


<b>Name of Policy:</b> <u>Facsimile Transmission of Patient Information</u> <b>Policy Number:</b> 3364-100-50-32 <b>Department:</b> Hospital Administration <b>Approving Officer:</b> Chief Executive Officer - UTMC <b>Responsible Agent:</b> Director, HIM Compliance/Privacy Officer <b>Scope:</b> The University of Toledo Medical Center	  <b>Effective Date:</b> 06/01/2020  Initial Effective Date: April 1, 1997				
<table style="width: 100%; border: none;"> <tr> <td style="width: 30%; border: none;"><input type="checkbox"/> New policy proposal</td> <td style="width: 30%; border: none;"><input type="checkbox"/> Minor/technical revision of existing policy</td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> Major revision of existing policy</td> <td style="border: none;"><input type="checkbox"/> Reaffirmation of existing policy</td> </tr> </table>		<input type="checkbox"/> New policy proposal	<input type="checkbox"/> Minor/technical revision of existing policy	<input checked="" type="checkbox"/> Major revision of existing policy	<input type="checkbox"/> Reaffirmation of existing policy
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**(A) Policy Statement**

The University of Toledo (UToledo) accepts facsimile machines as an acceptable mechanism for the transmission of patient information for patient care purposes or as required by a third-party payer for payment for patient services. Information transmitted should be limited to minimum necessary to meet the requester's needs. Medical records of patients with substance abuse, HIV or psychiatric diagnoses should not be faxed. Facsimile transmission of health information should only be used when a copy of the medical record or mail-delivered copies will not meet the needs and ensure continuity of care. (Examples include: reporting of results, follow up information for continuity of care).

Health Information Management (HIM) should be contacted to release patient information that has been requested in compliance with the Release of Health Information policy #3364-90-01.

**(B) Purpose of Policy**

To assure consistent and appropriate use of facsimile machines while protecting patient confidentiality and minimizing the risk of releasing patient information in error.

**(C) Scope**

The Health Information Management (HIM) department is responsible for completing the release of all patient information via fax transmittal, electronic submission or traditional mail. Other departments such as; Revenue Cycle and Finance who need to release patient information to third-party payers will do so in compliance with this policy.

**(D) Procedure**

- 1) Patient information should only be faxed to fulfill a treatment, payment or healthcare operations obligation or a specifically authorized request. Information transmitted via facsimile is acceptable for inclusion in the patient's health record.

- 2) Fax machines should be safeguarded to reduce the likelihood of inappropriate access to patient information. To protect patient privacy, fax machines should not be placed in public access areas.
- 3) Utilize a fax cover sheet for transmittal of medical record documents. If in a medical emergency the patient authorization cannot be obtained, this should be so noted on the fax cover sheet.

a) Fax Cover sheet is required and must include the following elements;

- i. Date of fax transmission;
- ii. Name of requestor and facility/organization;
- iii. Sender's name;
- iv. Sender's fax number;
- v. Sender's phone number;
- vi. Number of pages send (including cover sheet)
- vii. Confidentiality Notice which includes a statement regarding re-disclosure;
- viii. Statement, (see Section D,3,b) regarding communications for misdirected faxes and destruction.

b) Statement

**IMPORTANT WARNING:** This facsimile is a confidential communication and is transmitted for the exclusive use of the person or entity to which it is addressed. If you are not the intended recipient you are hereby notified that any disclosure, copying or distribution of this information is **STRICTLY** prohibited. If you have received this facsimile communication in error, please notify us immediately by telephone and mail the communication to us at our address printed in the top left-hand corner of this form or destroy this facsimile.

To the extent that Protected Health Information (PHI) is enclosed, please be advised that it is being faxed to you after appropriate authorization from the individual or under circumstances that do not require authorization. It has been disclosed to you from a designated record set whose confidentiality is protected by state and federal law. You, the recipient, are expected to maintain this information in a safe, secure and confidential manner. In addition, federal regulations (42 CFR part 2) prohibit any further disclosure of drug and alcohol abuse treatment information except with specific written consent of the person to whom the information pertains or the parent or legal guardian of a minor child to whom it pertains, unless otherwise permitted by federal law. A general authorization for the release of information is NOT sufficient for this purpose. State law prohibits any further disclosure of this sexually transmitted disease information, including HIV/AIDS, without specific written consent of the person to whom the information pertains, or the parent or legal guardian of a minor child to whom it pertains, unless otherwise permitted by state law. A general authorization to release information is NOT sufficient for this purpose.

4) Preventing errors

- a) To the extent possible, utilize fax machines with pre-programmed numbers established to minimize the possibility of documents sent to the wrong location.

b) Misdirected Faxes

- i. Information released in error via facsimile would necessitate completion of UTMC's online incident report.

- ii. If a workforce member sends a fax to an incorrect number, the workforce member must immediately take steps to retrieve and/or destroy the information.
- iii. The workforce member must promptly call the recipient of the misdirected fax to have the receiver either destroy the information or mail the information back to the workforce member.
- iv. The workforce member must notify the Privacy Officer via email at: [complianceoffice@utoledo.edu](mailto:complianceoffice@utoledo.edu) to assist in the notification and documentation of the disclosure to the patient.
- v. A copy of what patient information was faxed to an incorrect number must be provided to Privacy Officer.

<p><b>Approved by:</b></p>  <p>/s/ _____ <u>05/22/2020</u> Richard P. Swaine, CPA                              Date Chief Executive Officer - UTMC</p> <p><i>Review/Revision Completed By:</i> <i>HAS</i> <i>Compliance</i> <i>HIM</i></p>	<p><b>Review/Revision Date:</b> 7/21/00 10/2/03 5/9/07 2/15/2011 2/1/2014 5/1/2017 5/1/2020</p> <hr/> <p><b>Next Review Date: 5/1/2023</b></p>
<b>Policies Superseded by This Policy:</b> 7-50-32 - Facsimile Transmission of Patient Information	