

HIPAA Procedure 5036 PR.1

Transmission and Receipt of Protected Health Information via Fax

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General Faxing Guidelines

- Electronic faxing (directly from a computer) must follow the same guidelines as for paper fax.
 - Fax machines are to be located in reasonably restricted access areas, not accessible to anyone not authorized to access protected health information.
 - A supply of fax cover sheets should be located near the fax machine.
 - To the extent practicable, fax machines should be pre-programmed with frequently used destination numbers. These numbers should initially be tested to ensure that it is the appropriate recipient, then audited periodically to ensure they continue to be valid numbers.
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Fax Transmission

1. All disclosures made via fax will conform to the Yale [Policy 5031](#) and [Procedure 5031](#) on Authorization Requirements for Use and Disclosure of PHI including Verification of Identification.
 2. Material to be faxed should be limited to the minimum necessary to meet the requester's needs. Refer to the Yale [Policy 5037](#) and [Procedure 5037](#) on Minimum Necessary Uses, Disclosures, and Requests.
 3. Limit faxing of PHI to situations when mail or personal delivery is not possible or practical.
 4. A cover sheet must accompany each fax transmission, including a [confidentiality notice](#) and the sender's name and contact information.
 5. The Fax number of the recipient should be verified in the digital display of the Fax machine (LED) prior to pressing the send button. If a Fax machine does not have a digital display, make a note on the cover sheet asking the recipient to call or utilize the confirmation sheet to verify that the document was transmitted to the correct destination.
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Fax Transmission Authentication, Error Reporting, and Misdirected Fax Documents

1. The fax transmission/confirmation report serves as message authentication and event reporting only. It does not serve as evidence of recipient receipt. If generated, the fax transmission/confirmation report should be examined to verify that the fax was transmitted. These do not need to be retained.
2. If notified that a fax transmission fails to reach the recipient, verify the fax number of the intended recipient and re-send the fax.
3. All error messages should be investigated and corrected.
4. If a recipient has called or faxed a notice of a misdirected fax, indicating that the material will be returned or destroyed, record the name and contact information of the recipient on the Accounting for Disclosure Log and notify the Deputy HIPAA Privacy Officer for your area as a potential breach incident (see also HIPAA Policy 5005 Reporting Incidents Involving the Security or Privacy of Protected Health Information; Breach Notification).
5. If it is determined that a fax has been misdirected and the actual recipient has not contacted us, check the internal logging system of the fax machine to obtain the fax number. Send a fax to that recipient

explaining the misdirected fax transmission and requesting that the documents received be destroyed. Log the erroneous disclosure on the Accounting for Disclosure Log and notify the Deputy HIPAA Privacy Officer for your area as a potential breach incident (see also HIPAA Policy 5005 Reporting Incidents Involving the Security or Privacy of Protected Health Information; Breach Notification).

Fax Receipt and Distribution

1. Incoming faxes should be promptly removed from the fax machine. Verify that all pages of the fax have been received and are retained together.
2. The sender should be notified by telephone of any fax received in error and that Yale will shred the contents. Place the material in a secured shred bin.
3. The fax should be distributed to the intended recipient immediately upon receipt.

The official version of this information will only be maintained in an on-line web format. Any and all printed copies of this material are dated as of the print date. Please make certain to review the material on-line prior to placing reliance on a dated printed version.
