

University of California, Davis  
Health System, Sacramento  
Department of Medical Pathology & Laboratory Medicine

**Disclosing Protected Health Information  
(PHI) by FAX**

**Administrative Procedure 535F**

**PURPOSE:**

To assure confidentiality when faxing Protected Health information (PHI)

**DEFINITIONS:**

1. Protected Health Information (PHI)--individually identifiable information relating to the past, present or future physical or mental health or condition of an individual, provision of health care to an individual, or the past, present or future payment for health care provided to an individual. For purposes of this UCDHS Policy & Procedure 2438, Disclosing PHI by Fax, PHI shall include:
  - a. Medical Information--any individually identifiable information, in electronic or physical form, in possession of or derived from a provider of health care or health care service plan regarding a patient's medical history, mental or physical condition, or treatment. "Individually identifiable" means that the Medical Information includes or contains any element of personal identifying information sufficient to allow identification of the individual, such as the patient's name, address, electronic mail address, telephone number, or social security number, or other information that, alone or in combination with other publicly available information, reveals the individual's identity.
  - b. Health Insurance Information--an individual's health insurance policy number or subscriber identification number, any unique identifier used by a health insurer to identify the individual, or any information in an individual's application and claims history, including any appeals records
  
2. Personal Information--an individual's first name or first initial and last name in combination with any one or more of the following data elements, when either the name or the data elements are not encrypted.
  - a. Social security number
  - b. Driver's license number or California Identification Card number.
  - c. Account number, credit or debit card number, in combination with any required security code, access code, or password that would permit access to an individual's financial account.
  - d. Medical Information.
  - e. Health Insurance Information

Personal Information does not include publicly available information that is lawfully made available to the general public from federal, state, or local government records.

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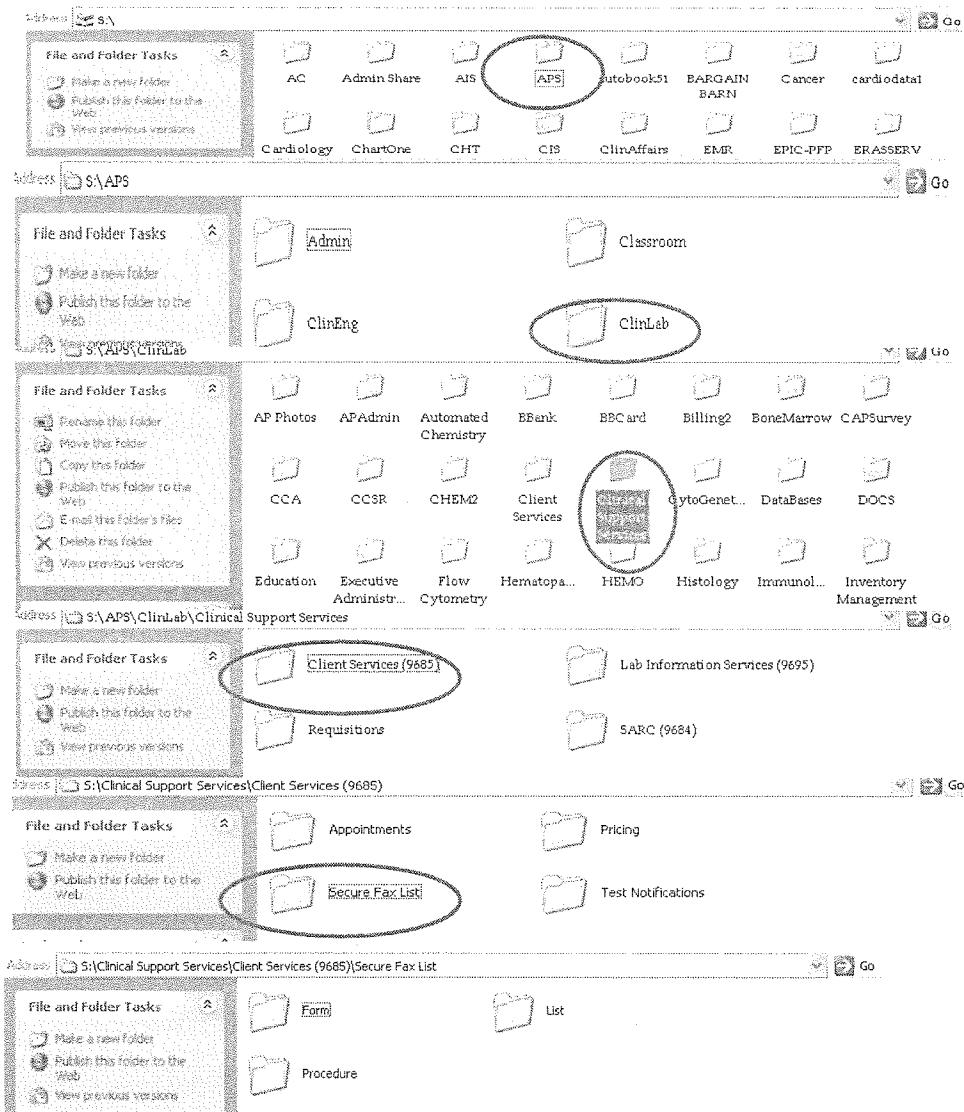
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**POLICY:**

1. Facsimile transmission (fax) of PHI requires a Secure Fax Transmission Verification Form be on file within the Department of Pathology and Laboratory Medicine.
2. Only fax information to a secured fax for the purpose of patient care.
3. All faxes must follow the confidentiality procedures below.

**PROCEDURE:**

1. Check the Secured Fax Log locate on the :S drive from any UCDHS network computer **APS → ClinLab → Clinical Support Services → Client Services → Secured Fax List → List**



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- a. If fax number is present, proceed to step (3) three.
  - b. If fax number is not present, proceed to step (2) two.
2. Prior to faxing, obtain a Secure Fax Transmission Verification Form  
S:\Clinical Support Services\Client Services (9685)\SECURED FAX TRANSMISSION VERIFICATION FORM.pdf
    - a. Fax to requesting location
    - b. Once form is received back and complete proceed to step (3) three.
  3. **Do Not** fax highly sensitive results such as HIV.
  4. Use a fax cover sheet that includes the warning: *"The information in this FAX document is confidential and privileged. It is unlawful for unauthorized persons to review, copy, disclose or disseminate medical information. It is unlawful for the receiving person to disclose this medical information to any other unauthorized person. If the reader of this notice is not the intended recipient, you are hereby notified that you have received this communication in error and that review or further disclosure of the information contained herein is strictly prohibited. If you have received this communication in error, please notify UCDHS immediately at the phone number listed above to arrange for return of the original FAX transmission by mail."*
  5. Verify the fax number before sending a fax.(cover sheet and number entered into fax machine)
  6. For pre-programmed fax numbers, each department is required to update, maintain and test the number before first use. Numbers must be verified periodically, but not less than annually.
  7. Verify fax requests from unfamiliar sources to assure the receiver is legitimate.
  8. Check the fax confirmation sheet to ensure it reached its intended destination.
  9. Cover sheet should include the date of fax transmission, the recipient's name, phone and fax number, the total number of pages, including cover page, and the fax operator's name and phone number.

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PROCEDURE HISTORY

Date	Written/ Revised by	Revision	Approved Date	Approved By
09/11	Paul/Kasmarek	New	09/11	L. Howell
08/14	A.Castaneda	Biennial Review	09/14	