

UNIVERSITY PHYSICIANS OF BROOKLYN, INC.

POLICY AND PROCEDURE

No: _____

Subject: FAXING PATIENT INFORMATION **Page** 1 **of** 3

Prepared by: Shoshana Milstein **Original Issue Date:** NEW

Reviewed by: HIPAA Policy & Procedure Team **Supersedes Date:** NONE

Renee Poncet **Approval Date:** 9/02

Approved by: HIPAA Oversight Committee **Distribution:**

Issued by:

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- I. **Purpose:** To establish a policy and procedure for transmission of protected health information via facsimile or other means of electronic transfer to comply with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and its accompanying regulations.
- II. **Policy:** It is the Policy of UPB to protect the confidentiality and integrity of protected health information (PHI) as required by State and Federal law, professional ethics and accreditation agencies. The procedures outlined in the policies on Uses & Disclosures Requiring Patient Authorization and Minimum Necessary Guidelines should be followed, as appropriate.
- A. **Circumstances-** The following circumstances outline when information may be released by facsimile transmission:
1. Situation where the original record or mailed copy will not meet the immediate needs of patient care.
 2. PHI is urgently required by a third-party payer where a loss of reimbursement can result.
- B. **Sensitive Information-** Personnel should not send any sensitive information by fax. When extenuating circumstances exist, personnel should refer the matter to the appropriate supervisor. Examples of sensitive information include, but are not limited to:
1. HIV information
 2. Mental health information
 3. Developmental disability information
 4. Alcohol and drug abuse information
 5. Sexually transmitted disease (STD) information
 6. Pregnancy results
 7. Genetic screening

C. **Cover Page-** All records containing patient information that are faxed are required to have a standard cover sheet that does not contain any PHI. The cover sheet must contain the following information:

1. Name, telephone number and facsimile number of the person the PHI is being addressed to,
2. Name, address and telephone number of the person from whom the PHI is being faxed,
3. Date that the facsimile is being initiated,
4. Number of pages being faxed, including the cover page,
5. Subject or topic of the facsimile,
6. A disclosure statement stating the following:

NOTICE: The information contained in this facsimile message may be confidential and is only for the use of the individual or entity named on this cover sheet. If the reader of this message is not the intended recipient, the reader is hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited. In addition, the unintended recipient of this information should dispose the information properly or return it to the sender by US mail.

If this communication has been received in error, the recipient should notify the sender in the Practice of _____ at University Physicians of Brooklyn, Inc. at ()- ___- ____ immediately.

D. **Verification of Destination-** Personnel must make reasonable efforts to send the facsimile transmission to the correct destination. The following practices must be conducted:

1. Prior to transmittal, where reasonable, the sender should notify the receiving party by telephone of the approximate time of fax transmittal and receive verification that the recipient's fax machine is in a secured and attended location.
2. When reasonable, following the transmittal, the sender should verify with the intended receiver that the information was indeed received.
3. A confirmation should be printed from the fax machine. The sender should verify that the number matches the intended number and staple the confirmation to the faxed document.

E. **Completion of Facsimile**

1. Upon completion of the faxing process, original PHI should be returned to its properly filed location.
2. Copies of PHI should be appropriately disposed.

F. **Accounting of Disclosures-** An accounting may be required for disclosures not made for treatment, payment and healthcare operations (TPO) or pursuant to an authorization. See policy on Accounting of Disclosures.

G. **Location of Fax Machines-** All fax machines must be located in secure areas. The practice manager is responsible for limiting access to the machines.

H. **Received Faxes-** Each practice is responsible for the proper handling of received faxes.

1. Incoming faxes are not to be left sitting on or near the machine.
2. The fax must be distributed to the proper recipient expeditiously.
3. Misdirected faxes must be reported to the practice manager immediately.

I. **Audit of Pre-programmed Numbers-** Each practice manager must periodically audit pre-programmed numbers:

1. Verify that the numbers are current.
2. Verify that the recipient is still authorized to receive information.

III. **Responsibilities:** It is the responsibility of practice management to ensure that release of PHI is only performed by personnel who are trained to perform release of information and that there is an ongoing quality monitoring of release of information activities.

IV. **Procedure:**

The development of the procedure section is the responsibility of the respective practice. It is dependent upon the unique needs of each practice's operating structure and shall be advanced and customized accordingly.

V. **Reasons for Revision:** Institutional/regulatory changes

VI. **Attachments:** Cover Page

VII. **References:** The Privacy Rule, Federal Register



**UNIVERSITY
PHYSICIANS**
BROOKLYN, INC.

FACSIMILE COVER PAGE

The enclosed information may contain confidential health information. It is being faxed to you after appropriate authorization from the patient or under circumstances that do not require patient authorization. The recipient is obligated to maintain the information in a secure and confidential manner. Re-disclosure without specific authorization or as required by law is strictly prohibited and is subject to federal penalties.

Recipient Information:

Name of Recipient: _____

Organization: _____

Telephone #: _____ Fax #: _____

Sender Information:

Name of Sender: _____

Practice Name: _____

Telephone #: _____

Date: _____

Subject: _____

Number of Pages (including cover page): _____

Message: _____

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