

**Texas Tech University Health Sciences Center
HIPAA Privacy Policies**

Administration	Policy 4.6
Faxing Protected Health Information (PHI)	Effective Date: May 1, 2015 Revised Date: August 11, 2017
References: 45CFR§164.52; http://www.hhs.gov/ocr/hipaa HSC HIPAA website http://www.ttuhscc.edu/hipaa/policies_procedures.aspx	

Policy Statement

It is the policy of the Texas Tech University Health Sciences Center (TTUHSC) to secure confidentiality of the facsimile (fax) transmission of protected health information, including efaxing. 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 shall only release Protected Health Information (PHI) as outlined in this policy.

TTUHSC will not routinely send or accept faxes that contain sensitive patient information (definition below). Special precautions must be made to verify the correct fax number before faxing PHI, particularly sensitive PHI.

Scope and Distribution

This policy applies to all TTUHSC departments/clinics that fax Patient Health Information. It does not apply to inmates seen or treated by TTUHSC.

Definitions

Refer to [HPP 1.1 for Glossary of HIPAA Terms](#).

See [Old/New HIPAA Policy Number Cross Reference Chart](#)

Procedure

Sending Faxes

1. TTUHSC workforce members will transmit patient information, i.e., PHI by fax only when the transmission is time-sensitive and delivery by regular mail will not meet the needs for treatment, payment and 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.

**Texas Tech University Health Sciences Center
HIPAA Privacy Policies**

2. The following types of medical information are additionally protected by federal and/or state statute, and as a general practice, **should not be faxed even if disclosure is authorized or permitted**. If necessary to fax, **extra caution and approval from supervisor** must be obtained before faxing information below:
- a) Psychiatric/Psychological records (records of treatment by a psychiatrist, licensed psychologist or psychiatric clinical nurse specialist)
 - b) Social work counseling/therapy
 - c) Domestic violence counseling for victims
 - d) Sexual assault counseling
 - e) HIV test results (Patient authorization required for EACH release request)
 - f) Records pertaining to sexually-transmitted diseases
 - g) Alcohol and drug abuse records protected by federal confidentiality rules (42 CFR Part 2)
3. All faxes/efaxes containing PHI must include a cover sheet identifying the name of the sender and recipient. There are two fax cover sheet options that are permitted:
- a. The TTUHSC standard fax cover sheet is attached for each respective campus (Lubbock Attachment A; Amarillo Attachment B; Permian Basin Attachment C);
 - b. Departments may use a department-specific fax cover sheet only if the following information is added to the bottom of their cover sheet:

If you have received this communication in error, please immediately notify the TTUHSC Office of Institutional Compliance by telephone: 806-743-9541 or email: sherri.johnston@ttuhsc.edu

Health care information is personal and sensitive. This is being faxed to you after appropriate authorization from the patient or under circumstances which do not require patient authorization. You, the recipient, are obligated to maintain it in a safe, secure and confidential manner. Redisclosure without additional consent as permitted by law is prohibited. Unauthorized redisclosure or failure to maintain confidentiality could subject you to penalties in federal and state law.

IMPORTANT WARNING These documents are intended for the use of the person or entity to which they are addressed and may contain information that is privileged and confidential, the disclosure of which is governed by applicable law. If the reader of this message is not the intended recipient, or the employee or agent responsible to deliver it to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this information is strictly prohibited.

**Texas Tech University Health Sciences Center
HIPAA Privacy Policies**

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 should be included on the cover sheet. **The fax coversheet contains contact information for the TTUHSC Institutional Compliance Office if a fax is received in error.**

4. Workforce members must make reasonable efforts to ensure that they send the fax transmission to the intended recipient by taking the following precautions:
 - a) 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;
 - b) 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;
 - c) If automated or “paperless” faxing is used, periodically ensure that fax numbers and destinations are accurate and up to date;
 - d) 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;
 - e) 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 to authorize TTUHSC to fax health information;
 - f) Periodically remind those who are frequent recipients of protected health information to notify TTUHSC if their fax number changes.
5. Fax confirmation sheets should be attached to and maintained with all faxed documents.
6. When faxing PHI, workforce members will comply with all other TTUHSC policies.

Misdirected Faxes- faxes sent to the wrong recipient

1. 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 best efforts 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.
2. If a workforce member becomes aware that a fax was sent to the wrong fax number, the employee will immediately contact their respective campus’ Regional Privacy Officer or Office of Institutional Compliance.

**Texas Tech University Health Sciences Center
HIPAA Privacy Policies**

Receiving Faxes

Workforce members who are intended recipients of faxes that contain PHI will take reasonable steps to minimize the possibility those faxes are viewed or received by unauthorized personnel. Reasonable steps include, but are not limited to, the following:

1. Fax machines used for faxing PHI should be located in secure areas not accessible to the general public or unauthorized staff. The supervisor or designee is responsible for limiting access to them. The area must be locked/secured when not staffed.
2. Each department/clinic is responsible for ensuring that incoming faxes are properly handled.
3. 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, 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.
4. 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, the employee will promptly notify the sender, and destroy or return the faxed material as directed by the sender.
5. 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.
6. 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 not to accept transmissions of sensitive PHI by fax.

This policy and procedure will be documented and retained for a period of 6 years from the date of its creation or the date when it last was in effect, whichever is later.

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 [TTUHSC Hotline](#).

Approval Authority

**Texas Tech University Health Sciences Center
HIPAA Privacy Policies**

The TTUHSC Privacy and Security Committee has authority for HIPAA policy approval.

Responsibility and Revisions

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

This policy may be amended or terminated at any time.