

Texas Tech University Health Sciences Center El Paso HIPAA Privacy Policy

Policy: Administration – Faxing Protected Health Information (PHI)	Policy #: HPP 4.6
Effective Date: May 1, 2015	Last Revision Date: May 15, 2022 <u>May 21, 2024</u>
References: 45 CFR 164.52; http://www.hhs.gov/ocr/hipaa https://www.hhs.gov/hipaa/index.html	

Formatted: Font color: Red, Strikethrough

Policy Statement

It is the policy of Texas Tech University Health Sciences Center El Paso (TTUHSC El Paso) to secure the 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~~ containing sensitive patient information (defined below). Special precautions must be ~~made~~ taken to verify the correct fax number before faxing PHI, particularly sensitive PHI.

Formatted: Font color: Red, Strikethrough

Formatted: Font color: Red, Strikethrough

Scope

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

Policy

1. Sending Faxes

- a. 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.
- b. ~~The following types of medical information are additionally protected by federal and/or state statutes~~ Federal and/or state statutes additionally protect the following types of medical information, and as a general practice, **should not be faxed even if the 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:
 - Psychiatric/psychological records (~~records of~~ treatment records by a psychiatrist, licensed psychologist, or psychiatric clinical nurse specialist)
 - Social work counseling/therapy
 - Domestic violence counseling for victims
 - Sexual assault counseling
 - HIV test results (patient authorization required for EACH release request)
 - Records about sexually-transmitted diseases
 - Alcohol and drug abuse records protected by federal confidentiality rules (45 CFR Part 2)

Formatted: Font color: Red, Strikethrough

Formatted: Font color: Red

Texas Tech University Health Sciences Center El Paso HIPAA Privacy Policy

- c. All faxes containing PHI must include a cover sheet identifying the ~~name of the sender and recipient~~sender and recipient's name. **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, and 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.**
- Individuals ~~that workworking~~ in a department that utilizes computer faxing should follow the principles outlined above.
- d. Workforce members must make reasonable efforts to ensure that they send the fax transmission to the intended recipient by taking the following precautions:
- 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;
 - 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;
 - If automated or “paperless” faxing is used, periodically ensure that numbers and destinations are accurate and up to date;
 - 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;
 - 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~~explicitly asked to authorize TTUHSC El Paso to fax health information;
 - Periodically remind those ~~who are~~ frequent recipients of PHI to notify TTUHSC El Paso if their fax number changes.
- e. Fax confirmation sheets should be attached ~~to~~ and maintained with all faxed documents.
- f. When faxing PHI, workforce members will comply with all other TTUHSC El Paso policies.

2. Misdirected Faxes-Faxes Sent to the Wrong Patient

- a. 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 the 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.

Formatted: Font color: Red, Strikethrough

Texas Tech University Health Sciences Center El Paso HIPAA Privacy Policy

- b. 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.

3. Receiving Faxes

Workforce members who are intended recipients of faxes ~~that contain PHI will take reasonable steps to minimize that containing PHI will take reasonable steps to minimize possibility~~ the possibility that those faxes are viewed or received by

unauthorized personnel. Reasonable steps include, but are not limited to, the following:

- a. 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.
- b. Each department/clinic is responsible for ensuring that incoming faxes are properly handled.
- c. 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.
- d. 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.
- e. 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.
- f. 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 that TTUHSC El Paso does not~~ accept transmissions of sensitive PHI by fax.

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

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 the Texas Tech University System.



Texas Tech University Health Sciences Center El Paso HIPAA Privacy Policy

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.



Texas Tech University Health Sciences Center El Paso HIPAA Privacy Policy

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

Revision Date: July 18, 2017, May 19, 2020, May 15, 2022, May 21, 2024