

## Faxing Protected Health Information (PHI)

Patient information should only be faxed to fulfill a treatment, payment or healthcare operations obligation or a specifically authorized request (see [COMP.103 Use and Disclosure of Protected Health Information](#)).

Fax machines should be safeguarded to reduce the likelihood of inappropriate access to patient information. To protect patient privacy, fax machines should not be placed in public access areas.

UW Medicine workforce members are required to fax in the manner described below to reduce the possibility of erroneous transmission and must include a fax cover sheet to minimize risk.

### Fax Cover Sheet

The fax cover sheet must include the following elements:

1. Date of fax transmission;
2. Name of requestor and facility/organization;
3. Sender's name;
4. Sender's fax number;
5. Sender's phone number;
6. Number of pages sent (including cover sheet);
7. Confidentiality Notice which includes a statement regarding re-disclosure;
8. Statement regarding communications for misdirected faxes and destruction.

### Sending Faxes

A fax cover sheet is required (see fax cover sheet template on page 3 of this document).

Departments are responsible for a process to manage fax telephone numbers including maintenance of preprogrammed fax numbers, updating outdated fax numbers and confirming the accuracy of fax numbers on a recurring basis.

Workforce members should pre-program frequently used fax numbers to ensure accurate transmission. After selecting the recipient's fax number from a pre-programmed list or keying the recipient's fax number, check that the fax number is correct before sending the fax.

Fax logging functionality should be turned on. This log should be reviewed to identify and resolve any unsuccessful faxing attempts.

### Receiving Faxes

Workforce members must promptly remove faxed documents from fax machines when fax machines are not located in a secure area.

If a fax is received in error, inform the sender if possible and dispose of the fax in a secure manner. (See [UW Medicine Patient Information Security Policies](#).)

# UW Medicine

## Misdirected Faxes

If a workforce member sends a fax to an incorrect number, the workforce member must immediately take steps to retrieve and/or destroy the information.

- A. The workforce member must promptly call the recipient of the misdirected fax to have the receiver either destroy the information or mail the information back to the workforce member. (See [UW Medicine Patient Information Security Policies](#).)
- B. The workforce member must notify UW Medicine Compliance to assist in the notification and documentation of the disclosure to the patient.

Main Line: 206.543.3098 (local) or 1.855.211.6193 (toll free)

Anonymous Compliance Hotline: 206.616.5248 (local) or 1.866.964.7744 (toll free); Email: [comply@uw.edu](mailto:comply@uw.edu) Fax: 206.221.5172

A copy of what patient information was faxed to an incorrect number must be provided to UW Medicine Compliance.

## Resources

- RCW 70.02.150 - Security safeguards
- [UW Medicine Patient Information Security Policies](#)
- [UW Medicine IT Security Guidance](#) (VMC workforce, see [VMC IT Security page](#))
- Fax Cover Sheet (see page 3 of this document)

# CONFIDENTIAL

<YOUR DEPARTMENT NAME>  
<STREET ADDRESS>, <BOX xxxxxx>  
<CITY>, WA <ZIP CODE>

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## Facsimile Cover Sheet

TO: \_\_\_\_\_ FROM: \_\_\_\_\_  
ORGANIZATION: \_\_\_\_\_ PHONE: \_\_\_\_\_  
PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_  
FAX: \_\_\_\_\_ EMAIL: \_\_\_\_\_  
DATE: \_\_\_\_\_ PAGES: \_\_\_\_\_  
(including this cover sheet)

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**IMPORTANT WARNING:** This facsimile is a confidential communication and is transmitted for the exclusive use of the person or entity to which it is addressed. If you are not the intended recipient you are hereby notified that any disclosure, copying or distribution of this information is **STRICTLY** prohibited. If you have received this facsimile communication in error, please notify us immediately by telephone and mail the communication to us at our address printed in the top left-hand corner of this form or destroy this facsimile.

**To the extent that** Protected Health Information (PHI) is enclosed, please be advised that it is being faxed to you after appropriate authorization from the individual or under circumstances that do not require authorization. It has been disclosed to you from a designated record set whose confidentiality is protected by state and federal law. You, the recipient, are expected to maintain this information in a safe, secure and confidential manner. In addition, federal regulations (42 CFR part 2) prohibit any further disclosure of drug and alcohol abuse treatment information except with specific written consent of the person to whom the information pertains or the parent or legal guardian of a minor child to whom it pertains, unless otherwise permitted by federal law. A general authorization for the release of information is **NOT** sufficient for this purpose. State law prohibits any further disclosure of this sexually transmitted disease information, including HIV/AIDS, without specific written consent of the person to whom the information pertains, or the parent or legal guardian of a minor child to whom it pertains, unless otherwise permitted by state law. A general authorization to release information is **NOT** sufficient for this purpose.