MOREHOUSE MEDICAL ASSOCIATES
POLICY AND PROCEDURES

SUBJECT: ADMINISTRATION	Coding:	Page 1 of 4
TITLE: Facsimile (FAX) Transmittal of Protected Health Information	Effective on:	
Approved by:	Revised on:	

PURPOSE:

To ensure compliance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and to delineate guidelines for the confidential transmission of Protected Health Information (PHI) by facsimile (FAX).

ACCOUNTABILITY:

The Medical Director shall ensure compliance with this policy. All managers and supervisors shall ensure implementation of this policy.

POLICY:

A. <u>GUIDELINES</u>

1. Morehouse Medical Associates (MMA) is committed to safeguarding PHI 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. Consequently, MMA will exercise special care regarding the location and operation of fax machines.

2. Transmission of protected health information via fax machines within and outside of MMA is permitted for continuing patient care only. The policies and procedures governing release of information will apply in all other situations. The Medical Director, the Practice Manager or the Health Information Management Supervisor may make exceptions in emergency situations.

3. Patient documents may be faxed as needed for patient placement and treatment. The Site Coordinator or designee may fax information to Emergency Rooms and other health care facilities.

4. Fax machines may be used to communicate protected health information within MMA.

5. Fax machines shall be placed in secured areas where only authorized personnel have access to incoming documents.

6. PHI received by fax will become a permanent part of the patient's medical record.

7. Any incidents where incoming or outgoing faxes have compromised a patient's right to privacy must be immediately reported to the Corporate Compliance Officer.

PROCEDURE:

A. Fax Transmission

1. Prior to faxing PHI (unrelated to treatment, payment or operations), the sender should contact the recipient by phone to ensure privacy of the FAX machine location and verify the accuracy of the fax number.

2. The sender should request the recipient to immediately remove PHI after transmission.

3. All faxes containing PHI require a cover sheet with MMA's confidentiality statement.

4. The Confidential Fax Cover Sheet must include:

   a. Name, phone and fax number of person sending fax. This will facilitate callbacks concerning faxed document(s).
   b. Person and entity to receive the fax transmission, their fax and telephone number.
   c. Date and time sent.
   d. Number of pages sent, including Fax Cover Sheet; and
   e. Confidentiality and Redisclosure notice.

5. The Confidentiality Statement must include the following:

   Protected Health Information (PHI) is personal and sensitive information related to a person's health care. It is being faxed to you after appropriate authorization from the patient or under circumstances that do not require patient authorization. You, the recipient, are obligated to maintain it in a safe, secure and confidential manner. Re-disclosure without additional patient consent or as permitted by law is prohibited. Unauthorized re-disclosure or failure to maintain confidentiality could subject you to penalties described in federal and state law.

   ***IMPORTANT WARNING**: This message is intended for the use of the person or entity to which it is addressed and may contain information that is privileged and confidential, the disclosure of which is governed by applicable law. If the reader of this message is not the intended recipient, you are hereby notified that any dissemination, distribution or copying of this information is **Strictly Prohibited**. If you have received this message in error, please notify the sender immediately and arrange for the return or destruction of these documents.*

6. The Confidential Fax Cover Sheet, patient authorization (if applicable) and fax confirmation must be filed in the patient medical record.

B. Receipt of Faxed Documents

1. Staff assigned to monitor confidential fax machines/printers shall regularly remove documents for routing and immediate attention.

2. Assigned staff must read the cover sheet and:

   a. Count the number of pages received to confirm number sent equals number received (cover sheet should indicate number of pages sent).

   b. Check for accuracy of the patient identification information to be sure that all

documents received are intended for receipt by the facility.

c. Take transmitted document(s) promptly to the intended receiver or file in the patient's medical record.

3. Assigned staff must call the sender immediately to report transmission of illegible or incomplete documents and/or documents received in error.

C. Misdirected Fax /Transmission

Should a fax transmission inadvertently become misdirected, the following steps must be taken:

1. Inform your immediate supervisor immediately.

2. Contact the unintended recipient and request that material be destroyed immediately or returned by mail. If you are unable to contact the recipient by phone, a fax should be sent requesting the information be destroyed immediately.

3. Check the fax number of the intended recipient and complete the transmittal process.

4. Authorized personnel must immediately enter misdirected fax transmission information into the MMA Disclosure Reporting System.

5. All misdirected fax transmissions should be reported to the Corporate Compliance Officer immediately, by a manager, supervisor or department designee.

D. Misdirected Fax/Receipt

Should a misdirected fax be received:

1. Destroy or follow sender's instructions for patient information faxed in error and immediately notify sender.

E. Enforcement

Any violation of this policy may result in disciplinary action, up to and including, termination and may be subject to penalties under state and federal law.

By Direction of the Dean _____

Medical Director

Exhibit I

MOREHOUSE MEDICAL ASSOCIATES, INC.

Health Information Management Department
75 Piedmont Avenue, Suite 700
Atlanta, Georgia 30303
(404) 756-1425 OFFICE
(404) 756-1490 FAX

CONFIDENTIAL FAX COVER SHEET

To:	From:
Entity:	Re:
Telephone:	Telephone:
Fax:	Fax:
Date Sent:	# of Pages (Including Cover sheet):
Time Sent:	CC:

❑ URGENT ❑ FOR REVIEW ❑ PLEASE COMMENT ❑ PLEASE REPLY

COMMENTS:

_____

_____

_____

"Confidential Protected Health Information Enclosed"

Protected Health Information (PHI) is personal and sensitive information related to a person's health care. It is being faxed to you after appropriate authorization from the patient or under circumstances that do not require patient authorization. You, the recipient, are obligated to maintain it in a safe, secure and confidential manner. Re-disclosure without additional patient consent or as permitted by law is prohibited. Unauthorized re-disclosure or failure to maintain confidentiality could subject you to penalties described in federal and state law.

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