



<b>VOLUME 6: HEALTH INFORMATION MANAGEMENT</b>	Effective Date: 01/2002
<b>CHAPTER 5</b>	Revision Date: 08/2016
<b>6.5.2 SECURED ELECTRONIC TRANSMITTAL OF PROTECTED HEALTH INFORMATION PROCEDURE</b>	Attachments: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

**I. PROCEDURE OVERVIEW**

California Correctional Health Care Services (CCHCS) Health Information Management (HIM) and Health Records shall ensure patient Protected Health Information (PHI) is transmitted via the designated secure file transfer protocol.

**II. RESPONSIBILITIES**

- A. Under the direction of the Deputy Director, Medical Services, HIM Headquarters staff are responsible for the oversight, implementation, monitoring, and evaluation of this procedure.
- B. The Chief Executive Officer or designee, Health Records Technician III, and Health Records Technician II of each institution are responsible for ensuring all PHI is transmitted electronically by a method that is safe, secure, and complies with federal and state guidelines.

**III. PROCEDURE**

**A. External Party Access Request**

When an External Party requests access to PHI, a Data Transfer Agreement must first be signed by both CCHCS and representatives of the External Party.

**B. Institution Designated Secure File Transfer Protocol Process**

- 1. Received Release of Information (ROI) requests shall be logged into the ROI tracking mechanism by California Department of Corrections and Rehabilitation (CDCR) number, patient name, date received, number of pages uploaded, and date uploaded/completed.
- 2. The signed ROI request shall be scanned into the health record.

**C. Creating an Encrypted Document File**

Identify documents within the health record that have been requested.

- 1. Combine the requested documents into a single file.
- 2. Prepare the encrypted document for transmittal.
- 3. Transmit encrypted document using the approved delivery method.

**D. Shared File Upload Process**

- 1. Documents shall be compiled and saved onto a designated shared folder.
- 2. All files shall be saved by using a formal naming convention as specified by Health Records Center.
- 3. The user is prompted to create a State compliant password when saving the file.
- 4. The files shall be uploaded to the designated shared drive.
- 5. Files shall be routed to the designated county according to the specified County Code.
- 6. After verifying the upload is successful, the request shall be logged as completed.
- 7. The uploaded files shall remain on the designated shared drive for 30 calendar days.

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8. County Mental Health Department shall retrieve the documents from the designated shared drive.

## **E. Facsimile**

1. Cover Sheet
  - a. Attach the cover sheet to all facsimile correspondence as the first page.
  - b. Include the following two statements on the cover sheet:
    - 1) "Transmittal is Confidential."
    - 2) "If the information transmitted is received by someone other than the intended individual, the sender shall be immediately notified."
2. Transmittal and Post Transmittal Verification

When documents are sent by facsimile, the sender shall:

  - a. Phone the recipient to verify the recipient's name and facsimile number and inform him/her of the imminent transmission.
  - b. Ask that the recipient stay near the facsimile machine to intercept the documents.
  - c. Verify receipt of health care information by reviewing the print-out from the facsimile machine. Contact the recipient to verify documents were received.
  - d. Verify with the recipient that all documents were received, and document this verification.
  - e. Review documents for completeness and legibility.
  - f. Be notified if all or part of the document must be retransmitted.
3. Facsimile Log

Record all facsimile transmissions into the Facsimile Log and include:

  - a. The name, address, and telephone number of the sending and/or receiving entities.
  - b. The name of the patient and CDCR number.
  - c. The number of pages sent and/or received.
  - d. The date of transmittal.
  - e. Receipt received or requested.
1. Misdirected facsimile tracking
  - a. Verify the information with the internal log (i.e., facsimile number, recipient name).
  - b. Contact the recipient via telephone or facsimile to explain the misdirection.
    - 1) Request the destruction or return of all documents sent via facsimile in error.
    - 2) Record the response on the facsimile cover letter and in the Facsimile Log.
    - 3) Follow the CCHCS Security Incident Reporting Procedures.

## **IV. REFERENCES**

- Health Insurance Portability and Accountability Act of 1996
- California Hospital Association. (2010). Consent Manual: A reference for consent and related health care law (37<sup>th</sup> ed.). Sacramento, CA: 14, p. 12
- California Correctional Health Care Services, Inmate Medical Services Policies and Procedures, Volume 13, Privacy