



## Mail



Policy A-IC-16

June 29, 2006  
Revised October 14, 2013

**Purpose:** Any mail containing protected health information must be secured at all times in compliance with HIPAA regulations, and a concerted effort made to assure access only to the individuals designated to receive the information.

**Policy:** All mail shall be treated as confidential and valuable and delivered promptly. Mail in transit that contains medical records or money must never be kept overnight or left in an unlocked vehicle. Any protected information transported through inter-district mail must be secured at all times in compliance with HIPAA regulations.

### Procedure:

#### I. Postage

- The Receptionist and the Support Staff at each Health Center are responsible to maintain security of stamps on hand.
- The Support Staff and Purchasing Agent are responsible for assuring an adequate supply of postage is maintained on hand.

#### II. Inter-District Mail

- The Support Staff in each Health Center, and the Receptionist are the designated individuals to receive incoming mail, and to coordinate outgoing inter-district mail.
- Facility Maintenance Staff traveling to outlying counties in the course of their daily schedule, will deliver and pick up inter-district mail (and supplies as feasible). All other staff traveling between sites will be responsible to check for additional mail to be transported.

#### III. Other Incoming Correspondence

- The Receptionist and Health Center Support Staff are designated to receive and distribute incoming correspondence. The designated staff are responsible to assure that appropriate employees receive the information.

IV. Identification of Suspicious Packages and Envelopes

- Characteristics of suspicious mail include inappropriate or unusual labeling and unusual appearance, among others. If a package or envelope appears suspicious, *DO NOT OPEN IT*. If you are unsure, notify your manager, the Bioterrorism Coordinator, or call 911. For specific information, consult the Three Rivers Emergency Action Plan.

---

**District Director**

**Date**

---

**Chairperson, Three Rivers District Board of Health**

**Date**