

COPY

### Fax Verification Procedure

**Purpose:**

This procedure provides instructions on how to verify the accuracy of fax numbers used for Telecom transmissions.

**Policy:**

Accuracy of fax numbers is critical to ensuring that results are transmitted to the correct provider. The laboratory has established a procedure to ensure that the fax numbers are accurate and updated. This procedure is performed annually.

**Scope:** This procedure applies to the Saratoga Hospital Laboratory.

**Procedure:**

1. The Laboratory Information Services (LIS) coordinator will print out an Excel list of providers in the Telecom site along with their fax numbers.
2. Clerical Support staff will complete the 'Facsimile Verification Form' (form #2CSS) with name of the provider or practice.
3. Fax the form using the fax number from the Telecom list and print a confirmation report.
4. The form and the confirmation report are then placed alphabetically in the verification folder.
5. When the fax verification form is returned, review the form for any changes. If changes are indicated, forward the form to the LIS coordinator.
6. Once the changes are made, the LIS coordinator will return the fax to the office.
7. All completed faxes are placed in the verification folder.

**No Replies:**

- If no reply is received after ten business days, resend the request with a second request comment written on the top of the 'Facsimile Verification Form'.
- If no reply is received, contact the office manager and request that the form be returned.

**Documentation:**

- Once the fax review is complete, document the date the fax number was confirmed on the Excel list of providers form. If any providers have retired, note that information on the form.
- Copies of all fax verifications are forwarded to Medical Imaging IS coordinator so they can perform a verification of their provider fax list.

Date of origin: 9/13/13

Written by: Jeanne Leonard, Clerical Services Coordinator  
Reviewed by: Darlene Falconio, Madeline LaPierre

Date Placed in Service: 9/13/13

Approved by:

Approved by: <u>Jeanne M. Leonard</u> Supervisor	<u>11/7/13</u> Date	<u>W. J. Freed, MD</u> Laboratory Medical Director	<u>11/12/13</u> Date
<u>Carolyn DeMarino</u> Administrative Director	<u>11/11/13</u> Date		

*Reviewed 11/8/13 - Jeanne Leonard*



# SARATOGA HOSPITAL

people you trust. care you deserve.

To:

On an annual basis, we are required to verify contact information for your offices. We do this to ensure that reports are directed to the appropriate location and provider. Please verify that the phone and fax numbers for your office are correct. In addition, update any changes to physicians or physician assistants. For new providers, please provide their names and license numbers.

## FACSIMILE VERIFICATION FORM

The undersigned Client hereby authorizes Saratoga Hospital, and its affiliated entities to send Protected Health Information as that term is defined by HIPPA (Health Insurance Portability and Accountability Act of 1996, 45 C.F.R. Parts 160-64) to the following facsimile phone number to the extent such transmission is deemed by Saratoga Hospital to be reasonably necessary as part of the professional business relationship between Saratoga Care and Client:

Facsimile number(s): \_\_\_\_\_ New number: \_\_\_\_\_  
Phone number(s): \_\_\_\_\_ New number: \_\_\_\_\_

Client acknowledges to Saratoga Care that client is solely responsible for adopting and implementing appropriate policies and procedures, including physical safeguards, so that the location, access, and use of such facsimile machine complies with all applicable HIPPA regulations. Client may revoke this authorization or change the facsimile number only by giving Saratoga Hospital at least five (5) days prior written notice which notice must be faxed to Saratoga Hospital Client Services at facsimile number (518) 580-2806 and also must be mailed to Saratoga Hospital Laboratories Customer Services at the following address: 211 Church Street, Saratoga Springs, NY 12866.

Existing Physician Name	New Physician Name	License Number
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Title/Position: \_\_\_\_\_  
Other Comments: \_\_\_\_\_

PLEASE SIGN AND FAX A COPY OF THIS FORM TO: Jeanne Leonard Coordinator (518)580-2806.  
Any questions, please call 583-8741. Thank you