

**HACKETTSTOWN REGIONAL MEDICAL CENTER**  
**Administrative Policy and Procedure**

**SECTION: ADMINISTRATION**

**Number: AD54**

**Number of Pages: 1 of 2**

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**TITLE: FAX POLICY**

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**POLICY**

All transmitting and receiving of information of facsimile (FAX machine) is to comply with departmental procedures and is to comply with all HRMC confidentiality policies and standards of confidentiality required by law.

**PROCEDURE**

1. All transmission of FAX of Protected Health Information or other confidential material is to comply with all HIPAA and Confidentiality policies and legal regulations. Inappropriate disclosure, dissemination, distribution or copying of faxed communication is strictly prohibited.
2. Each staff member transmitting by FAX is responsible to ensure that the intended recipient is correctly entered. The sender is to assure that the correct FAX number, or recipient name in the case of auto-fax, has been entered.
3. Each transmission by FAX to an external destination is to include a disclosure message approved by the HIPAA Committee. Examples include a stamped message, auto-fax message and Facsimile Cover Letter (HRMC Form 10079 – page 2 of this policy) which requires that we be notified if the FAX is received in error.
4. If a sender of a FAX becomes aware that the document has been sent to the wrong recipient, every effort is to be made to retrieve the information, and an Incident Report is to be completed via the HERCULES reporting system.
5. Each sender of a FAX is to adhere to his/her departmental policies and procedures regarding sending and receiving facsimile transmissions.

**6. FACSIMILE COVER LETTER**

**“Important: This message (and accompanying material) is intended for the use of the individual to whom it is addressed and may contain information that is privileged, confidential, and exempt from disclosure under applicable law. If the reader of this message (with its accompanying material) is not the intended recipient or the agent responsible for delivering it to the intended recipient, you are hereby notified that any disclosure, dissemination, distribution, or copying of this communication or its contents is strictly prohibited. If you have received this communication in error, please notify us immediately by telephone and return all materials to our address below via the U.S. Postal Service. Thank you.”**

**TO:**

PLEASE DELIVER THE FOLLOWING PAGES TO:            FAX \_\_\_\_\_

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Location \_\_\_\_\_

**FROM:**

Department \_\_\_\_\_

We are transmitting a total of \_\_\_\_\_ page **including** this cover letter.

Sender \_\_\_\_\_ Telephone \_\_\_\_\_

Date \_\_\_\_\_ Time \_\_\_\_\_

Document/Project Name or Number \_\_\_\_\_

**ADDITIONAL COMMENTS:**

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