



Texas Tech University Health Sciences Center El Paso HIPAA Privacy Policy

Policy: Using and Disclosing PHI – Mailing Protected Health Information	Policy #: HPP 4.5
Effective Date: May 18, 2016	Last Revision Date: May 15, 2022 <u>May 21, 2024</u>
References: http://www.hhs.gov/ocr/hipaa https://www.hhs.gov/hipaa/index.html	

Policy Statement

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

Scope

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

Policy

PHI ~~that is~~ released by mail should be in a sealed envelope and addressed to the individual or the party designated by the individual, through a 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-sure that no PHI is visible through the window before sending the envelope.

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

Frequency of Review

This policy will be reviewed on each even-numbered year (ENY) by the Institutional Privacy Officer, and the HIPAA Privacy and Security Committee, but may be amended or terminated at any time.

Questions regarding this policy may be addressed to the Institutional Privacy Officer or the Institutional Compliance Officer.



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Review Date: ~~February 28, 2022~~ May 13, 2024

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