

Stark County Board of Developmental Disabilities

HIPAA Procedure 27: HIPAA Transmission of Protected Health Information Via Facsimile (fax)	Effective: 4/14/03
Chapter 2: Agency Administration	Page 1 of 2

Subject: Transmission of Protected Health Information via Facsimile (fax)

The [FAX COVER SHEET, electronic form HIPAA-33A](#) and [paper form HIPAA-33B](#) will be the only facsimile coversheet to be used in conducting Board business. The use of other facsimile coversheets, including, but not limited to, small sticker type notes placed on a page to be faxed, is not permitted.

The FAX COVER SHEET will be used for both transmission of PHI and non-PHI information. When faxing PHI, the staff member must place a check in the appropriate box indicating “yes” or “no” as to the information faxed containing PHI.

The FAX COVER SHEET will contain the following statement:

“The documents accompanying this telecopy transmission may contain confidential information, including protected health information (PHI) belonging to the sender that is legally privileged. This information is intended only for the use of the individuals or entity above. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution, or the taking of any action in the reliance of this telecopy is strictly prohibited. If you have received this telecopy in error, please notify us immediately by telephone to arrange for return of the documents to the sender. If you are the intended recipient of this telecopy transmission and you do not receive all the pages indicated as part of this transmission, please phone us as soon as possible. Facsimile transmission is received often on an automatic unattended basis. Please verify the fax number of the intended recipient upon transmission to the recipient.”

Additionally, the FAX COVER SHEET shall contain the following statement:

“If the information disclosed herein contains records regarding sexually transmitted disease and/or drug or alcohol abuse treatment records, you are hereby put on notice that this information has been disclosed to you from records protected by Federal confidentiality rules (42C.F.R. Part 2) and State law. The Federal and State rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or is otherwise permitted by 42 C.F.R. Part 2 and/or ORC Chapter 3793. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.”

Fax machines that, in the opinion of the Security Officer/Designee are capable to send/receive PHI are to have “IN ACCORD WITH HIPAA GUIDELINES THIS FAX MACHINE HAS BEEN APPROVED FOR THE TRANSMISSION OF OR RECEIPT OF PROTECTED HEALTH INFORMATION (PHI) PROVIDING OTHER BOARD POLICIES/PROCEDURES ARE FOLLOWED”.

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Chapter 2: Agency Administration	Page 2 of 2

Those fax machines not approved for transmission or receipt of PHI will indicate: **“WARNING: DO NOT SEND OR USE THIS FAX TO RECEIVE PROTECTED HEALTH INFORMATION (PHI).”**

When sending a fax do not rely on fax numbers listed in directories or provided by persons. Confirm the accuracy of fax numbers as well as the security of recipient machines by calling the intended recipients. When faxes containing PHI are being sent, coordinate the sending with the receiver in order that the receiver can promptly retrieve the fax and, request the same of the sender when it is known that the Board will be receiving a fax containing PHI. Do not leave the fax machine unattended when a fax is being received that contains PHI. Confirm that all the pages have been received. If you receive a fax that contains PHI that was not addressed specifically to you, place the fax in an Inter-Department Delivery envelope and deliver the fax to the intended recipient.

When faxes are regularly sent to the same people and if the fax machine has the capability, program these fax numbers into the memory. Fax numbers that are entered into the memory are to be tested monthly for accuracy.

Applies to: Yes No All employees X Non Represented SCEPTA SCDD SSA (1) <u>See Current Bargaining Agreement</u>	Historical Resolution Information Policy 2.22 HIPAA <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Date</td> <td style="width: 50%;">Resolution</td> </tr> <tr> <td>1/19/13</td> <td>01-09-13</td> </tr> </table>	Date	Resolution	1/19/13	01-09-13
Date	Resolution				
1/19/13	01-09-13				
Superintendent’s Signature:	Reviewer(s): Privacy Officer Security Officer				