



# PRIVACY PULSE

## PROPER HANDLING & DISCLOSURE OF PROTECTED HEALTH INFORMATION (PHI)

### HANDLING OF PAPER PHI:

SUCH AS,

- DISCHARGE PAPERWORK
- SUMMARY VISIT NOTES
- PRESCRIPTIONS



### BEFORE HANDING PATIENTS THEIR COPIES OF PHI:

- CHECK ALL PAGES OF PHI TO ENSURE YOU ARE GIVING THE CORRECT PATIENT THE CORRECT DOCUMENTS
- BEFORE HANDING THE PHI TO THE PATIENT, VERIFY THEIR IDENTITY:
  - ASK PATIENT FOR THEIR FULL NAME
  - ASK PATIENT FOR DATE OF BIRTH
  - ASK PATIENT FOR THEIR ADDRESS

**NEVER GIVE THE PATIENT THE ABOVE INFORMATION, HAVE THE PATIENT GIVE IT TO YOU!**

### FAXING AND MAILING PHI



### WHEN FAXING OR MAILING PHI DOCUMENTS, YOU SHOULD ALWAYS:

- CONFIRM THE FAX NUMBER OR ADDRESS TO WHICH YOU ARE SENDING THE INFORMATION
- CHECK ALL PAGES OF PHI TO ENSURE YOU ARE FAXING OR MAILING THE CORRECT DOCUMENTS ON THE CORRECT PATIENT
- ALL EMPLOYEES MUST COMPLETE AND INCLUDE THE COVERSHEET WHEN FAXING AND MAILING PHI ([PROTECTED HEALTH INFORMATION COVERSHEET REQUIRED FOR FAX TRANSMISSION, INTEROFFICE MAIL, US MAIL & OTHER MAIL](#))
- DPH [SECURED DELIVERY OF PHI POLICY](#) MUST BE FOLLOWED

### TRAVELING WITH PHI:



### YOU SHOULD NEVER TAKE PRINTED MATERIAL CONTAINING PHI OFF CAMPUS WITHOUT A SPECIFIC BUSINESS NEED

- IF YOU ARE TRANSPORTING PHI (SUCH AS LAB SPECIMENS OR MEDICAL RECORDS) TO ANOTHER DEPARTMENT OR CAMPUS, ENSURE THE PHI IS SECURE AND **WITH YOU AT ALL TIMES.**
- YOU SHOULD ALWAYS TAKE STEPS TO SAFEGUARD PAPER PHI (SUCH AS PATIENT LAB FORMS) TO PREVENT OTHERS FROM VIEWING THE DOCUMENTS.
- **NEVER LEAVE ITEMS THAT CONTAIN PHI UNATTENDED** (E.G., IN YOUR CAR WHILE YOU RUN AN ERRAND), SUCH AS YOUR SCHEDULING BOOK, YOUR HAND-WRITTEN NOTES, OR YOUR LAPTOP. DON'T LEAVE THEM ALONE...NOT FOR ONE MOMENT!

### VERBAL DISCLOSURE OF PATIENT INFORMATION:



### WHEN ENTERING A PATIENT ROOM, REMEMBER:

- WHENEVER POSSIBLE, ALLOW THE PATIENT TO DETERMINE WHICH FAMILY MEMBERS OR OTHERS INVOLVED IN THEIR CARE CAN STAY IN THE ROOM WHEN COMMUNICATING THE PATIENT'S CARE AND SERVICES
- **DO NOT** ASSUME THAT THE PATIENT'S FAMILY OR VISITORS ARE AWARE OF THE PATIENT'S HEALTH SITUATION
- **DO NOT** SPEAK OPENLY TO THE PATIENT IN THE PRESENCE OF OTHERS WITHOUT THE PATIENT'S VERBAL CONSENT
- **NEVER** DISCUSS PATIENT INFORMATION IN A PUBLIC AREA (SUCH AS HALLWAYS AND ELEVATORS)

### REPORT A PRIVACY BREACH:



OFFICE OF COMPLIANCE AND PRIVACY AFFAIRS  
 CALL: TOLL-FREE 855-729-6040  
 EMAIL: [COMPLIANCE.PRIVACY@SFDPH.ORG](mailto:COMPLIANCE.PRIVACY@SFDPH.ORG)