

******* IMPORTANT – PLEASE REVIEW AND RETURN *******
Fax Confidentiality Certificate

The fax operation is designed to send information to the fax number as assigned to the requested provider/business.

It is also understood that Protected Health Information (PHI) is considered confidential and is thus protected from public view or from view of those individuals who are not directly related to patient/member care. This certificate is designed to:

1. Verify that the fax request is going to an intended provider/business.
2. Verify that methods are in place to protect PHI at the receiving end of the fax.
3. Standardize our service with respect to fax utilities.

Responsibilities as a fax provider/business of PHI are:

1. Protect faxed PHI from public view.
2. Protect PHI from view of those who are not directly related to patient/member care or transactions associated with patient/member care.
3. Notify the Iowa Medicaid Drug Prior Authorization Unit within 24 hours of a fax number change.
4. Have available a properly operating and well-maintained fax machine in a secure area.

In addition to the party signing below, the Iowa Medicaid Drug Prior Authorization Unit also agrees to abide by the responsibilities outlined within this confidentiality statement.

This certificate is valid until either party withdraws it in writing. *Please fill out the following information, sign, and fax to (515) 725-1358.* This signed statement will be filed on-site at the Iowa Medicaid Drug Prior Authorization Unit and is considered an element of verification of privacy and fax policy.

Iowa Medicaid Provider Number: _____
Provider/Group Name: _____
Organization/Department: _____
FAX Number: _____
NPI Number: _____
Address: _____
City: _____ **State:** _____ **Zip:** _____
Phone Number: _____
Contact Name: _____

Signature: _____
Date: _____

IME Pharmacy Medical Services
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Fax (515) 725-1358