


Name of Policy: Facsimile Transmission of Patient Information Policy Number: 3364-100-50-32 Approving Officer: Chief Executive Officer, Chief of Staff Responsible Agent: Health Information Management, Compliance/Privacy Officer Scope: The University of Toledo Medical Center		 Effective date: Original effective date: 4/1/1997	
Key words: Facsimile, Transmission, Patient Information, Privacy, HIPAA			
<input type="checkbox"/>	New policy proposal	<input type="checkbox"/>	Minor/technical revision of existing policy
<input checked="" type="checkbox"/>	Major revision of existing policy	<input type="checkbox"/>	Reaffirmation of existing policy

(A) Policy Statement

The University of Toledo (UToledo) permits the use of facsimile (fax) for the transmission of patient information for treatment, payment, and healthcare operations in accordance with reasonable safeguards for patient privacy as required by the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and University HIPAA policies.

All faxed information must comply with the Minimum necessary guidelines for use/disclosure of protected health information Policy 3364-90-02, only essential data required to fulfill the request should be transmitted.

Medical records of patients with substance abuse disorders, Human Immunodeficiency Virus and (HIV), Acquired Immunodeficiency Syndrome (AIDS) or AIDS related disorders or psychiatric diagnoses should not be faxed unless absolutely necessary.

(B) Purpose of Policy

To ensure consistent and legally compliant use of fax machines while protecting patient confidentiality, minimizing the risk of unauthorized disclosure aligning with releasing patient information in error..

(C) Scope

The Health Information Management (HIM) department is responsible for completing the release of all patient information via fax transmittal, electronic submission, or traditional mail. Other departments such as but not limited to; Outcomes Management, Revenue Cycle and Finance who need to release patient information to third-party payers will do so in compliance with this policy.

(D) Procedure1) Permitted Use of Fax Transmission

Outside of HIM, patient information should only be faxed to fulfill a treatment, payment or healthcare operations obligation or a specifically authorized request. Information received via fax is acceptable for inclusion in the patient's health record.

2) Safeguarding Fax Machines

To protect patient privacy:

- Fax machines must be located in a secure area that is not accessible by the general public
- ~~Machines must not be accessible to the general public~~
- Staff must retrieve faxes promptly

3) Fax Cover sheet Requirements

A fax cover sheet is mandatory and must include:

- Date of fax transmission
- Name of requestor and facility/organization
- Sender's name
- Sender's fax number
- Sender's phone number
- Number of pages sent (including cover sheet)
- Confidentiality Notice which includes a statement regarding re-disclosure
- Instructions for misdirected faxes and destruction protocol.

4) Required Confidentiality Statement

IMPORTANT WARNING: This facsimile is a confidential communication and is transmitted for the exclusive use of the person or entity to which it is addressed.

If you are not the intended recipient you are hereby notified that any disclosure, copying or distribution of this information is **STRICTLY** prohibited. If you have received this facsimile communication in error, please notify us immediately by telephone and mail the communication to us at our address printed in the top left-hand corner of this form or destroy this facsimile.

To the extent that Protected Health Information (PHI) is enclosed, please be advised that it is being faxed to you after appropriate authorization from the individual or under circumstances that do not require authorization. It has been disclosed to you from a designated record set whose confidentiality is protected by state and federal law. You, the recipient, are expected to maintain this information in a safe, secure, and confidential manner. In addition, federal regulations (42 CFR part 2) prohibit any further disclosure of drug and alcohol abuse treatment information except with specific written consent of the person to whom the information pertains or the parent or legal guardian of a minor child to whom it pertains, unless otherwise permitted by federal law. A general authorization for the release of information is NOT sufficient for this purpose. State law prohibits any further disclosure of this sexually transmitted disease information, including HIV/AIDS, without specific written consent of the person to whom the information pertains, or the parent or legal guardian of a minor child to whom it pertains, unless otherwise permitted by state law. A general authorization to release information is NOT sufficient for this purpose.

5) Preventing and Responding to Errors

a) Prevention

- Use fax machines with pre-programmed numbers to reduce errors, to the extent possible.
- When manually entering a fax number, double check recipient information and fax number before sending.

b) Misdirected Faxes

If a fax is sent to the wrong recipient:

- Immediately contact the unintended recipient to request secure destruction or return of the document, including all electronic copies of the documents, such as deleted mailboxes for faxes received through electronic mail systems.
- Notify the Privacy Officer via email at: privacyoffice@utoledo.edu.
- Provide a copy of the misdirected faxed content to the Privacy Officer for documentation and incident analysis.

Approved by:

Daniel Barbee
Chief Executive Officer

Date

Puneet Sindhwani, MD
Chief of Staff

Date

*Review/Revision Completed by:
Health Information Management
Risk Management/Privacy*

Policies Superseded by This Policy:

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