


COUNTY OF IMPERIAL
DEPARTMENT OF BEHAVIORAL HEALTH SERVICES

POLICY AND PROCEDURE MANUAL

SUBJECT: Fax-Sending Confidential Information by Facsimile	PROCEDURE NO: 01-08
SECTION: Administration	EFFECTIVE DATE: 3-15-03
REFERENCE:	PAGE: 1 of 4
AUTHORITY: Behavioral Health Director as the Local Mental Health Director/Alcohol and Drug Administrator	SUPERSEDES: New Procedure
	APPROVED BY: 

PURPOSE: To ensure that all information sent by facsimile is received by the intended party and is protected for confidentiality.

NOTES: FAX CONFIDENTIAL/MEDICAL RECORD INFORMATION ONLY WHEN ABSOLUTELY NECESSARY. When there is no emergency, confidential/medical information must be sent through normal channels such as regular mail.

Welfare and Institutions Code 5328(b) is included as Attachment I. Authorization for Release of Patient Information (English and Spanish) is included as Attachment II. The Record Release Authorization form is included as Attachment III. A Statement is included as Attachment IV. The standardized ICBHS Fax Cover Sheet is included as Attachment V. An ICBHS Misdirected Fax Cover Sheet is included as Attachment VI.

DEFINITIONS: None

PROCEDURE:

PERSON RESPONSIBLE

ACTION

Behavioral Health Clerical

1. ICBHS staff receives a request or identifies the need to fax information within the department, to health care providers, to mental health care providers, or to other agencies.

Behavioral Health Clerical

2. Reviews the request to determine if information can be sent through normal channels such as regular mail or if the information should be faxed. If it is absolutely necessary to fax the information, proceed to step 3.
3. If the information to be faxed is within the department, or not medical records information, proceed to step 11.
4. If the information to be faxed is medical records information, verify that there is an Authorization for Release of Patient Information/
Autorizacion para Revelacion de Informacion Sobre el Paciente and that it contains the following information:
 - a. Client's name
 - b. Birth date
 - c. Imperial County Behavioral Health is authorized to release the specific information requested
 - d. The requestor is authorized to receive the information
 - e. The date authorization is effective
 - f. Termination date
 - g. Signature and date of the client (or parent, guardian or conservator, if applicable)
 - h. Signature and date of person obtaining the authorization
 - i. Signature and date of witness

Note: The witness must be a different person than the person obtaining the consent.

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5. Clerical support completes section "A" of the Record Release Authorization Form (See attached form).
6. Attaches the form to the chart and forwards it to the clinician in charge of the client.

Clinical Staff

7. The clinician in charge of the client reviews the request, completes section "B" of the Records Release Form and forwards the chart to the clerical support.

Behavioral Health Clerical

8. The clerical support prepares documentation identified by the clinician for release for faxing.

Medical Records Clerk

9. Determines the processing fee based on the fee scale established by the State of California (See attached).

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10. Completes the ICBHS Fax Cover Sheet (and the Statement Form, if required).
11. Phones the receiving/designated contact person and informs him or her that you are now faxing information (and statement, if required) and asks them to call you if it does not arrive within the next 15 minutes.

Note: Do not fax the information until you verify that the contact person is ready to receive it.

12. Faxes the information.

Behavioral Health Clerical

13. Upon completion of faxing the information, completes section "C" of the Release of Authorization form and attaches the fax transmission verification report, if available, to the information requested and places it in the client's chart.
14. In the event a fax is not received by the intended recipient, checks the fax transmission receipt and calls the recipient of the misdirected fax and requests that the content of the misdirected fax be destroyed. Documents conversation in a memo to supervisor.
15. If the recipient cannot be reached by phone, a fax using the Misdirected Fax Cover Sheet (See Attachment VI) shall be sent to the recipient requesting that the entire content of the misdirected fax be destroyed.
16. Staff shall inform his or her immediate supervisor or designee immediately.
17. A copy of the memo referencing the conversation with the recipient of the misdirected fax or the Misdirected Fax Cover Sheet shall be forwarded to the ICBHS Privacy Officer.

Forms used in this procedure:

ICBHS Fax Cover Sheet
ICBHS Misdirected Fax Cover Sheet