

## Physician/Provider Bulletin

<b>Subject:</b>	<b>URGENT NOTICE: HIPAA VIOLATION</b>		
<b>Plan:</b>	Coordinated Care, Option 1, Personal Health Plan & Vita Health	<b>Bulletin Date:</b>	February 05, 2014
<b>Bulletin Number:</b>	14-002	<b>Effective Date:</b>	Immediately

The purpose of this bulletin is to inform all participating providers of a HIPAA violation.

### **URGENT NOTICE – HIPAA VIOLATION**

#### **PLEASE DOUBLE CHECK THE FAX NUMBER WHEN SENDING AUTHORIZATION REQUEST REFERRAL FORMS**

Several providers are routinely faxing authorization referral forms to the wrong fax number. Each time your office does this there is a HIPAA Violation for sending PHI to a non-authorized recipient. To avoid this and ensure that your referral form is addressed timely, please double and triple check the fax number where you are sending the form.

#### **THE CORRECT FAX NUMBER IS (561) 835-8606**

One suggestion is to use the stored fax number feature on your fax machine. Doing so can eliminate the error in dialing if the full number is being dialed each time a fax is sent.

If you have questions regarding this provider bulletin, please contact your Provider Representative at (561) 659 -1002.

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Please insert this bulletin into your Provider Handbook. The policies and procedures in this bulletin supersede any related policies and procedures within the handbook.