

SECTION: ADMINISTRATION

AREA: GENERAL ADMINISTRATION

**SUBJECT: FAXING OF PROTECTED HEALTH INFORMATION OR OTHER
CONFIDENTIAL INFORMATION**

PURPOSE

To inform the UAMS workforce about the proper procedures for faxing Protected Health Information (PHI) or other confidential information.

SCOPE

UAMS Workforce

DEFINITIONS

Protected Health Information (PHI) means information that is part of an individual's health information that identifies the individual or there is a reasonable basis to believe the information could be used to identify the individual, including demographic information, and that (i) relates to the past, present or future physical or mental health or condition of the individual; (ii) relates to the provision of health care services to the individual; or (iii) relates to the past, present, or future payment for the provision of health care services to an individual. This includes PHI which is recorded or transmitted in any form or medium (verbally, or in writing, or electronically). PHI excludes health information maintained in educational records covered by the federal Family Educational Rights Privacy Act and health information about UAMS employees maintained by UAMS in its role as an employer.

UAMS Workforce means for purposes of this Policy, physicians, employees, volunteers, trainees, and other persons whose conduct, in the performance of work for UAMS, is under the direct control of UAMS, whether or not they are paid by UAMS.

POLICY

UAMS will undertake all reasonable efforts to protect the confidentiality of information faxed to or from UAMS, including internal and external auto-faxed information. Such information includes, but is not limited to, Protected Health Information (PHI) about patients, research data derived from human subjects, financial and business records, employee and student records, and any other privileged information.

PROCEDURE

1. Place fax machines that transmit or receive PHI and other Confidential Information in non-public, secure areas. Each UAMS department should monitor placement of its fax machine(s).

2. Confidential Information may be faxed when mailing or other delivery methods will not suffice.
3. Both internal and external faxes containing PHI and other Confidential Information must be sent with a cover sheet which includes the UAMS Fax Confidentiality Statement and approved UAMS logo.
4. ***UAMS CONFIDENTIALITY NOTICE: The information contained in this facsimile document may be privileged, confidential, and protected under applicable law and is intended solely for the use of the individual or entity to whom it is addressed. If you are not the intended recipient or the employee or agent responsible for delivering the message to the intended recipient, you are hereby notified that any dissemination, distribution, or copying of this communication is strictly prohibited. If you have received this communication in error, please notify the sender immediately by telephone and destroy the document.***
5. Obtain signed patient Authorizations if required before faxing any Protected Health Information. Refer to UAMS *Use and Disclosure of Protected Health Information and Medical Records Policy, 3.1.28.*
6. To assure accuracy in delivery, reconfirm the recipient's fax number before transmitting the information.
7. Confirm delivery of fax via telephone or by review of appropriate fax transmittal log sheet.
8. Notify your supervisor immediately if a fax transmission containing PHI is inadvertently sent to someone other than the intended recipient. Contact the receiving party and ask them to destroy the faxed document. Reports of misdirected faxes will be forwarded to the UAMS HIPAA Office, Mail #829 or call (501)603-1379.
9. Faxed material, whether transmitted or received, must be stored or disposed of appropriately.
10. Fax machines that are no longer in use must be properly disposed of in accordance with Campus Policy, *Disposal of Surplus Property 5.4.03.*

SIGNATURE: _____



Chancellor's Designee

DATE: _____

10/12/07



UNIVERSITY OF ARKANSAS
FOR MEDICAL SCIENCES
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Fax Cover Sheet

To:		From:	
Fax No.:		Fax No.:	
Phone No.:		Phone No.:	
Re:		Date:	
Total Pages Including Cover Sheet:		Time:	

● **Comments:**

If you do not receive all pages, please contact us immediately at the telephone number listed above.

UAMS CONFIDENTIALITY NOTICE

The information contained in this facsimile document may be privileged, confidential, and protected under applicable law and is intended solely for the use of the individual or entity to whom it is addressed. If you are not the intended recipient or the employee or agent responsible for delivering the message to the intended recipient, you are hereby notified that any dissemination, distribution, or copying of this communication is strictly prohibited. If you have received this communication in error, please notify the sender immediately by telephone and destroy the document.