HUNTINGTON MEMORIAL HOSPITAL
ADMINISTRATIVE POLICY & PROCEDURE

SUBJECT: FACSIMILE TRANSMISSION OF PROTECTED HEALTH INFORMATION (PHI)  
POLICY NO: 409  
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AUTHORIZED APPROVAL:  
EFFECTIVE DATE:  
06/15/2013  
REPLACES:  
10/1/2012

PURPOSE

To provide a standard procedure for receiving and releasing Protected Health Information (PHI) via facsimile (Fax) that includes all precautions to protect the patient’s right to privacy.

POLICY

To protect patient privacy, Huntington Hospital will allow facsimile transmission of Protected Health Information only when the original record, information read over the telephone or mail-delivered copies, will not meet the needs of immediate patient care.

APPLICABLE TO

This policy and procedure has direct application to the following departments:
All patient care departments
Compliance & Internal Audit Services
Medical Records Department

DEFINITIONS

Disclosure: The release, transfer, provision of access to, or divulging in any other manner of Protected Health Information outside the hospital.
Protected Health Information (PHI): Any health information, whether oral or recorded, transmitted or maintained in any form or medium that is created or received by Huntington Hospital.
Use: The sharing, employment, application, utilization, examination, or analysis of Protected Health Information within the hospital.

PROCEDURE

1. Confidential medical record information should be transmitted via facsimile only when:
   a. urgently needed for patient care, or
   b. required by a third party payer of ongoing certification of payment for a hospitalized patient.
2. The transmitted information should be limited to what is necessary to meet the requester’s needs. Routine disclosure of information to insurance companies, attorneys or other legitimate users should be made through regular mail or messenger service.

3. Facsimile documents are medicolegal documents and shall be maintained as a permanent part of the medical record.

4. Facsimile machines will be located, whenever possible, in secure areas with limited access to the public.

5. The use of autofaxing technology, which allows automatic facsimile transmission of computer-generated reports, shall be set up to ensure that the transmission of information is limited to that needed for patient care. Facsimile numbers preprogrammed into the system should be set up and retested periodically to ensure accuracy.

6. Authorization to release information:
   a. Except as required by law, a properly completed and signed patient authorization should be obtained prior to the release of patient information for purposes other than treatment, payment or health care operations as defined in the HIPAA regulations. An authorization transmitted via facsimile is acceptable. (See Administrative Policy #155 - "Authorization for Use and Disclosure of Protected Information (PHI)).

7. Facsimile Cover Letter (attached):
   a. A cover letter will accompany each facsimile transmission, and include:
      i. date and time of facsimile transmission (this may be machine generated);
      ii. Huntington Hospital’s name, address, telephone and facsimile numbers;
      iii. sender’s name and department;
      iv. receiving facility’s name and facsimile number;
      v. authorized receiver’s name;
      vi. number of pages transmitted including cover page; and
      vii. confidentiality notice, including instructions on redisclosure and destruction (see (8) below).

8. Confidentiality Notice:
   a. The Confidentiality Notice located on the fax cover sheet should include verbiage as follows.
      i. The document accompanying this facsimile transmission may contain legally PRIVILEGED or CONFIDENTIAL information belonging to Huntington Hospital. This information is intended only for the use of the individual or entity named above. The recipient is prohibited from disclosing this information to any other party without express authorization from Huntington Hospital and is required to destroy the information after its stated need has been fulfilled, unless otherwise required by law. Unauthorized disclosure of patient information may subject you to fines and other legal penalties. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution or action taken in reliance on the contents of these documents is strictly prohibited. If you have received this facsimile in error, please call (626)____________ to notify the sender immediately to arrange for return of these documents at Huntington Hospital’s expense.

9. Misdirected Transmission:
   a. If a facsimile transmission fails to reach the recipient, check the internal logging system of the machine to obtain the number to which the transmission was sent. A request to the incorrect number that explains that the information was misdirected and asks for the
documents to be returned by mail to Huntington Hospital should be pursued as soon as possible. Notify the Compliance Officer immediately for all misdirected faxes.

Procedure

1. All release of confidential patient information via facsimile is performed by trained personnel ONLY.
2. Written request for release, with the patient's signature, is compared with patient signature in medical record for validity. Request may be a facsimile transmission from requesting hospital.
3. Requesting hospital will be informed that no records will be sent unless, on call-back, the validity of the request can be confirmed. Unconfirmed requests will not be honored.
4. Ask the requesting facility if the patient is able to complete a release of information form. Provide the FAX number in Medical Records, (626) 397-3787. Request that a signed authorization be sent via facsimile to Huntington Hospital.
   a. Confirm the patient's presence at the requesting facility on a call-back procedure to the admission office or medical record department.
5. Gather requested information from patient medical record.
6. Call requesting facility and inform them that transmission of documentation is about to occur.
7. Fax requested information.
8. Once transmission is complete, verify receipt by calling the requesting facility. Place FAX confirmation form in patient record.
9. Frequently used destination number should be pre-programmed into the facsimile machine to eliminate errors in transmission from misdialing.
10. Any patient information dealing with sensitive topics (i.e., psychiatric records, drug or alcohol, etc.) must be consulted with the Medical Records Department before transmitting.
11. Documents containing PHI must be faxed under cover sheet. It is recommended that hospital personnel and departments use Huntington Hospital's standard fax cover sheet which includes the appropriate disclaimer language in Section 8.a.1 above.

REFERENCES

California Hospital Association, Patient Privacy Manual

SOURCE

Professional Nursing Practice Committee
Compliance Committee
Medical Records
Medical Staff
Risk Management
Fax

Receiver Info

To:

Company / Dept:

Fax:

Phone:

Sender Info

From:

Company / Dept:

Fax:

Phone:

Fax Info

Date: Time:

Number of Pages:

Description of material sent:

Confidentiality Notice

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