

HIPAA PRIVACY/SECURITY POLICY  
HIPAA PRIVACY REQUIREMENTS FOR E-MAIL AND FACSIMILE SERVICES

Policies:

GENERAL

- A. Electronic mail (e-mail), Internet access, and facsimile (FAX) services are made available to ADH staff for the purpose of facilitating the conduct of ADH business and enabling the efficient communication of information and data. These services must be used by ADH staff in a manner that conforms to all applicable state and federal laws, regulations and policies. Each ADH employee is responsible for ensuring the privacy of protected health information (PHI).

E-MAIL

- A. Approved Methods of Conveyance: All e-mail messages containing protected health information (PHI) as defined in this policy and sent by ADH staff to destinations within the state's e-mail system must be sent encrypted. Sending e-mail messages containing PHI to destinations outside the state's e-mail system is not secure and is prohibited, unless the e-mail can be encrypted. If the message cannot be encrypted, it may be sent by FAX, employing the privacy safeguards outlined in this policy. Conveyance of large electronic files requires secure media sharing (password protected files on disk or CD) or conveyance by a secure transfer protocol. Consult with the Chief Information Officer (CIO) for assistance.
- B. Content Requirements: Any e-mail message generated by ADH staff that contains PHI must conform to the following requirements:
1. E-mail Subject Line: For messages containing PHI, the subject line must state, in whole or part, "CONTAINS PROTECTED INFORMATION."
  2. E-mail Addresses: E-mail messages may be sent, copied, or forwarded only to those persons who have a need to know the patient information. Global, group, or broadcast addresses should not be used when sending e-mail messages that contain PHI. The purpose of this requirement is to avoid inadvertent disclosure to addressees who lack a need to know the protected information.

3. E-mail Message: At the bottom of the message the following privacy warning must be displayed: "Confidentiality Notice: The information contained in this e-mail message and any attachment is the property of the State of Arkansas and may be protected by state and federal laws governing disclosure of private information. It may contain information that is privileged, confidential, or otherwise protected from disclosure. It is intended solely for the use of the addressee. If you are not the intended recipient, you are hereby notified that reading, copying or distributing this e-mail or the information herein by anyone other than the intended recipient is **STRICTLY PROHIBITED**. The sender has not waived any applicable privilege by sending the accompanying transmission. If you have received this transmission in error, please notify the sender by reply e-mail immediately, and delete this message and attachments from your system."
  4. Minimum Necessary Content: E-mail messages containing PHI must contain only the minimum necessary information to accomplish the purpose of the communication.
- C. Unsecured E-mail Requirements: When originating messages in the state's unsecured e-mail system (i.e., not Web Access), users are required to review messages and attachments and must expunge all information that may be defined as PHI. Such review is required not only for messages authored by the user, but also for forwarded messages and all the messages in the forwarded strings.
- D. User Hard Drives: Hard drives must also be protected from PHI disclosure. Use of Personal Folders (Microsoft Outlook) creates a file on the local hard drive which may be exposed to the Internet through the use of file sharing applications (e.g., Napster, Swapnut, Gnutilla, etc.) and the efforts of malicious hackers. Installation of third party file sharing applications is prohibited. ADH employees must expunge PHI from Personal Folders in their Outlook account.

## FAX

- A. Approved Methods of Conveyance: All FAX messages containing protected health information (PHI) as defined in this policy and sent by ADH staff to any destination must be safeguarded for confidentiality and privacy in accordance with federal and state law, and must employ privacy safeguards outlined in this policy. FAXes may be sent only to a specific person for whom such release has been determined to be authorized. It should be established, by prior telephone contact, that a specific person is present to receive the transmitted FAX.
- B. Content Requirements: FAX messages must use a cover sheet with the word **CONFIDENTIAL** appearing in bold letters near the top of the form. Further, all such FAXes must include a statement regarding prohibition of disclosure of identifying PHI. The statement should read as follows:

- (1) "Prohibition of Redisclosure: This information has been disclosed to you from records that are confidential. You are prohibited from using the information for other than the stated purpose; from disclosing it to any other party without the specific written consent of the person to whom it pertains; and are required to destroy the information after the stated need has been fulfilled, or as otherwise permitted by law. A general authorization for the release of medical or other information is not sufficient for this purpose."