



# STANTON TERRITORIAL HEALTH AUTHORITY

## POLICY/PROCEDURE

<b>CATEGORY:</b> Health Records	<b>PAGE NUMBER:</b> 1 of 6
<b>SUBJECT:</b> Facsimile Transmission of Patient Information	<b>DISTRIBUTION:</b> Hospital Wide Manuals
<b>CURRENT EFFECTIVE DATE:</b> January 2011	<b>NEXT REVIEW DATE:</b> January 2014

Stanton Territorial Health Authority recognizes the patient's right to have their personal information protected. As a public body, Stanton Territorial Health Authority is also required to follow the *Access to Information Protection of Privacy Act*.

Facsimile ("fax") machines present the opportunity for rapid transmission of both written and graphic information which can greatly facilitate health care. However, without appropriate safeguards, sending and receiving sensitive or personal information by fax can have serious implications for privacy, confidentiality and security.

### DEFINITIONS:

**Urgent:** means when there is a need for information which is immediately necessary for the continuity of care and there are no other means of transmitting the information in a secure or timely manner;

**"personal information"** as defined by the *Access to Information Protection of Privacy Act* (ATIPP Act), means information about an identifiable individual, including

- i. the individual's name, home or business address or home or business telephone number
- ii. the individual's race, colour, national or ethnic origin or religious or political beliefs or associations
- iii. the individual's age, sex, sexual orientation, marital status or family status
- iv. an identifying number, symbol or other particular assigned to the individual
- v. the individual's fingerprints, blood type or inheritable characteristics
- vi. information about the individual's health and health care history, including information about a physical or mental disability
- vii. information about the individual's educational, financial, criminal or employment history
- viii. anyone else's opinions about the individual
- ix. the individual's personal opinions, except where they are about someone else

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**SPECIAL POINTS:**

All fax transmittal of personal information must be in accordance with the STHA Policy H-0550 "Release of Patient Information"

See process flowchart Appendix I.

**POLICY**

1. Prior to faxing any patient information the sender must ensure that the requester has the legal right, as described in STHA Policy H-0550, to have the information. If the request falls outside of what is legislated by policy and legislation, it can only be released with the written consent of the patient. Requests must be in writing unless the sender is able to identify the caller/requester.
2. Entire medical records are not to be faxed. If there is information that is immediately necessary for the timely continuity of care of the patient and consent for disclosure has been obtained, a fax of only the immediately required information may be sent.
3. The sender of the information shall be responsible for ensuring the security of the health information being transmitted. This includes confirming who the recipient is and the most secure fax number to which to send the fax.
4. A "**Cover Sheet**" is required before sending any fax. See Appendix II. It shall include a confidentiality statement. Stanton Territorial Health Authority's statement is below:

*"The documents accompanying this transmission contain confidential information intended for a specific individual and purpose. The information is private, and is legally protected by law. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution, or taking of any action in reference to the contents of this telecopied information is strictly prohibited. If you have received this communication in error, please notify us immediately by telephone and return the original to us by mail.*

5. Personal information mistakenly faxed to an unintended recipient is an unauthorized disclosure resulting in a breach of confidentiality of the individual to who the information has been transmitted. The breach shall be reported into the Risk Pro Incident Reporting system in accordance with STHA Policy "Reporting of Confidentiality/Privacy Breaches of Patient and/or Employee Information"

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6. A copy of this policy shall be posted by all fax machines that are used to send or receive personal information.
7. Pre-programmed numbers shall not include numbers for the media.

**PROCEDURE:**

**Initial set up of pre-programmed (speed dial) numbers:**

1. Program the commonly used fax numbers into the fax machine as pre-programmed (speed dial) numbers.
2. Fax a cover sheet to the pre-programmed number informing the recipients that you are confirming their fax number you have on file. Use the following phrase on the cover sheet:

'This test fax is to confirm that we have your correct fax number on file. Please fax us back using your cover sheet containing your current phone number and fax number to (insert your fax number).'

3. If the fax fails to be sent successfully, phone the recipient to confirm fax number and the status of the fax machine.
4. When the successful transmission report has been received, staple the report to the original cover sheet.
5. Mark 'CONFIRMED' on the copy of their returned fax cover sheet and staple this to the original cover sheet and transmission report.
6. The pre-programmed number has been confirmed and is ready to be activated.
7. Keep these records for your files for a period of one (1) year.

**Procedure for sending a Fax:**

1. The fax machine shall be located in a secure area where it can be monitored and used by authorized staff only.
2. Senders must take utmost care to ensure the accuracy of facsimile numbers dialed.

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**Procedure for sending a fax using pre-programmed (speed dial) numbers:**

1. Only information which is immediately necessary for the continuity of patient care should be transmitted by fax.
2. Use confirmed pre-programmed dialing features for frequently dialed numbers to eliminate the possibility of incorrect dialing,
3. Use visual check on the fax machine to ensure that the correct number was dialed before pressing "Send" or "Fax",
4. A cover sheet must be used (sample in Appendix II).

**Procedure for sending a fax using NON pre-programmed numbers:**

1. Only information which is immediately necessary for the continuity of patient care should be transmitted by fax.
2. When sending personal or sensitive information to any unconfirmed or manually dialed fax numbers , the sender is to make a phone call to confirm the destination fax number and recipient.
3. Two (2) people that review and confirm the fax number before the fax is sent. Both senders must sign the fax coversheet once the fax is sent.
4. The recipient must be called to confirm the fax has gone through or the sender should confirm the success of the transmission by checking the "fax activity confirmation report". Print this report and attach it to the coversheet that has been faxed.

**Standardized Log System:**

- Each unit/department will ensure that a "Fax Transmission" report is printed out every twenty-four (24) hours.
- Each cover sheet for the 24 hour period will be stapled to the Fax Transmission report and retained for one (1) year.

**Receiving a Fax:**

The following procedure is to be followed when a fax transmission of patient information is being received.

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1. Ensure fax machines are out of public areas and the access is with controlled after-hours access.
2. If received in error, notify the sender of an erroneous transmission and return or destroy the information as instructed by the sender.
3. Check the number of pages actually received against the faxed cover sheet.
4. When faxes are addressed to someone of the immediate work area the fax is to be placed in an envelope marked "confidential" and sent to the intended recipient.

**Auditing Process for Pre-programmed fax numbers:**

1. On a quarterly basis 25% of the pre-programmed fax numbers will be audited by contacting the organization by phone and confirming whether the fax number is correct. See Appendix III for Audit Form.
2. Fax a cover sheet to the pre-programmed number informing the recipients that you are confirming the fax number you have on file. Use the following phrase on the cover sheet:  
  
"This test fax is to confirm that we have your correct fax number on file. Please fax us back at (*insert your fax number*) using your cover sheet containing your current phone number and fax number."  
  
3. If the fax fails transmit successfully, phone the recipient to confirm the fax number and the status of the fax machine.
4. When the successful transmission report has been received, staple the report to the original cover sheet.
5. Mark "CONFIRMED" on the copy of their returned fax cover sheet and staple this to the original cover sheet and transmission report.
6. The pre-programmed number has been confirmed and can continue to be used.
7. Any changes in the pre-programmed fax numbers will be noted and entered into the fax machine and double checked by two staff members. A test fax of a cover sheet will be sent to confirm the number is correct

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**Appendix:**

Appendix I: Process flowchart;  
Appendix II: Fax Cover Sheet  
Appendix III: Fax Audit Form

**REFERENCES:**

Office of the Information and Privacy Commissioner of Ontario, "*Guidelines on Facsimile Transmission Security*" (January 2003).

Office of the British Columbia Information and Privacy Commissioner, *Guidelines for the Secure Transmission of Personal Information by Fax*.

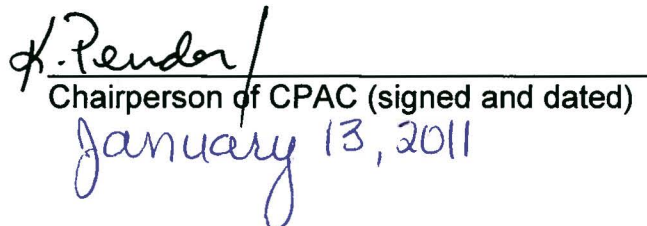
Rozovsky, L & Inions, N., *Canadian Health Information (3<sup>rd</sup> Edition)*, Butterworths

Department of Health & Social Services "*Guidelines for Sending Patient/Client Information by Facsimile*, July 9, 2010.

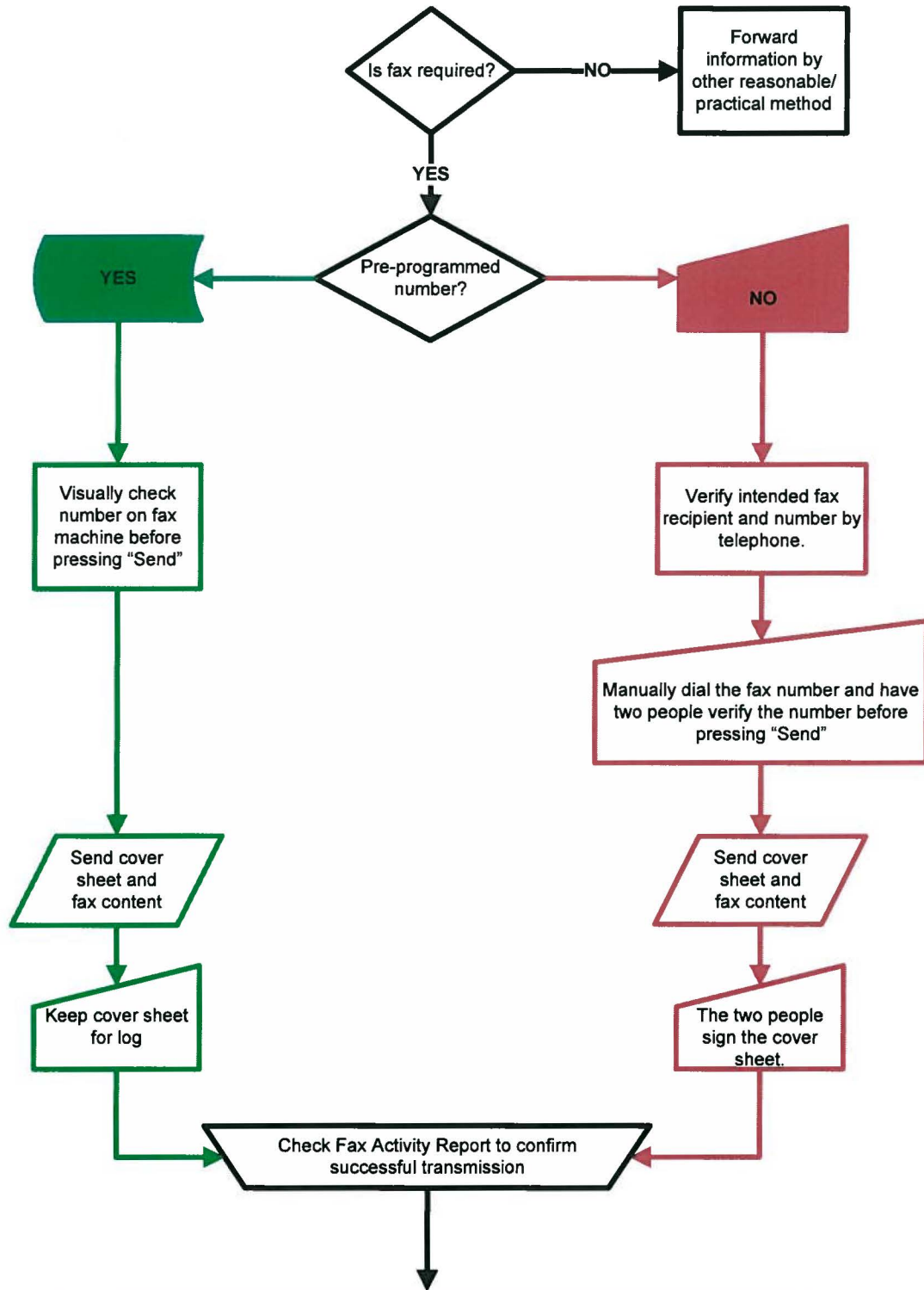
Reviewed and approved by:

 Jan 13/11  
Chief Executive Officer (signed and dated)

Reviewed and approved by:

 January 13, 2011  
Chairperson of CPAC (signed and dated)

# Stanton Territorial Health Authority Guidelines for Fax Transmission



Each unit/department will print the Fax Activity Report at least once every twenty-four (24) hours. All cover sheets for that time period should be stapled to the Activity Report and retained for a three (3) month period.



# STANTON TERRITORIAL HEALTH AUTHORITY

**UNIT NAME**

550 Byrne Road, P.O. Box 10  
Yellowknife, NT X1A 2N1  
Ph: 867-669-UNIT Fax: 867 669-UNIT

## Confidential Facsimile Transmission

**Receiver:** \_\_\_\_\_

**CC:** \_\_\_\_\_

**Fax:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**# of Pages** \_\_\_\_\_ **(Including Cover)**

● **Comments:**

\_\_\_\_\_  
Sender (please print)

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*The documents accompanying this transmission contain CONFIDENTIAL information intended for a specific individual and purpose. The information is private and is legally protected by law. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution or the taking of any action in reference to the contents of this telecopied information is strictly prohibited. If you have received this communication in error, please notify us immediately by telephone and return the original to us by regular mail.*



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**FAXING AUDIT TO BE COMPLETED QUARTERLY  
(Audit times: Second week of March, June, September and December)**

Department: \_\_\_\_\_

Date: Completed: \_\_\_\_\_

Manager or Designate: \_\_\_\_\_

**NOTE: Refer to the Facsimile policy for the procedure on auditing of pre-programmed numbers.**

Faxing	Compliance Yes ✓ No X	If no, what is the resolution & date completed
Were 25 percent of all the pre programmed numbers audited?  (Note each quarterly audit must consist of a different 25% of fax numbers)		
Were there any numbers that had changed?		
Were the numbers that had changed, re programmed and a fax confirmation received?		

**Managers: Scan this audit summary and the audited fax sheets and email to the Quality & Risk Management Coordinator.**