

## **FAXING PROTECTED HEALTH INFORMATION POLICY AND PROCEDURE**

### **PURPOSE**

To ensure that Protected Health Information ("PHI") is appropriately safeguarded when it is sent or received via facsimile (fax) machine or software.

### **POLICY**

It is the policy of \_\_\_\_\_ (the "Facility") and any and all owners, directors, officers, clinical staff, employees, independent contractors, consultants, and others currently or potentially working for the Facility ("Associates") to allow the use of facsimile machines to transmit and receive PHI. The information released will be limited to the minimum necessary to meet the requestor's needs.

### **PROCEDURE**

- I. The fax machine should be located in an area that is not easily accessible to unauthorized persons. Examples include the business office, medical record office, or nurse's station. If possible, the fax machine should not be located in a public area where confidentiality of PHI might be compromised. If this is not possible, a sign should be posted regarding access to the documents. (See sample sign following this Policy.)
- II. The Facility shall ensure that only authorized individuals have access to its fax machines.
- III. Received documents will be removed promptly from the fax machine. To promote secure delivery, instructions on the cover page will be followed.
- IV. Unless otherwise prohibited by state law, information transmitted via facsimile is acceptable and may be included in the resident's Medical Record.
- V. Steps should be taken to ensure that the fax transmission is sent to the appropriate destination. These include:
  - A. Pre-programming and testing destination numbers whenever possible to eliminate errors in transmission due to misdialing.

- B. Asking frequent recipients to notify the Facility of a fax number change.
- C. Confirming the accuracy of the recipient's fax number before pressing the send/start key.
- D. If possible, printing a confirmation of each fax transmission.
- VI. A cover page should be attached to any facsimile document that includes PHI. The cover page should include:
  - A. Destination of the fax, including name, fax number and phone number;
  - B. Name, fax number and phone number of the sender;
  - C. Date;
  - D. Number of pages transmitted; and
  - E. Confidentiality Statement (See sample below).
- VII. If a fax transmission fails to reach a recipient or if the sender becomes aware that a fax was misdirected, the internal logging system should be checked to obtain the incorrect recipient's fax number. The Facility will follow its policies with regard to PHI breaches. See breach of protected of PHI policy and procedure.
- VIII. The Facility will obtain a written authorization for any use or disclosure of PHI when the use or disclosure is not for treatment, payment, or healthcare operations or required by federal or state law or regulation.
- IX. The PHI disclosed will be the minimum necessary to meet the requestor's needs.

### Sample Confidentiality Statement

The documents accompanying this transmission contain confidential protected health information that is legally privileged. This information is intended only for the use of the individual or entity named above. The authorized recipient of this information is prohibited from disclosing this information to any other party unless required to do so by law or regulation and is required to destroy the information after its stated need has been fulfilled.

If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution, or action taken in reliance on the contents of these documents is strictly prohibited. **If you have received this information in error, please notify the sender immediately and arrange for the return or destruction of these documents.**

SAMPLE FAX COVER PAGE

Facility Name  
Facility Address  
Phone Number  
Fax Number

***Confidential and Protected Communication***

FAX COVER SHEET

DATE & TIME \_\_\_\_\_

NUMBER OF PAGES \_\_\_\_\_

TO: \_\_\_\_\_

NAME \_\_\_\_\_

FAX NUMBER \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

FROM: \_\_\_\_\_

COMMENTS:

VERIFICATION OF RECEIPT OF FAX:

This communication may contain confidential Protected Health Information. This information is intended only for the use of the individual or entity to which it is addressed. The authorized recipient of this information is prohibited from disclosing this information to any other party unless required to do so by law or regulation and is required to destroy the information after its stated need has been fulfilled.

If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution, or action taken in reliance on the contents of these documents is STRICTLY PROHIBITED by Federal law. **If you have received this information in error, please notify the sender immediately and arrange for the return or destruction of these documents.**

***SIGN FOR FAX MACHINE***



**Only authorized staff may view  
faxed documents sent or received  
by this fax machine.**

Access to such documents by unauthorized persons is prohibited by federal law.