Use, Disclosure and Disposal of PHI	Policy 4.3
Release of Protected Health Information by Email	Effective Date: May 18, 2016
References: http://www.hhs.gov/ocr/hipaa HSC HIPAA website http://www.ttuhsc.edu/hipaa/policies_procedures.aspx	

Policy Statement

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

Scope and Distribution

This policy applies to all PHI maintained by TTUHSC. It does not apply to health care information of inmates seen or treated by TTUHSC providers.

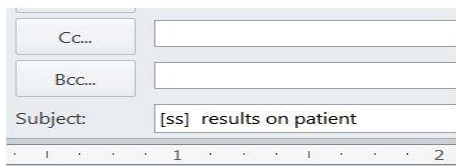## Definitions

Refer to HPP 1.1 for Glossary of HIPAA Terms

See *Old/New HIPAA Policy Number Cross Reference Chart*

Procedure

PHI is allowed in "internal" messages without encryption, i.e,, the email must go to another ttuhsc.edu or ttu.edu email address.

Transmission of PHI to external parties outside of TTUHSC/TTU, i.e., any email address other than ttuhsc.edu or ttu.edu, must be encrypted.   This is for emails to patients, providers, hospitals, payors, etc.

How to encrypt email: Type **[send secure]** or **[ss]** on subject line in front of subject of email.

If a patient requests their PHI be sent via <u>unencrypted</u> email, HSC will advise the patient of the risks involved with sending PHI unencrypted. However, if the patient insists, HSC will comply, documenting the patient's request in the patient's record.

Knowledge of a violation or potential violation of this policy must be reported directly to a Regional Privacy Officer, the Institutional Privacy Officer or to the employee Compliance Hotline at (866) 294-9352 or www.ethicspoint.com under HSC.

Approval Authority

Questions regarding this policy may be addressed to the Regional Privacy Officer (Amarillo, Permian Basin), the Institutional Privacy Officer, or the Institutional Compliance Officer.

Responsibility and Revisions

This policy may be amended or terminated at any time to reflect changes in TTUHSC operating policies or applicable laws and regulations.