# **Faxing Protected Health Information**

## 1. SCOPE

- 1.1. System-wide
- 1.2. Facilities and departments included in the scope are further defined in the <u>Scope</u> <u>Definition Resource Guide</u> if not specifically outlined above.

## 2. DEFINITIONS & EXPLANATIONS OF TERMS

- 2.1. Abbreviations
  - HIPAA: Health Insurance Portability and Accountability Act
  - MCHS: Marshfield Clinic Health System
  - PHI: Protected Health Information

### 2.2. Definitions

- Patient: All references to the "patient" in this policy mean the patient or her/his Personal Representative as defined in the <u>Personal Representatives of Patients</u> policy.
- Protected Health Information (PHI): The Privacy Rule protects all "*individually identifiable health information*" held or transmitted by a covered entity or its business associate, in any form or media, whether electronic, paper, or oral. The Privacy Rule calls this information Protected Health Information.

Individually identifiable health information: information, including demographic data, that relates to:

- the individual's past, present, or future physical or mental health or condition; **or**
- the provision of health care to the individual; or
- the past, present, or future payment for the provision of health care to the individual; and
- that identifies the individual or for which there is a reasonable basis to believe it can be used to identify the individual (e.g., name, address, birth date, Social Security Number).
- The HIPAA Privacy Rule establishes national standards to protect individuals' medical records and other personal health information and applies to health plans, health care clearinghouses, and those health care providers that conduct certain health care transactions electronically. The Rule requires appropriate safeguards to protect the privacy of personal health information, and sets limits and conditions on the uses and disclosures that may be made of such information without patient authorization. The Rule also gives patients' rights over their health information, including rights to examine and obtain a copy of their health records, and to request corrections.

When document is printed it becomes an uncontrolled copy. Please refer to DCS system for most current version.

# 3. POLICY BODY

**Purpose Statement**: It is the purpose of this policy to provide guidelines when Marshfield Clinic Health System (MCHS) discloses protected health information via fax to avoid unintentional disclosures in violation of the HIPAA Privacy Rule.

The HIPAA Privacy Rule requires MCHS to have in place appropriate safeguards to protect the privacy of Protected Health Information and to avoid intentional and unintentional uses or disclosures that are a violation of applicable federal and state privacy laws. It is the policy of MCHS to take all steps necessary to avoid a disclosure of PHI that violates the Privacy Rule when PHI is disclosed via fax to a person or entity outside of MCHS.

- 3.1. The HIPAA Privacy Rule does not prohibit the faxing of Protected Health Information. However, all necessary steps must be taken so that PHI is not transmitted by fax to an unintended recipient. The following procedures must be followed when faxing PHI:
  - a. If possible, limit faxing of PHI to urgent or non-routine transmittals when mail, hand-delivery, or secure e-mail is not feasible.
  - b. Unless absolutely necessary, do not fax sensitive, highly personal health information (such as information about a patient's drug or alcohol dependency, mental illness, or HIV status).
  - c. Obtain the patient's written authorization to disclose the PHI for a purpose other than treatment, payment, or health care operations prior to faxing.
  - d. Verify the recipient's fax number prior to faxing by calling the recipient to confirm the number.
  - e. Use a standard MCHS fax cover sheet with a confidentiality statement that instructs anyone who receives the fax in error to immediately notify MCHS to arrange for its return.
  - f. Complete the standard information contained in a fax cover sheet including:
    - $\hfill\square$  Date and time of the fax;
    - □ Sender's name, address, telephone number, and fax number;
    - □ Recipient's name, address, telephone number, and fax number;
    - □ Number of pages transmitted; and
    - □ Information regarding verification of receipt of the fax.
  - g. Call the person you are faxing so that they can be present to receive it.
  - h. Ask the person you are faxing to call you when they receive the fax.
  - i. Do not let the fax lay around a fax machine unattended (turn it face-down, file, or dispose of it before others can see it).
  - j. Program frequently-dialed fax numbers into the fax machine's memory or use speed-dial numbers only after they have been verified as correct. Use computer fax applications (e.g. RightFax) if available.
  - k. Locate fax machines in lower-traffic or secure areas that are accessible only to those authorized to view PHI.

I. If a fax is misdirected to an unintended recipient, make sure that improperly faxed documents are either immediately returned or destroyed (by shredding) by the recipient. The Privacy Officer will take steps to report the unintended disclosure of the PHI as described in the <u>Breach Notification</u> <u>Policy - Unsecured Protected Health Information</u>. Take steps to prevent a reoccurrence of the error and document the corrective action plan.

When document is printed it becomes an uncontrolled copy. Please refer to DCS system for most current version.

#### 4. ADDITIONAL RESOURCES

- 4.1. References:
  - HIPAA Regulations 45 CFR 164.530
  - Overview of Privacy Compliance Program
  - HIPAA Privacy Definitions
  - Breach Notification Policy Unsecured Protected Health Information

When document is printed it becomes an uncontrolled copy. Please refer to DCS system for most current version.

# 5. DOCUMENT HISTORY

Version No.	Revision Description	
1.0	Policy #4470 converted to new Document Control System	
2.0	Minor Change: update scope to include MCHS verbiage	
3.0	Annual review	
4.0	Annual review. Update Scope, logo, and added link to Section 2.1. Minor changes to policy body paragraphs, Section 3.1, and Section 3.1.k. Updated setting metadata field, removed logo, added abbreviations, updated formatting Updated HIPAA Privacy Definitions link	
5.0	Annual review. No changes.	Τ
6.0	Annual review. No changes.	
7-10	See version history	
11.0	DCS checklist, AO to republish	

When document is printed it becomes an uncontrolled copy. Please refer to DCS system for most current version.

### 6. DOCUMENT PROPERTIES

Primary Author: Schilling, Stacy Co-Author(s): Approver(s): This document has been electronically signed and approved by: Schilling, Stacy on: 2/22/2021 3:57:21 PM This document has been electronically signed and approved by: Andrew, Donna J. on: 2/22/2021 5:13:17 PM

UN6

When document is printed it becomes an uncontrolled copy. Please refer to DCS system for most current version.