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Facsimile Transmission of Restricted Information Policy, HS 9453-B

PURPOSE

To establish a procedure for faxing Restricted Information that safeguards confidentiality and meets applicable state and federal laws and regulatory standards.

SCOPE

This Policy applies to all faculty, staff, employees, students, trainees, and volunteers of the Ronald Reagan UCLA Medical Center, the Santa Monica UCLA Medical Center and Orthopedic Hospital, the Resnick Neuropsychiatric Hospital at UCLA, the Faculty Practice Group, all ambulatory clinics, the David Geffen School of Medicine, UCLA School of Nursing, UCLA School of Dentistry, and UCLA Fielding School of Public Health (hereafter referred to as "UCLA Health Sciences").

In addition, it applies to suppliers, contractors and other non-workforce members who are allowed access to UCLA Health Sciences Electronic Information Resources or Restricted Information.

DEFINITIONS

"Protected Health Information" or "PHI" is any individually identifiable health information, in any form or media, whether electronic, paper, or oral. "Individually identifiable" means that the health or medical information includes or contains any element of personal identifying information sufficient to allow identification of the individual, such as the patient's name, address, electronic mail address, telephone number, or social security number, genetic or other information that, alone or in combination with other publicly available information, reveals the individual's identity. PHI includes: medical information; patient billing and health insurance information; and applies to a patient's past, current or future physical or mental health, or treatment.

"Electronic Protected Health Information" or "ePHI" is PHI that is transmitted by electronic media or is maintained in electronic media. For example, ePHI includes all data that may be transmitted over the Internet, or stored on a computer, a CD, a disk, magnetic tape or other media.

"Personal Information (PI)" as used in this policy means either of the following:

1. An individual's first name or first initial and last name in combination with any one or more of the following data elements when either the name or the data elements are not encrypted:
 - A. social security number,

- B. driver's license number or California identification card number,
 - C. account number, credit, or debit card number, in combination with any required security code, access code, or password that would permit access to an individual's financial account,
 - D. medical information,
 - E. health insurance information; or
 - F. information or data collected through the use or operation of an automated license plate recognition system as defined in California Civil Code §1798.90.5; or
2. A user name or email address, in combination with a password or security question and answer that would permit access to an online account.

"Medical Information" means any individually identifiable information, in either electronic or physical form, regarding an individual's medical history, mental or physical condition, or medical treatment or diagnosis by a health care professional, and which may be in the possession of or derived from a health care provider, health care service plan, pharmaceutical company or contractor.

"Health Insurance Information" means an individual's health insurance policy number or subscriber identification number, any unique identifier used by a health insurer to identify the individual, or any information in an individual's application and claims history, including any appeals records.

"Restricted Information" (as defined by UC Policy IS-3, Electronic Information Security) describes any confidential or Personal Information that is protected by law or policy and that requires the highest level of access control and security protection, whether in storage or in transit. This includes Personal Information, PHI and ePHI as defined in this section but could also include other types of information such as research data.

"Workforce" means employees, volunteers, and other persons whose conduct, in the performance of their work for UCLA Health, is under the direct control of UCLA Health or the Regents of the University of California, whether or not UCLA Health pays them. The Workforce includes employees, faculty, medical staff, and other health care professionals, agency, temporary and registry personnel, and trainees, house staff, students and interns, regardless of whether they are UCLA trainees or rotating through UCLA Health facilities from another institution.

POLICY

The transmission of Restricted Information via facsimile (fax) is permissible in situations in which the information is required for continuity of patient care, for payment of patient accounts, or other healthcare and business operations. Only the information minimally necessary to accomplish the purpose should be transmitted. Safeguards must be taken to ensure delivery to the intended recipient at a secured fax machine.

PROCEDURE

I. Receipt of Faxed Requests and Information

- A. A faxed authorization to release patient identifiable information must meet the applicable requirements (see: Privacy Policy and Procedure No. 9412, "*Authorization to Disclose Protected Health Information ("PHI")*").
- B. If possible, refrain from faxing sensitive health information, such as that dealing with mental health, chemical dependency, sexually transmitted diseases, HIV or other highly personal information.
- C. Faxed requests for UCLA to transmit Restricted Information that do not require specific authorization

(e.g., to an insurance company in order to process a claim) may be processed in accordance with Departmental policies and procedures.

- D. Medical information received via facsimile is acceptable and can be included in the patient's medical record.

II. Transmission of Information via Facsimile Machine

A. Cover Sheet

A cover sheet must be used when faxing documents. The cover sheet must contain the following information:

- i. The headline of the cover sheet should state in large bold type: "Confidential Information Enclosed."
- ii. Name of the recipient of the fax;
- iii. Date;
- iv. Number of pages;
- v. Name of sender;
- vi. Phone number and address of sender; and
- vii. Confidentiality Notice (see sample below).

When health information is involved, a statement such as the following should follow below:
"Health Care information is personal and sensitive. This 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 consent 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."

Include at the bottom of the fax coversheet a warning such as:

"IMPORTANT WARNING: These documents are 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, or the employee or agent responsible to deliver it to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this information is STRICTLY PROHIBITED. If you have received this communication in error, please immediately notify us by telephone at 310-794-8638 and return this original message or destroy it."

See the link below for an editable sample fax cover sheet:

http://compliance.uclahealth.org/workfiles/PDF2/HIPPA_Forms/FaxCoverSheet.docx

B. Pursuant to Patient Authorization

When releasing PHI via facsimile pursuant to a patient authorization, the fax cover sheet with documentation of the disclosed information, date, and name of the employee making the disclosure should be filed in the patient's medical record. The signed authorization from the patient or the patient's legal representative must also be filed in the patient's medical record.

C. Separate Fax Machine

In order to ensure enhanced procedures for the transmission of Restricted Information via facsimile (as opposed to routine administrative information), when possible, a separate fax machine in a secure area should be designated to send and/or receive Restricted Information. Care should be taken to ensure that Restricted Information is not inadvertently mixed with routine office faxes.

D. Verify Fax Number

Reasonable steps must be taken to ensure the fax transmission is sent to the intended destination. Reasonable steps may include:

- i. Pre-programming destination fax numbers whenever possible to eliminate dialing errors;
- ii. Verifying fax numbers, including pre-programmed fax numbers, on a regular basis;
- iii. Sending a test fax and confirm that the intended recipient received the fax before transmitting faxes containing Restricted Information; and,
- iv. Reminding entities to whom we frequently send faxes containing Restricted Information to notify us if their fax number changes.

E. Do Not Leave Documents Unattended

Documents should not be left on the fax machine unattended during the transmission process and should be removed from the machine when transmission is completed. As with other Restricted Information that arrives by mail or by other means, care should be taken to see that faxes that contain Restricted Information are placed in a secure/confidential place when they are delivered, and not left in an in-box that is in full view of passers-by.

F. Transmission Confirmation

Fax machine operators should:

- i. Make sure the fax machine prints a confirmation of each outgoing transmission.
- ii. Check that the intended destination matches the number on the confirmation.
- iii. Staple the confirmation to the document that was faxed.

G. Errant Transmissions

If you become aware of an errant transmission, contact the recipient of the transmission to verify receipt and/or ask that the materials be returned or destroyed. If an errant transmission has compromised a patient's right to privacy, the incident must be reported immediately to the Office of Compliance Services - Privacy and Information Security (CompOffice@mednet.ucla.edu (see: HS Policy 9459, "*Privacy and Security Incident Reporting*").

H. Security

As with all other paper documents that contain Restricted Information, make sure that faxes that contain Restricted Information are handled, stored and/or disposed of in a secure manner (see: HS Policy 9456, "*Physical Security of Restricted Information*").

I. Employee Training

Supervisors shall train all employees who send and receive faxes containing Restricted Information as part of their job duties upon hire and periodically thereafter as to UCLA Health Sciences' policies and procedures for faxing Restricted Information.

III. Electronic Fax

- IV. A. Any equipment or other methods for transmitting faxes over the Internet must be approved before purchase by the UCLA Health System Chief Information Security Officer.
- B. Fax messages transmitted electronically over the Internet must use approved encryption methods or other security measures approved by the UCLA Health System Chief Information Security Officer or designee. If emails or web communications are used as part of an electronic fax solution, they must be encrypted.

- C. There should be a process in place to ensure the timely deletion of fax accounts when workforce members terminate or change job duties.
- D. Electronic fax systems shall have the ability to log fax transmissions and provide reports on fax activity.
- E. For external providers of electronic fax services that will involve UCLA Health System Restricted Information, the above conditions apply as well as the conditions below:
 - i. A HIPAA Business Associate Agreement must be signed when PHI is involved (see: Policy HS 9430, *Business Associates*). Similar Agreements should be used when non-PHI Restricted Information is involved. Please consult with the Office of Compliance Services - Privacy and Information Security (CompOffice@mednet.ucla.edu) regarding Agreements with external parties for external fax services.
 - ii. UCLA Health Sciences must have the ability to manage the fax accounts of workforce members to enable the timely deletion of accounts.

V. Questions

Any questions on faxing Restricted Information should be referred the Office of Compliance Services - Privacy and Information Security (CompOffice@mednet.ucla.edu).

VI. Enforcement

Failure to follow any provisions of this policy may result in disciplinary action, up to and including termination.

VII. Policy Exceptions

Unless an exception process is specified elsewhere in this policy, any exceptions to this policy must be for a valid patient care or business reason and must be approved by the Chief Compliance Officer or his/her designee. The Chief Compliance Officer or designee will consult with the appropriate business, leadership and IT groups in evaluating any proposed exceptions. The exception request form can be found at <http://compliance.uclahealth.org/workfiles/PDF2/HIPAA%20Privacy/HIPAA%20Forms/General%20Exception%20Request%20form.pdf>

REFERENCES

Health Insurance Portability and Accountability Act, 45 CFR 160-164

California Medical Information Act, California Civil Code Section 56 *et seq.*

Information Practices Act of 1977, California Civil Code Sections 1798.29 and 1798.82

California Health and Safety Code Sections 1280.15 and 130203

California Lanterman-Petris Short Act ("LPS Act"),

UCLA Policy 455: UCLA Email Policy and Guidelines

CONTACT

Chief Privacy Officer, Office of Compliance Services

Chief Compliance Security Officer, Office of Compliance Services

REVISION HISTORY

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Attachments

No Attachments

Approval Signatures

Step Description	Approver	Date
Administration Approval- President and CEO, UCLA Health	Johnese Spisso: Ceo Med Ctr [JB]	07/2020
Ronald Reagan Medical Staff Executive Committee- Chief of Staff	Carlos Lerner: Assoc Prof Of Clin-Hcomp [JB]	07/2020
Santa Monica Medical Staff Executive Committee- Chief of Staff	Roger Lee: Hs Clin Prof-Hcomp [JB]	07/2020
Resnick Neuropsychiatric Medical Staff Executive Committee- Chief of Staff	Aaron Kaufman: Hs Assoc Clin Prof-Hcomp [JB]	07/2020
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