



Community Health &  
Research Center

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<b>Fax Transmittal Policy and Procedures</b>	<b>Ana Dutcher</b> Quality Assurance Manager <b>Mohamad Khraizat</b> Health Operations Generalist	12/7/17	12/17/19	Page 1 of 5

<b>Approved By: Mohamad Khraizat</b>	<b>Title: Health Operations Generalist</b>
<b>Signature:</b> 	<b>Date:</b> 12-18-19

### I. POLICY

The HIPAA privacy rule requires entities to take reasonable steps to protect the confidentiality of patient information. The ACCESS Community Health & Research Center (CHRC) is providing the following fax transmittal policy and procedures to assist in ensuring that ACCESS is taking reasonable steps towards HIPAA compliance.

Employees shall only transmit Patient Health Information (PHI) by fax when the transmission is time sensitive and delivery by regular mail will not meet the reasonable need of the sender and or the receipt. When faxing PHI, CHRC employees shall comply with Fax Transmittal Policy and Procedures for the Community Health & Research Center as noted in the Procedures section.

### II. PURPOSE

Fax machines provide a useful mechanism for rapidly and cost-effectively communication of information and documents within the organization and to outside entities with whom ACCESS and ACCESS CLINIC does business. The purpose of this policy is to describe the procedures required to preserve the privacy and security of Patient Health Information (PHI) transmitted to or from ACCESS and ACCESS CLINIC by fax. Fax machines must be placed in secure areas that have limited access.

### III. APPLICATION

This is a policy that applies to ACCESS CHRC employees, interns and volunteers who provide support and treatment on behalf of the agency.

### IV. PROCEDURES

#### When Sending Faxes:

- The faxed documents (received or sent) should not be left on or near the fax machine.
- Employees must confirm that the receiving fax machine is in a secure area or that the intended recipient is waiting by the fax machine to receive the transmission.
- When sending a fax, be sure to:
  - Limit the information to the minimum necessary to meet the purpose.

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- Include a cover sheet as your first page or a transmittal tag on your first page. Using a fax cover sheet will help mitigate problems caused when sensitive or confidential information is received in error.
- The following information should be included:
  - Sender's name, department, and contact telephone number.
  - Recipients name, department, and contact telephone number.
  - Page numbers and total number of pages included in the transmission must be included on the fax cover.
- Fax machine must be pre-programmed with the fax numbers of those recipients to whom (PHI) is frequently sent. Pre-programmed fax numbers should be tested frequently to confirm they are still valid.
- When a fax number is entered manually (because it is not one of the preprogrammed numbers) the individual entering the number will visually check the recipient's fax number on the fax machine prior to starting the transmission.
- All employees must use ACCESS CHRC standard fax cover sheet that contains the following PHI statement:

*This facsimile is intended only for the use of the named addressee and may contain information that is confidential or privileged. If you are not the intended recipient, or you are not the employee responsible for delivering the facsimile for the intended recipient, you are hereby notified that any dissemination, distribution or copying of this facsimile is strictly prohibited. If you have received this facsimile in error, please notify the sender immediately.*

- 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.
- If an individual becomes aware that a fax was sent to the wrong fax number, the employee will immediately attempt to contact the recipient by fax or telephone and request that the faxed documents, and any copies of them, be immediately returned to ACCESS and ACCESS CLINIC or destroyed. The individual's supervisor or the HIPAA Privacy Officer must also be notified of the misdirected fax.
- Fax confirmation sheets shall be attached to and maintained with all faxed documents.
- **Sensitive PHI (such as HIV/AIDS results or status or substance abuse and mental health treatment records) shall never be sent by fax.**

**When Receiving Faxes:**



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

- Fax machines that receive faxes that may receive patient information should be located in a secure area. The area must be locked / secured when not staffed.
- 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 ACCESS and ACCESS CLINIC, 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.
- 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 ACCESS and ACCESS CLINIC, the employee will promptly notify the sender, and destroy or return the faxed material as directed by the sender.
- 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.
- Individual 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 ACCESS and ACCESS CLINIC not to accept transmissions of sensitive PHI by fax.

**Enforcement:**

Employees who do not comply with this policy will be subject to disciplinary action and/or up to termination of employment.

**V. QUALITY ASSURANCE:**

ACCESS Fax Transmittal Policy and Procedures shall be reviewed annually through the Agency's standards review to determine compliance with these policies, standards, and procedures.

**VI. COMPLIANCE WITH ALL APPLICABLE LAWS:**

ACCESS is bound by all applicable state and Federal rules, regulations and policies, all Federal waiver requirements, state and county contractual requirements, policies and administrative directives in effect at the time of the writing of this policy as amended.

**VII. LEGAL AUTHORITY AND REFERENCES:**



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Health Insurance Portability and Accountability Act of 1996 ("HIPAA").

Standards for Privacy of Individually Identifiable Health Information ("Privacy Rule")

### **VIII. EXHIBITS**

Acknowledgement of Fax Transmittal Policy and Procedures

Fax Cover Sheet



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### Acknowledgement of Fax Transmittal Policy and Procedures

I acknowledge that I received the Fax Transmittal Policy and Procedures for the Community Health & Research Center. I understand that I am obligated to read the Policy in full. I understand that I am expected to comply with the policies and procedures outlined in the Fax Transmittal Policy and Procedures for the Community Health & Research Center.

I understand that ACCESS may amend its policies and procedures at any time and that I must comply with all policies and procedures as amended. I also understand that if I have questions concerning any of the policies or procedures of ACCESS, I should contact my Supervisor, Manager or Director. I understand that violating ACCESS's policies and procedures including without limitation, other policies or procedures of the Community Health & Research, may result in disciplinary action up to and including termination of my employment, and if I am a contingent worker, termination of my assignment.

I understand that it is my duty to report violations of the policy or procedures and that I can do so without fear of retaliation. I further understand that I must report violations to my Supervisor, Manager, or Director. I understand that the Fax Transmittal Policy summarizes my responsibilities to protect the confidentiality of client/associate/patient information as well as other proprietary information of ACCESS when transmitting a fax. I understand that I am obligated to read those polices and comply with them without exception.

Employee Name (print): \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor/Manager: \_\_\_\_\_