



University of Connecticut Health Center

POLICY NUMBER 2003-23

March 28, 2005

**POLICY: FAXING OF PROTECTED HEALTH INFORMATION
(Privacy & Security of Protected Health Information (PHI))**

PURPOSE:

To protect the confidentiality and privacy of patient information when this information must be released via facsimile rather than by hand delivery or mail.

SCOPE:

Applies to all University of Connecticut Health Center (UCHC) workforce:

- Employees (including faculty and staff)
- Volunteers
- Students and residents
- Temporary staff
- Agency and contracted staff
- Credentialed staff
- Members of the Board of Directors

POLICY STATEMENT:

The UCHC is committed to safeguarding patient information in order to fulfill its mission to patients, and to operate in a manner that is consistent with applicable federal and State laws and regulations.

I. SENDING INFORMATION VIA FAX

- A. Patient information should be hand delivered or mailed whenever possible. Faxing of patient information internally to authorized personnel within the Health Center is allowable at anytime to facilitate treatment, payment and health care operations, provided the guidelines outlined in this policy are adhered to.
- B. Faxing of patient information outside of the facility is allowable in situations when health information is needed immediately for patient care purposes, continuing care placement, payment or when mail or courier delivery will not meet a necessary timeframe.
- C. Faxing of sensitive health information such as that dealing with mental health, chemical dependency, sexually transmitted diseases, HIV or other highly personal information is prohibited except in patient care situations where the information is

- needed immediately only for patient care purposes and mail delivery will not meet necessary time frame.
- D. Each UCHC department must designate a FAX machine in their area that will be utilized to send and/or receive patient information. This FAX machine must not be accessible to the public and should only be accessible to staff directly involved in patient care of those authorized to handle faxed information.
 - E. When faxes containing protected health information are sent external to UCHC, the faxed information must be accompanied by UCHC approved FAX cover sheet specifically designed for faxing of patient health information (see attached).
 - F. Employees authorized to FAX patient health information must confirm the accuracy of the FAX numbers and security of recipient machines by calling the intended recipients to verify the numbers and notify them that the FAX is on the way. Staff should request that someone is available at the receiving end to remove the FAX and deliver to the appropriate location. Staff sending the FAX must also request verification of the receipt of the intended FAX. When possible, a FAX confirmation slip should be printed from the FAX machine for each outgoing transmission and machine operators must also verify that the intended destination matches the number on the confirmation. The confirmation should be attached to the document that was transmitted and kept as part of the patient's medical/dental record. If the confirmation slip cannot be obtained from the FAX machine, the sender must attempt to verify receipt.
 - G. In the event the sender realizes that they have misdirected a FAX, the sender should contact the recipient and request the recipient mail the hard copy fax back to the sender. If it is not feasible to identify the recipient, the misdirected fax number should be recorded. Misdirected faxes external to UCHC are recorded as disclosures on the Accounting log for the patient whose PHI was disclosed.
 - H. When possible in instances where faxes are regularly sent to the same recipients, program those FAX numbers into the machine's memory to eliminate possibility of misrouted transmittals.

II. RECEIVING INFORMATION VIA FAX

- A. When expecting the arrival of a FAX containing personal health information, schedule with the sender whenever possible to ensure that the faxed documents can be promptly removed from the FAX machine.
- B. Staff responsible for routing faxed patient information must be sure that they leave them in a secure/confidential location. Patient information should never be left in high traffic public locations.
- C. Medical/dental Record information that is received from other health care locations should be placed in the patient's medical/dental record.
- D. If there is a need to destroy any information it must be done either by shredder or placed in a confidential/secured trash bin. Patient information must never be discarded in non-secured trashcans.
- E. In the event a misdirected fax is received at UCHC that has PHI in it, the person receiving the fax should attempt to identify who the fax was intended for. Whenever possible, the intended party should be contacted to assure that the PHI

gets to the proper party. If this is not possible, contact may be made with the UCHC Privacy Officer to resolve the matter and get the fax to the intended party.

III. SENDING AND RECEIVING FAXES USING AUTOMATED FAX CAPABILITY

- A. Some UCHC Departments utilize auto-faxing as an acceptable means of faxing PHI to physician offices or other health care institutions. This capability is limited to Department level application whenever PHI is being sent. Individuals are not allowed to use this capability for PHI communications. This specific prohibition may be revisited as a better understanding of the potential protections and vulnerabilities of this software is gained.
- B. Departments that utilize auto-fax technology included in their clinical applications will implement quality control processes and appropriate procedures to insure patient confidentiality is maintained. Quality control must include periodic verification that all speed dialed numbers are current, valid and that the recipient has authorization to receive confidential information.

Reference: UCHC IT Computer Use Policy and Information Security Policy
UCHC Confidentiality Policy
UCHC Policy: Disposal of PHI

Jonathan Carroll

4/21/05

Information Security Officer

Date

Iris Mauriello

4/5/05

Privacy Officer

Date

Peter Deckers, MD

Executive Vice President for Health Affairs

Date

Replaces: Policy dated 4/14/03

**Attachment:
Fax Cover Sheet**