TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER EL PASO
Office of Institutional Compliance

Texas Tech University Health Sciences Center El Paso HIPAA Privacy Policy

Policy: Using and Disclosing PHI – Mailing Protected Health Information	**Policy #:** HPP 4.5
Effective Date: May 18, 2016	**Last Revision Date:** May 19, 2026
References: https://www.hhs.gov/hipaa/index.html	
TTUHSC EL PASO HIPAA Privacy and Security Website: https://my.ttuhscep.edu/elpaso/hipaa/	

Policy Statement

It is the policy of the Texas Tech University Health Sciences Center El Paso (TTUHSC El Paso) to secure the confidentiality of protected health information released (PHI) by mail. This policy defines the minimum guidelines and procedures individuals must follow when transmitting patient information via mail. Unless otherwise allowed by federal or state law, TTUSHC El Paso shall only mail PHI as outlined in this policy.

Scope

This policy applies to all PHI maintained by TTUHSC El Paso.

Policy

PHI released by mail should be in a sealed envelope and addressed to the individual or the party designated by the individual, through a written or oral request, to receive the PHI.

Examples:

- Appointment reminders and No-Show letters should be placed in a sealed envelope before mailing.
- Lab results or letters containing lab results should be placed in a sealed envelope before mailing.
- Statements requested by the individual should be placed in a sealed envelope before mailing.
- Postcards containing PHI should be placed in a sealed envelope before mailing.
- Verify addresses carefully before mailing to prevent misdirected mail

Clinical departments are to utilize window envelopes when sending out information containing protected health information. Individuals must make sure that no PHI is visible through the window before sending the envelope.

Misdirected Mail- Mail Sent to the Wrong Recipient
In the event that documents are sent to or received by an unintended recipient, workforce members should:

- Obtain the unintended recipient's contact information
- Attempt to identify the misdirected documents

- Contact the Office of Institutional Compliance at 915-215-4454 and select option 2 to speak to the Institutional Privacy Officer

Workforce members must notify the unintended recipient of any misdirected documents and await further guidance from the Institutional Privacy Officer. Recipients who receive documents in error should not discard them in standard trash or recycling bins. Depending on the circumstances, the Institutional Privacy Officer may direct the recipient to return or securely shred the documents. However, every reasonable effort must first be made to identify the nature and contents of the misdirected documents before any destruction occurs.

Knowledge of a violation or potential violation of this policy must be reported directly to the Institutional Privacy Officer or the Fraud and Misconduct Hotline at (866) 294-9352 or www.ethicspoint.com under Texas Tech University System.

Frequency of Review

This policy will be reviewed on each even-numbered year (ENY) by the Institutional Privacy Officer, and the HIPAA Privacy and Security Committee, but may be amended or terminated at any time.

Questions regarding this policy may be addressed to the Institutional Privacy Officer or the Institutional Compliance Officer.

Review Date: 5/19/2026
Revision Date: 5/16/2017, 9/15/2020, 5/15/2022, 5/21/2024, 5/19/2026