


<p>DEPARTMENT: Compliance</p> <p>POLICY TITLE: CMP24 Faxing of Patient Identifiable Medical Information</p>	 <p>Arizona Priority Care™</p> <p><i>One Goal. One Priority. Your Healthcare.</i></p>	
<p>REVIEWED BY: AZPC Compliance Officer</p>	<p>REVIEW DATE: 11/08/2019</p>	<p>EFFECTIVE DATE: 12/01/2019</p>
<p>APPROVED BY: Compliance Committee</p>	<p>APPROVAL DATE: 11/11/2019</p>	

PURPOSE:

To ensure that Arizona Priority Care (AZPC) protect the privacy and confidentiality of Protected Health Information (PHI) that is transmitted using a fax machine.

POLICY:

It is AZPC’s policy to take precautions when using facsimile (fax) machines to transmit documents. Faxing is generally considered an insecure method for transmitting protected patient information and should only be used when there is an urgent need to receive the information or an alternative secure method (i.e., mail, courier service, web-based authentication system, encrypted email) does not exist. Proper patient authorization must be obtained prior to any release of protected patient information for purposes other than treatment, payment, and healthcare operations or as allowed by law.

PROCEDURE:

Procedures for transmitting patient’s information through fax are as follows:

1. Fax machines used for transmitting PHI must be located in areas generally inaccessible to the public.
2. When sending protected health information via fax:
 - a. Verify the recipient’s fax number, if possible, before transmitting.
 - b. Alert the recipient, if possible, to expect the fax and to follow-up if it is not received.
 - c. Pre-program and test destination numbers whenever possible to eliminate errors in transmission from misdialing.
 - d. The Office Manager or designee must frequently (at least on an annual basis) verify all pre-programmed and auto-fax numbers to identify any numbers that are no longer valid. Invalid fax numbers must be removed from the machine.
 - e. All transmissions of PHI must include a cover sheet with the following:
 - i. Name of sending organization

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- ii. Sender's name, business phone number, and business fax number
- iii. Transmission time and date (if not stamped by fax or computer)
- iv. Total number of pages (including cover sheet)

3. Confidentiality Statement:

"The documents accompanying this transmission may contain confidential health information that is legally protected. This information is intended only for the use of the individual or entity named above. The authorized recipient of this information is prohibited from disclosing this information to any other party unless permitted to do so by law or regulation. If you are not the intended recipient, you are hereby notified that any use, disclosure, copying, or distribution, is strictly prohibited. If you have received this information in error, please notify the sender immediately and arrange for the return or destruction of these documents."

- a. Any fax machine transmitting protected health information should be configured to automatically generate a confirmation report.
- b. Recipients of protected patient information must notify AZPC immediately if their fax number changes.
- c. When receiving faxed protected patient information:
 - i. Immediately remove the fax transmission from the fax machine and deliver to the recipient.
 - ii. Always manage the information as CONFIDENTIAL.
 - iii. Destroy protected health information faxed in error and immediately inform the sender."

DEFINITIONS:

None

REFERENCES:

Heritage Provider Network Policies
45 CFR § 164.530

APPENDICES:

None

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DOCUMENT REVISION LOG

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