MICHIGAN MEDICINE
UNIVERSITY OF MICHIGAN
LABORATORIES

Michigan Medicine Laboratories Fax Verification

Email Completed Form to: Path-MLabs-Fax@med.umich.edu
or
Fax Completed Form to: **734.539.0242**

DELIVERY OF PROTECTED HEALTH INFORMATION (PHI) BY FACSIMILE HIPAA COMPLIANCE FAX - SECURITY VERIFICATION

Michigan Medicine Laboratories (MLabs) partners with our valued clients in the stewardship of patient's protected health information. To ensure the privacy of patient information and to comply with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy Rule 45 CFR §160-164 including 514(h) which requires written documentation to verify the identity and authority of the party receiving protected health information, please review, update as necessary and have an authorized party sign this verification.

MLABS RESPONSIBILITIES and SAFEGUARDS:

- **Initiate.** Initiate and Execute Fax HIPAA Security Verification
- **Confirm.** Confirm test facsimile receipt and security prior to facsimile of PHI
- **Protect.** Utilize software and database facsimile programming of facsimile number and transmission to reduce risk of errant fax number keying due to human error.

CLIENT RESPONSIBILITIES

- **Review.** Review facsimile verification for accuracy of information. Provide description of fax location.
- **Update.** Update information within form as necessary prior to execution of the verification.
- **Confirm.** Receive test fax and confirm receipt to MLabs prior to facsimile of PHI.
- **Compliance**. The client is solely responsible for complying with all applicable HIPAA regulations regarding the facsimile transmission and receipt of protected health information.
- **Alert**. Provide notification MLabs of any change in location of HIPAA secure facsimile or change in fax number prior to the change or as soon as possible.

Review, update and/or confirm:

	Client Information
Client Code:	
Account Name:	
Address:	
Business Phone Number :	
HIPAA Fax Number:	
Current EMR:	

By signing this form, I certify that I have read and agree to allow MLabs to send protected health information (PHI) to the above fax number and that I have the authority to make this request on behalf of the client.

Printed Name	Title	E-mail Address

Signature	Date

To submit this form online, scan this QR code with a smartphone or visit:
michmed.org/FaxVerification