



**Community Hospital
of San Bernardino.**
A Dignity Health Member

Transfer of Protected Health Information (PHI)

Education and Training

Objectives:

1. Staff of Community Hospital of San Bernardino (CHSB) will protect and safeguard the confidentiality of patient's Protected Health Information (PHI) at all times.
2. Staff will be able to comply with policies and procedures when releasing PHI via fax, handout/mail, e-mail, upon transfer of patient outside CHSB or when receiving fax.

ENFORCEMENT

Employees who do not comply with the policy and procedure on *Transfer of Protected Health Information (PHI)* will be subject to disciplinary action, up to and including criminal prosecution. Any action taken will be determined on a case-by-case basis.

Definitions:

- Protected Health Information (PHI) – information that relates to the past, present or future physical or mental health or condition of an individual, the provision of health care to an individual or the past, present or future payment for the provision of health care to an individual and identifies or could reasonably be used to identify the individual.
- Sensitive Protected Health Information (Sensitive PHI) means Protected Health Information that pertains to (i) an individual's HIV status or treatment of an individual for an HIV-related illness or AIDS, (ii) an individual's substance abuse condition or the treatment of an individual for a substance abuse disorder or (iii) an individual's mental health condition or treatment of an individual for mental illness.
- Secure Area means a location that is not accessible to the general public.

What To Do When Performing the Following:

Sending Faxes

This process is to be followed for sending information outside of the organization.

1. Employees will transmit **PHI by fax only** when the transmission is **time-sensitive** and delivery by regular mail will not meet the reasonable needs of the sender or recipient.

2. Employees will take reasonable steps to ensure that a fax transmission is sent to and received by the intended recipient. When the fax transmission includes PHI, "reasonable steps" include, but are not limited to, the following:
 - a. Fill out a test fax form (**See sample copy on following pages**) and fax to the requesting party asking that they send the fax back as confirmation of their fax number Call requestor to validate fax number.
 - b. Communicate need for them to send back fax validation and make sure that they understand if do not receive validation back will not be able to send and will mail the information.

- c. If you have made several attempts to fax and have not received the validation form back document the attempts on the original fax validation form that was sent and maintain in log book.
- d. A verbal report can be provided on phone if indicated.
- e. Once you receive the test fax back completely fill out the cover sheet (**See sample copy on following pages**) (if you do not received it back follow steps for mailing).
- f. Gather all patient information to be sent.
- g. Enter fax number into fax machine.
- h. Have that employee verify that you have entered the correct fax number into the fax machine as documented on the coversheet.
- i. Another employee must independently verify all the patient documents that you will be sending via fax.
- j. Once verified by two employees you may now hit send button.
- k. Complete the attached fax log sheet and have both employees sign the log book.



- I. Fax confirmation sheets will be checked immediately after the fax has been transmitted, to confirm the material was faxed to the intended fax number. If the intended recipient notifies the sender that the fax was not received, the sender will use best efforts to determine whether the fax was inadvertently transmitted to another fax number by checking the fax confirmation sheet. Maintain a list of all documents sent along with cover sheet and conformation sheet in the fax log book for a three month time period.
- m. Fax machines/servers with pre-programming capabilities may be pre-programmed with the fax numbers of those recipients to whom PHI is frequently sent so errors associated with misdialing may be minimized or avoided. Pre-programmed fax numbers will be tested frequently to confirm they are still valid no less frequently than every 6 months. Confirmations of valid fax numbers will be maintained by the responsible department.
- n. When a fax machine is replaced all numbers that had been pre programmed must be re-validated.
- o. Employees will use CHSB standard fax cover sheet that contains the PHI statement.
- p. If an employee becomes aware that a fax was sent to the wrong fax number, the employee will immediately attempt to contact the recipient by fax or telephone and request that the faxed documents, and any copies

of them, be immediately returned to CHSB or destroyed. The employee's supervisor or the HIPAA Privacy Officer will also be notified of the mis-directed fax immediately.

- q. Information containing sensitive patient information (e.g.) (HIV status or Mental Health records) should not be transmitted using fax machines. However, there are exceptional circumstances where a fax can be used for transmitting/receiving sensitive information (e.g. where a delay would cause harm or potential risk to a patient). This information should be approved by a Manager, Director or House Supervisor prior to sending.



PHI Facsimile **Test** Cover Sheet



Policy # 8610.1363
Protected Health Information (PHI), Transfer of
Attachment A

Date: _____

PHI Facsimile Test Cover Sheet

Attention: (Recipient's Name) Facsimile Number: (Recipient's Fax Number)
Company: _____ Number of Pages (Including cover page): _____
From: (Sender Department) 909-887-6333 (Sender Department Extension)
Fax Number: (Sender Department Fax Number)

I have confidential patient information that I need to send to you. Please send this back as a verification of your fax number. Once I receive this back I will then send you the information.

Is this your correct fax number? (Enter the fax number documents are being sent to)

*****If this verification form is not received back the requested information will then be placed in the mail.*****

"Caution: This facsimile message is CONFIDENTIAL and may be of a nature that is LEGALLY PRIVILEGED. The information contained in this facsimile message is intended only for the use of the recipient named above. If the reader of this message is not the intended recipient you have received this document in error. Any further review, dissemination, distribution, or copying of this message is strictly prohibited. If you received this communication in error, please notify us immediately by telephone. If you are a regular recipient of confidential or privileged facsimile from us and you intend to change your facsimile number, it is your responsibility to alert us before the change. Thank You."

PHI Facsimile Cover Sheet



Policy # 8610.1365
Protected Health Information (PHI), Transfer of
Attachment B

Date: _____

PHI Facsimile Cover Sheet

Attention: _____ Facsimile Number: _____

Company: _____ Number of Pages (including cover page): _____

From: (Sender Department) _____ 909-887-6333 (Sender Department Extension) _____

Fax Number: (Sender Department Fax Number) _____

Read Back Fax #: _____ Verification Fax #: _____
(1st employee verification printed name) (2nd employee verification printed name)

Two Forms of ID Verified: (Check two (2) boxes that were verified by both employees)

- Name
- Medical Record Number
- Date of Birth
- Other _____

Information Sent:

- | | |
|--|---|
| <input type="checkbox"/> History and Physical | <input type="checkbox"/> Operative Report |
| <input type="checkbox"/> Physician Orders | <input type="checkbox"/> Progress Notes |
| <input type="checkbox"/> Face Sheet | <input type="checkbox"/> Laboratory Results |
| <input type="checkbox"/> Radiology Reports | <input type="checkbox"/> Medication Records |
| <input type="checkbox"/> Consultation Report | <input type="checkbox"/> Emergency Room Records |
| <input type="checkbox"/> Vital Signs | <input type="checkbox"/> EKG |
| <input type="checkbox"/> Cardiopulmonary Records | |
| <input type="checkbox"/> Other _____ | |

Caution: This facsimile message is CONFIDENTIAL and may be of a nature that is LEGALLY PRIVILEGED. The information contained in this facsimile message is intended only for the use of the recipient named above. If the reader of this message is not the intended recipient you have received this document in error. Any further review, dissemination, distribution, or copying of this message is strictly prohibited. If you received this communication in error, please notify us immediately by telephone. If you are a regular recipient of confidential or privileged facsimile from us and you intend to change your facsimile number, it is your responsibility to alert us before the change. Thank You.

Receiving Faxes

- a. Employees who are intended recipients of faxes that contain PHI will take reasonable steps to minimize the possibility those faxes are viewed or received by someone else. These "reasonable steps" include, but are not limited to, the following:
- b. Fax machines that receive faxes that include PHI will be located in Secure Areas. If an employee receives a fax containing PHI on a fax machine that is not in a Secure Area, the recipient of the fax will promptly advise the sender that the receiving fax machine should not be used for the transmission of such information.
- c. Fax machines will be checked on a regular basis to minimize the amount of time incoming faxes that contain PHI are left on the machines. Employees who monitor the fax machines, or the employee who sees such a fax on the machine, will promptly remove incoming faxes and deliver them to the proper person.
- d. If an employee receives a fax addressed to someone other than the employee and the person to whom the fax is addressed is someone at CHSB, the employee will promptly notify the individual to whom the fax was addressed and deliver or make arrangements to deliver the mis-directed fax as directed by the intended recipient.

- e. If an employee receives a fax addressed to someone other than the employee and the person to whom the fax is addressed is NOT affiliated with CHSB, the employee will promptly notify the sender, and destroy or return the faxed material as directed by the sender.
- f. Employees who routinely receive faxes containing PHI from other individuals or organizations (either internal or external sources) will promptly advise those regular senders of any changes to the employee's fax number.
- g. Employees who receive faxes that contain Sensitive PHI (such as HIV/AIDS results or status or substance abuse and mental health treatment records) will promptly advise the senders of such faxes that it is the policy of CHSB not to accept transmissions of Sensitive PHI by fax.

Other methods used for sending PHI outside of CHSB Dignity Health

- a. Secure e-mail see Dignity Health policy number 110.1.039 (Confidentiality of Data Classification Policy) and 110.1.046 (Email Policy)
- b. RIGHT fax.

Handouts/Mail

a. When providing PHI when using handouts/mail:

1. Gather patient's records to be given to the patient or authorized individual.
2. Fill out a verification form (See sample copy on next page)
3. 1st staff member will verify that all documents belong to the correct patient and does not contain any other patient's information.
4. 2nd staff member will independently verify that the documents belong to the correct patient and does not contain any other patient's information.
5. Have the second employee sign off the verification form.
6. Document in the verification log. Both staff member will sign off the verification log.
7. Make a copy for the patient and keep original.
8. Place copy of verification form in back of log binder.
9. Hand/Mail the information to the patient.

PHI Handout/Mail Verification Form



Policy # 8610.1365
Protected Health Information (PHI), Transfer of
Attachment C

Date: _____

PHI Handout/ Mail Verification Form

Attention: _____ Facsimile Number: _____

Company: _____ Number of Pages (including cover page): _____

From: _____ (Senders Department) 909-887-6333 _____ (Senders Department Extension)

Fax Number: _____ (Senders Department Fax Number)

Address being sent to or name of person/ company given to:

1st employee verified: _____ (1st employee verification printed name) 2nd employee verified: _____ (2nd employee verification printed name)

Two Forms of ID Verified: (Check two (2) boxes that were verified by both employees)

- Name
- Medical Record Number
- Date of Birth
- Other: _____

Information Sent:

- | | |
|--|---|
| <input type="checkbox"/> History and Physical | <input type="checkbox"/> Operative Report |
| <input type="checkbox"/> Physician Orders | <input type="checkbox"/> Progress Notes |
| <input type="checkbox"/> Face Sheet | <input type="checkbox"/> Laboratory Results |
| <input type="checkbox"/> Radiology Reports | <input type="checkbox"/> Medication Records |
| <input type="checkbox"/> Consultation Report | <input type="checkbox"/> Emergency Room Records |
| <input type="checkbox"/> Vital Signs | <input type="checkbox"/> EKG |
| <input type="checkbox"/> Cardiopulmonary Records | |
| <input type="checkbox"/> Other: _____ | |

Addresses to be used

- a. For patients: the address on the authorization or requisition should be used first.
 1. If not available, the address in the electronic health record will be used.
 2. For physicians use ipriviledges.

Transfers

1. When transferring a patient from CHSB to another facility:
 - a. Gather patient's records to be sent with the patient.
 - b. Make two copies of face sheet.
 - c. Obtain an envelope.
 - d. Fill out verification form (See sample copy on previous page).
 - e. 1st staff member will verify that all documents belong to the correct patient and does not contain any other patient's information.
 - f. 2nd staff member will independently verify that the documents belong to the correct patient and does not contain any other patient's information.
 - g. Have the second employee sign off the verification form.

- h. Place all information into the envelope.
- i. Place copy of face sheet on outside of envelope.
- j. Seal envelope.
- k. Document in the verification log (**See sample copy on next page**). Both staff members will sign off the verification log.

2. Place copy of verification form in back of log binder.



