Title: Facsimile Transmission of Patient Information

Issuing Authority: NTHSSA CEO Next Review Date: 16/12/2025 Policy Number: 01-08-V2 Date Approved: 16/12/2022

Type: NTHSSA - Wide Policy

NTHSSA-WIDE POLICY			
Title: Facsimile Transmission of Patient Information	Policy Number: 01-08-V2		
Applicable Domain: Administration and Leadership			
Additional Domain(s): Legal, Communications, Governance, Information Management and Privacy, Quality Improvement and Client Experience, Risk and Compliance Services, Hospital Based Clinical Services, Community Health Centre Clinical Services			
Effective Date:	Next Review Date:		
16/12/2022	16/12/2025		
Issuing Authority:	Date Approved:		
Chief Executive Officer	16/12/2022		
Accreditation Canada Applicable Standard: Leadership Standards # 11.2, 11.3, 11.5			

GUIDING PRINCIPLE:

The Northwest Territories Health and Social Services Authority recognize an individual's right to have their Personal Health Information (PHI) protected. As a health information custodian, the Northwest Territories Health and Social Services Authority (NTHSSA) is required to adhere to the *Health Information Act* (HIA) and *Access to Information Protection of Privacy Act* (ATIPP).

This policy is to ensure NTHSSA staff keeps PHI of individuals private and confidential to improve quality of care and public trust in the Health Care System, and decrease organizational risk

PURPOSE/RATIONALE:

- 1. To ensure that the patient/client's PIA is kept confidential and secure, thereby ensuring agent and system accountability as per the *DHSS Guidelines for Sending Patient/Client Information by Facsimile* (2010).
- 2. To provide clear direction into the administrative process surrounding facsimile (fax) transmissions from internal stakeholders.
- 3. To increase NTHSSA staff awareness of individual and system accountability for the security of PHI, as well as maintaining a high degree of accountability, accuracy, confidentiality and control when transferring records by facsimile, thereby reducing privacy breaches and organizational risk.
- 4. To ensure fax transmission of sensitive information is used in limited or urgent circumstances of immediate need; where electronic transmission, including

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Policy Number: 01-08-V2 Date Approved: 16/12/2022 Page 1 of 9

Title: Facsimile Transmission of Patient Information

Type: NTHSSA – Wide Policy
Issuing Authority: NTHSSA

Next Review Date: 16/12/2025

Type: NTHSSA – Wide Policy
Policy Number: 01-08-V2
Date Approved: 16/12/2022

electronic faxing or secure file transfer of information and password protecting documents, is not feasible and where no better alternative solutions are available (Appendix I).

DEFINITIONS:

Verification: is defined as a selection of pre-programmed numbers totaling a 100% in each Northwest Territories Health and Social Services Authority (NTHSSA) fax machine that must be verified on a quarterly basis in accordance with the fiscal schedule established by the facility.

Agent is an employee, volunteer, appointee, contractor, and information manager acting on behalf of the custodian. Physicians and pharmacists employed or contracted by DHSS, an HSSA, or a private health information custodian.

Auto-dial number is the sequential dialing number assigned to pre-programmed fax numbers in facsimile machines (current models) for fast facsimile transmission.

E-Fax is a computer facsimile system whereby password protected documents can be sent electronically to a recipient's fax or computer fax system.

Electronic created, recorded, transmitted or stored in digital form or in other intangible form by electronic or other similar means;

Fax Transmission Report is an administrative report on facsimile transmissions that is printed out at the end of every facsimile transmission – successful or failed.

Health Information Custodian is a department or organization under the *Hospital Insurance and Health and Social Services Administration Act*. Also applies to private medical practitioners and pharmacists.

Individual is a person, whether living or deceased.

Privacy Breach is the unauthorized access or disclosure of records such as the misdirection and loss of confidential information.

Personal Information is identifiable information about an individual's:

- Name, home or business contact information, date of birth, identifying number or symbol, fingerprints, blood type.
- Colour, national or ethnic origin, religious or political beliefs or associations,
- Personal opinions (except where they are about someone else), and anyone else's opinions about the individual,
- Gender, sexual orientation, marital or family status,
- Educational, financial, criminal or employment history.

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Policy Number: 01-08-V2 Date Approved: 16/12/2022 Page 2 of 9

Title: Facsimile Transmission of Patient Information

Issuing Authority: NTHSSA – Wide Policy
Next Review Date: 16/12/2025

Type: NTHSSA – Wide Policy
Policy Number: 01-08-V2
Date Approved: 16/12/2022

Personal Health Information is identifiable health information about an individual's:

- Medical history, prescription information, labs, diagnostics, and health services (including registration, eligibility, payment),
- Name and contact information, date of birth, personal health number, and other identifying information in respect to health services,
- Medical travel information (appointment, payment, approval, booking information).

Pre-programmed is an addition of instructions or data in an electronic device ahead of time in order to control a future action. It applies to the saving of fax numbers into the fax machines, which may include using an online administrative program, to ensure accuracy of facsimile transmissions. Managers or Supervisors are responsible for administering pre-programmed fax numbers.

Urgent is defined as a need for information which is immediately necessary for the continuum of care/health care delivery and there are no other means of transmitting the information in a secure or timely manner.

Unauthorized Access is when an individual does not have the permission or legal authority to access, use or disclose confidential information.

SCOPE/APPLICABILITY:

This NTHSSA-wide Fax Policy applies to all NTHSSA staff, including interns, students, permanent, casual and locum staff and contractors that use facsimile transmissions in their day to day tasks and responsibilities.

Chief Executive Officers of all HSSAs are responsible to administer and ensure compliance of this policy (DHSS, 2010).

PROCEDURES:

The procedures of this policy are divided into the following sections:

- 1) Location of Fax Machine
- 2) Documents to be co-located with fax machine
- 3) Preparing records for faxing
- 4) Sending a fax
- 5) Receiving a fax
- 6) Misdirected fax or unintended recipient
- 7) Trouble shooting
- 8) Exceptions and prohibitions
- 9) Pre-programming a Fax Machine
- 10) Verification or pre-programmed fax numbers

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Policy Number: 01-08-V2 Date Approved: 16/12/2022 Page 3 of 9

Title: Facsimile Transmission of Patient Information

Type: NTHSSA – Wide Policy
Issuing Authority: NTHSSA

Next Review Date: 16/12/2025

Policy Number: 01-08-V2
Date Approved: 16/12/2022

1. LOCATION OF FAX MACHINE

The facsimile (fax) machine must be stored in a secure area where:

- It should not be in the public areas and the access is controlled after-hours.
- It should be monitored and used by authorized staff only.

2. DOCUMENTS TO BE CO-LOCATED WITH FAX MACHINE:

The following Documents should be co-located with the fax machine for user awareness:

- I. A copy of this Facsimile Transmission of Patient Information Policy.
- II. A fax cheat sheet with three to five highly visible key reminders for users posted above the fax machine.
- III. All necessary procedures including how to verify fax numbers.
- IV. A sign or label with contact information of fax service providers and serial number for troubleshooting technical issues, repairs or servicing the machine.
- V. Label or signage for machines that are out-of-order, malfunctioned or inoperable until it has been service including location of designated secondary fax machine.
- VI. Ensure a complete list of all pre-programmed fax numbers with their corresponding auto-dial number is located next to the fax machine. This creates a proper visual so staff can easily identify fax numbers that need to be added or updated to the list of pre-programmed fax numbers in the machine.
 - i. Current facsimile machines should have an online administrative platform to program and manage the fax numbers into the machines.
 - ii. verify the list to ensure accuracy before posting. Update as required.

VII. PREPARING RECORDS FOR FAXING:

- 3. Prior to sending any fax the following must be completed:
- I. Double check each page of the document(s) with a second staff member to ensure correct individual's information is being transmitted.
- II. Ensure an NTHSSA fax cover sheet is filled out and sent with all faxes (see Appendix II) and both staff members initial this.
- III. Check that documents have not been left in the auto-feed or glass of the fax machine from a prior job before placing the document for faxing.
- 4. SENDING A FAX: The fax transmission is to be used only where more secure technology cannot be used.
 - I. All fax transmissions sent from NTHSSA fax machines shall include a completed cover page (Appendix II). Ensure 'Urgent' is written on the facsimile (fax) cover sheet when required.

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Policy Number: 01-08-V2 Date Approved: 16/12/2022 Page 4 of 9

Title: Facsimile Transmission of Patient Information

Type: NTHSSA – Wide Policy
Issuing Authority: NTHSSA

Next Review Date: 16/12/2025

Type: NTHSSA – Wide Policy
Policy Number: 01-08-V2
Date Approved: 16/12/2022

II. Ensure that the document is to be sent to the correct department/facility that it will be transmitted to.

- III. When manually dialing fax numbers or using a list of pre-programmed fax numbers :
 - i. All fax numbers are to be confirmed by a second staff member for both manually entered fax numbers and pre- programmed fax numbers before sending.
- IV. Contact the recipient to ensure that the document has been received by the person, department or facility addressed on the cover page.
- V. Attach the fax transmission confirmation report to the cover page. File according to records management retention period for the department, unit or facility.
- VI. Ensure all documents are removed from the fax machine.
- VII. Document in the daily Fax Log (Appendix V) each time a fax is sent containing personal health information and confirmation received.

5. RECEIVING A FAX:

- I. When in receipt of a Fax:
 - i. Checks the name of the recipient on the fax cover sheet of the document received and ensure number of pages correspond to the page number indicated on the fax cover sheet.
 - ii. If there are pages missing, contact the sender and ask to have them resend the fax or specific pages.
- II. If faxed document is addressed to another staff in the immediate work area:
 - i. Do not view contents of fax as it would be considered unauthorized access.
 - ii. Advise the recipient of the fax or provide the fax to the recipient without viewing the contents of the document
- III. If faxed document is addressed to staff in another department of the facility:
 - i. Do not view contents of fax as it would be considered unauthorized access.
 - ii. Place the document in a sealed envelope, with the recipient's name and department information and hand it directly to the recipient or place the document in a sealed envelope as above and then place the sealed envelope into an interoffice envelope marked "confidential",

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Policy Number: 01-08-V2 Date Approved: 16/12/2022 Page 5 of 9

Title: Facsimile Transmission of Patient Information

Type: NTHSSA – Wide Policy
Issuing Authority: NTHSSA

Next Review Date: 16/12/2025

Policy Number: 01-08-V2
Date Approved: 16/12/2022

adding the recipient and senders name and department information. Place the interoffice envelope in the recipient department's mail slot.

6. MISDIRECTED FAX OR UNINTENDED RECIPIENT:

- I. When a faxed document is received in error:
 - Report to your Manager and notify sender of erroneous fax advising them of the document having been faxed to the wrong staff member, department, unit or facility.
 - ii. Enter the incident into the RL6 incident management reporting system.
 - iii. Destroy the document; delete any electronic copies after uploading the document into RL6 incident management system.
- II. Misdirected fax viewed by an unintended recipient or staff who had unauthorized access. Follow section 6(i) or 6(ii) as required to report the breach.

7. TROUBLE SHOOTING:

- I. Facsimile machine malfunctions or jams should be reported to the Manager or direct Supervisor along with any faxes to incorrect recipients. Managers or designated staff are responsible for learning the security features of their fax machines.
- II. Pending jobs may need to be deleted and refaxed once the machine becomes operational.
- III. If a machine is left in a non-operable state, the last person using the machine should indicate or label that the machine is out of service.
 - i. Contact service provider for that machine to schedule maintenance of that machine.
 - ii. Use another designated fax machine if the main one requires service.

8. EXCEPTIONS AND PROHIBITIONS:

- I. Only information which is urgent for the continuity of patient care should be transmitted by fax. The use of secure electronic transmissions such as secure-faxing or secure-file-transfer of information and encrypted or password protecting documents, or other better alternative solutions must be implemented for all other transmissions of information.
- II. Entire medical records are not to be sent by fax.
- III. Preprogramed numbers shall not include numbers for the media.
- IV. Any urgent faxes that are not pre-programmed require 2 people to review and log the occurrence. (DHSS, 2010).
- V. When faxing urgent faxes to a non-pre-programmed fax number, it is necessary to phone ahead to let the recipient know that a fax is coming and to confirm the fax number (DHSS, 2010).

9. PRE-PROGRAMMING A FAX MACHINE:

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Policy Number: 01-08-V2 Date Approved: 16/12/2022 Page 6 of 9

Title: Facsimile Transmission of Patient Information

Issuing Authority: NTHSSA – Wide Policy
Rext Review Date: 16/12/2025

Type: NTHSSA – Wide Policy
Policy Number: 01-08-V2
Date Approved: 16/12/2022

I. Most new facsimile models have an online administrative platform for the maintenance of fax numbers that flow into the fax machine. Managers and Supervisors are responsible for the programming and maintenance of fax numbers into that online administrative platform.

- II. Check with Manager, facsimile machine service provider or computer service department for access and instructions to the online administrative platform to maintain the pre-programmed fax numbers or how to pre-program fax numbers directly into the fax machine.
- III. The naming convention of the fax destinations to the corresponding fax numbers must be clear and concise to distinguish between similar locations or various departments within a facility.
- IV. Pre-program only frequently used fax numbers.
- V. Update Manager of any changes to fax numbers.
- 10. Verification OF PRE-PROGRAMMED FAX NUMERS:
- 11. Verify the list of all pre-programmed fax numbers in each facsimile machine on a quarterly basis. See Fax Verification Form (Appendix III).
- 12. Fax an Verification Form to the pre-programmed number informing the recipients that you are confirming the fax number you have on file.
- 13. Collect all fax transmission reports for the verification including both successful and unsuccessful fax transmission reports.
 - i. If the fax fails to transmit, contact the recipient to verify the new fax number.
 - ii. Ensure the invalid fax number is taken off the pre-programmed list of fax numbers.
 - iii. Refax the fax verification form to the recipient's new fax number.
 - iv. Any changes in the pre-programmed fax numbers are to be noted and updated.
- 14. Complete the Fax Verification Summary (Appendix IV) and provide to Manager notifying them of any changes to the list of pre-programmed fax numbers.

PERFORMANCE MEASURES:

There are three performance measurement indicators to ensure faxed documents have been sent or received in an accurate manner.

- Staff shall ensure a fax transmission report is printed out showing all successful and unsuccessful facsimile transmissions. The fax transmission reports should be attached to or recorded with the outgoing fax and retained as per department, unit or facility records management retention period.
- A fax verification log must be kept ensuring timely delivery of confidential and or patient health information. The fax verification log must include the date the fax was received (or sent), recipient name, dept/organization, sender name, type of document, whether staff followed-up to confirm receipt of fax.

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Policy Number: 01-08-V2 Date Approved: 16/12/2022 Page 7 of 9

Title: Facsimile Transmission of Patient Information

Type: NTHSSA – Wide Policy
Issuing Authority: NTHSSA

Next Review Date: 16/12/2025

Policy Number: 01-08-V2
Date Approved: 16/12/2022

• The facility manager shall ensure a quarterly verification of the list of pre-programmed fax numbers in a facsimile machine.

CROSS-REFERENCES:

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Policy Number: 01-08-V2 Date Approved: 16/12/2022 Page 8 of 9

Title: Facsimile Transmission of Patient Information

Issuing Authority: NTHSSA – Wide Policy
Next Review Date: 16/12/2025

Type: NTHSSA – Wide Policy
Policy Number: 01-08-V2
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ATTACHMENTS:

Appendix I: Process Flowchart
Appendix II: Fax Cover Page
Appendix III: Fax Verification Form
Appendix IV: Fax Verification Summary
Appendix V: Posted Fax Cheat Sheet
Appendix VI: Verification log book

APPROVAL:

Date*

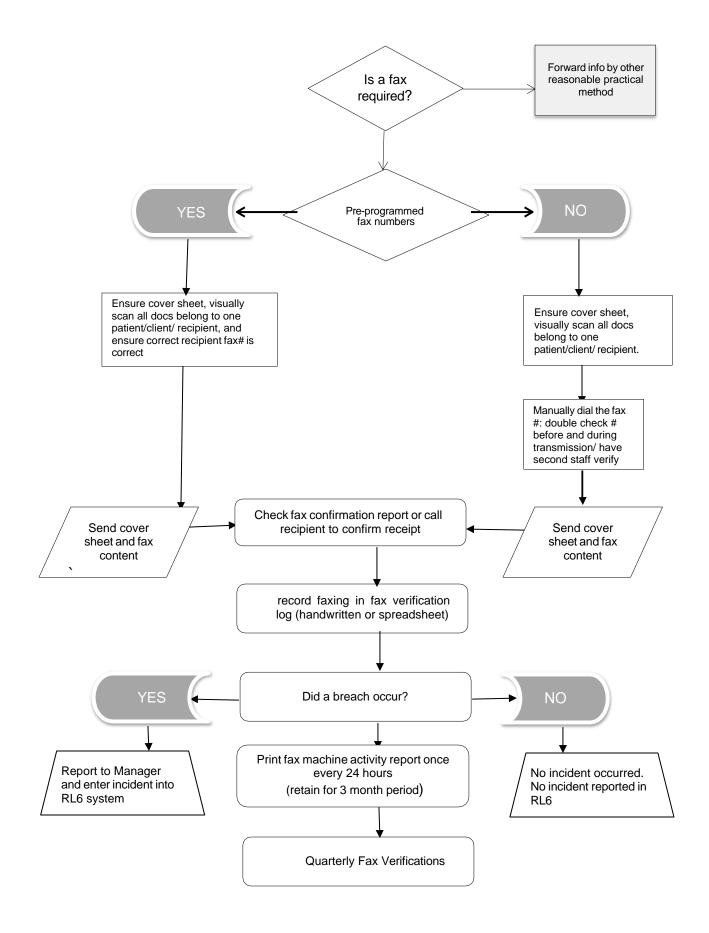
December 16, 2022

NTHSSA Chief Executive Officer

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Policy Number: 01-08-V2 Date Approved: 16/12/2022 Page 9 of 9

Flow Chart for NTHSSA-wide – Sending Facsimiles (Appendix 1) NTHSSA-wide Facsimile (Fax) Policy







FAX COVER SHEET CONFIDENTIAL

[DEPT], [FACILITY NAME] NTHSSA – [REGION] [ADDRESS]

Tel: [867 - ###-####] Fax: [867 - ###-####]

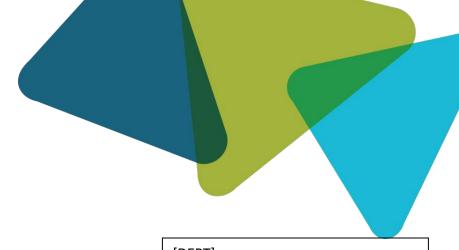
То:	Recipient Name, Title	From:	Sender Name, Title
Fax:	Enter Recipient Fax	Fax:	Enter Sender Fax
Phone:	Enter Recipient phone	Phone:	Enter Sender phone
No. Pages:	Number of Pages	Date:	Enter date
Subject:	Enter subject		

Comments:

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[DEPT], [FACILITY NAME] NTHSSA – [REGION] [ADDRESS]

Tel: [867 - ###-####] Fax: [867 - ###-####]

FAX VERFICATION SHEET

To: [Organization receiving this fax verification sheet.]

Re: Fax Verification for [mmm yyyy]

The [DEPT NAME], [FACILITY NAME] is verifying their fax system to ensure that all phone/ fax numbers we have on file are current and accurate.

Please fill out the following information and refax the completed sheet back to us so that your fax number is confirmed.

Please indicate name of dept and company:			
Phone#	Fax# _		
Thank you for your prompt reply.			
[DEPT GROUP EMAIL /CONTACT EMAIL]			

Appendix III

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To:

Date Completed:

Manager:

received?



FAX VERIFICATION TO BE COMPLETED EVERY FISCAL QUARTER.

NOTE: Refer to the Facsimile Policy for the procedure on verifying of pre-programmed numbers. Each quarterly fax verifications must consist of a different set of numbers.					
Fax	king	Compliance	If no, what is the resolution and date completed		
pro	ere 100 % of all pre- ogrammed mbers verified?				
nu	ere there any mbers that had anged				
ha pro	ere the numbers that d changed, re- ogrammed for todial, confirmation				

MANAGERS: Scan this fax verification summary and fax verifications sheets and email them to the Territorial Manager- Quality and Best Practice at QRCED.

Appendix IV

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BEFORE YOU SEND A FAX:

- 1. Confirm the documents you are sending have a completed Cover sheet with information double checked
- 2. Telephone the recipient to tell them you are sending them a fax and confirm their fax #
- 3. Double check the fax # and correct recipient with a second staff member's presence
- 4. Both staff members initial the Cover Page
- 5. Send the fax
- 6. Telephone the recipient to confirm they received the fax
- 7. Remove ALL documents from the fax machine after completion
- 8. Staple the Fax Confirmation Report Page, Cover Page and all documents together and put in client's chart
- 9. Document that the fax was sent in the Fax Log for your unit Managers verification







CONFIDENTIAL

Date (Received/Sent)	Recipient Name	Dept/Organization	Senders Name	Document Type	Receipt of Fax confirmed by Staff. (Y/N) Please print name