected fax as directed by the intended recipient. The recipient will notify the sender that the fax was misdirected.
4. If an individual receives a fax addressed to someone other than the employee and the person to whom the fax is addressed is NOT affiliated with TTUHSC El Paso, the employee will promptly notify the sender, and destroy or return the faxed material as directed by the sender.

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

5. Departments that routinely receive faxes containing PHI from other individuals or organizations (either internal or external sources) will promptly advise those regular senders of any changes to the department's fax number.
6. Workforce members who receive faxes that contain sensitive PHI (such as HIV/AIDS results or status or substance abuse and mental health treatment records) will promptly advise the senders of such faxes that it is the policy of TTUHSC El Paso not to accept transmissions of sensitive PHI by fax.

This policy and procedure will be documented and retained for a period of six 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 Fraud and Misconduct Hotline at (866) 294-9352 or [www.ethicspoint.com](http://www.ethicspoint.com) under the Texas Tech University System.

### **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](#).

The policy may be amended or terminated at any time.

**Review Date:** March 10, 2020

**Revision Date:** July 18, 2017, May 19, 2020