



11.1.8 Fax Transmittal of Protected Health Information

Chapter 11 - Patient Privacy	Original Effective Date: April 2003
Section: 11.1 General and Oversight Policies	Date Last Reviewed: January 2023
Responsible Entity: Chief Compliance and Privacy Officer	Date Last Revised: January 2023

I. Purpose

It is the policy of UT Health San Antonio to secure confidentiality of the facsimile (fax) transmission of protected health information. This policy defines the minimum guidelines and procedures that individuals must follow when transmitting patient information via fax.

II. Scope

This policy applies to all faculty, staff, students, residents, healthcare providers, researchers, contractors, or any other individual (collectively, Workforce Member, including employees and non-employees) who has direct or indirect access to patient protected health information (PHI) created, held or maintained by any UT Health San Antonio controlled affiliate, including, not limited to its clinics, hospitals, and research operations.

III. Policy

- A. Workforce members must follow UT Health San Antonio policies addressing the use and disclosure of PHI in HOP Section [11.2 Uses and Disclosures of Protected Health Information](#) and strictly observe the following standards relating to fax communications of patient health records.
 1. Protect health information will be sent by fax only when the original record or mail-delivered copies will not meet the needs for treatment, payment, and health care operations. For example, personnel may transmit protected health information by fax when required by a health care provider or required by a third party payer for ongoing certification of payment for a patient.
 2. The following types of health information are additionally protected by federal and/or state statute, and extra caution and approvals must be obtained when faxing:

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- a. Psychiatric/Psychological records (records of treatment by a psychiatrist, licensed psychologist or psychiatric clinical nurse specialist) or other professional services of a licensed psychologist.
 - b. Social work counseling/therapy.
 - c. Domestic violence counseling for victims.
 - d. Sexual assault counseling.
 - e. HIV test results (patient authorization is required for EACH release request).
 - f. Records pertaining to sexually transmitted diseases.
 - g. Alcohol and drug abuse records protected by federal confidentiality rules (42 CFR, part 2 requires that patient authorization is required for EACH release request).
3. A Fax cover sheet must be used to send faxes containing PHI. The cover sheet must contain the following confidentiality notice:

The information in this fax is confidential and may contain information protected by law. This fax is intended to be reviewed only by the individual or organization named above. If you are not the intended recipient, you are hereby notified that any review, dissemination, or copying of this fax and its attachments is prohibited. If you have received this fax in error, please immediately notify the sender at the number listed above and arrange for the return or destruction of these documents.

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 governed by applicable law.

4. Personnel must make reasonable efforts to ensure that they send the fax transmission to the correction destination by taking the following precautions:
- a. Pre-program frequently used numbers into the machine to prevent misdialing errors.
 - b. Periodically check all speed-dial numbers to ensure that they are current, valid, accurate, and authorized to receive confidential information.
 - c. If automated or "paperless" faxing is used, periodically ensure that fax numbers and destinations are accurate and up to date.
 - d. For a new recipient, the sender must verify the fax number with the recipient and verify the identity of the person and/or organization that will be receiving the information. When patient authorization is required,

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the patient will be asked specifically to authorize UT Health San Antonio to fax health information.

- e. Periodically remind those who are frequent recipients of PHI to notify UT Health San Antonio if their fax number changes.
5. Fax machines used for patient care or patient related services should be located in secure areas not accessible to the general public or unauthorized staff. The supervisor or designee is responsible for limiting access to them.
6. Each department/clinic is responsible for ensuring that incoming faxes are properly handled.

B. Receiving/Sending Faxes Containing Protected Health Information

1. When receiving faxes:

- a. Assigned staff should immediately remove the fax transmission from the fax machine and deliver it to the recipient or secure it from unauthorized viewing.
- b. Protected health information received via fax should be managed confidentially in accordance with policy.
- c. Information received in error should be destroyed or handled according to the senders' instructions.

2. When sending faxes:

- a. Medical record custodians must maintain the fax cover sheet and the fax confirmation sheet or activity report if PHI is sent.
- b. The department sending the fax must account for the disclosure in accordance with HOP policy [11.3.1 Accounting of Disclosures of Protected Health Information](#).

C. Misdirected Faxes

If a fax transmission containing PHI is not received by the intended recipient because of a misdial, staff should check the internal logging system of the fax machine to obtain the misdialed number and immediately report the incident to the Institutional Compliance and Privacy Office.

IV. Definitions

Terms used in this document, have the meaning set forth in the [Patient Privacy Policies Glossary](#) unless a different meaning is required by context.

V. Related References

For questions regarding this policy contact the privacy program director at 210-567-2014 or compliance@uthscsa.edu.

VI. Review and Approval History

- A. The approving authority of this policy is the University Executive Committee.
- B. The review frequency cycle is set for three years following the last review date, a time period that is not mandated by regulatory, accreditation, or other authority.

Effective Date	Action Taken	Approved By	Date Approved
04/2003	Policy Origination		
03/2013	Policy Revision		
01/2023	Policy Review	ICPO	01/18/23