



The Healthcare VoIP Buyer's Guide

How to Choose a Phone, Fax, Texting, Video, and On-Call System for Your Practice



PHONE



FAX



TEXT



VIDEO



ON-CALL



Includes Companion Vendor-Evaluation Spreadsheet



Table of Contents

Introduction

Executive Summary	03
How to Use This Guide With the Spreadsheet	04

Part 1: Recognize the Need

Is Your Current Phone System Creating Operational Risk?	05
What Does Your Practice Need the System to Handle?	06

Part 2: Build the Shortlist

What HIPAA, BAA, and Vendor-Risk Questions Matter?	08
--	----

Part 3: Test Workflow and Implementation Fit

How Should You Evaluate Core Healthcare Workflows?	11
What Will This Actually Cost, and What Launch Risks Matter?	13

Part 4: Choose and Secure Approval

How Should You Compare Vendors and Defend the Decision?	15
---	----

Conclusion

FAQs	19
Final Takeaway	20
Next Step	20
Sources and compliance notes	21

Executive Summary



Choosing a healthcare VoIP system is a workflow decision.

It affects patient access, fax, texting, voicemail, video, after-hours coverage, front-desk routing, PHI/ePHI handling, staff handoffs, cost, support, and implementation risk.

The right vendor supports how the practice actually works, explains how patient communication is handled, provides clear pricing, and shows how the transition will happen without relying on staff memory or informal workarounds.

Use this guide to understand what to evaluate. Use the companion spreadsheet to do the evaluation. The guide should help your practice ask better questions. The spreadsheet should capture vendor answers, key notes, scores, pricing assumptions, launch-risk items, and the internal recommendation.

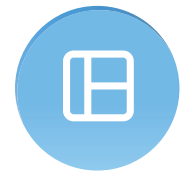


Core Decision Logic

- 1. Map requirements before vendor demos.**
- 2. Remove or pause vendors** that fail basic healthcare workflow, BAA, PHI/ePHI, support, pricing, or implementation requirements.
- 3. Capture proof when vendor answers need support.**
- 4. Score vendors against the same criteria.**
- 5. Turn the evidence into a copy-ready internal recommendation.**

This is not a full RFP. It is a practical evaluation guide for busy practice managers, administrators, billing teams, and owners who need to compare vendors without losing sight of how the practice actually communicates with patients, providers, payers, and staff.

How to Use This Guide With the Spreadsheet



Start with this guide before reviewing demos. It explains the questions that matter and why they matter.

The guide shows the evaluation logic. The spreadsheet gives you a lighter working version so you can capture only what you need. Then open the companion spreadsheet and begin with the Start Here tab before moving through the tabs that fit your decision. Smaller practices can start with the Start Here, Vendor Knockout Check, and Cost and Switching Risk tabs before using the full scorecard.

When this guide asks you to map workflows, use the Workflow Requirements tab. When it asks you to remove vendors that fail basic requirements, use the Vendor Knockout Check tab. When vendor answers need more proof, use Proof Notes (Optional). Use Cost and Switching Risk for pricing, assumptions, and launch risk. Use Vendor Scorecard to compare finalists, then use Decision Summary to prepare the internal recommendation.

The spreadsheet includes light example rows to show the type of answer expected. Use them as guidance, then complete only the rows that apply to your practice.

Use the Guide in Three Passes

1. **Define what the system must handle.**
2. **Ask vendors for workflow-specific answers.**
3. **Score finalists and prepare the recommendation in the spreadsheet.**

Do not rely on a demo alone. A demo can show that a feature exists. It does not always show whether the feature fits your staff structure, patient workflows, compliance responsibilities, support needs, pricing limits, or implementation timeline.



Recognize the Need

Is Your Current Phone System Creating Operational Risk?

Every practice has communication friction. Calls get transferred twice.

A voicemail lands in the wrong box. A fax needs to be chased. A patient text creates a follow-up question. A video visit link has to be sent manually. Those issues may be irritating, but they are not always enough to justify a system change.

The evaluation should start when friction begins to affect patient access, staff ownership, PHI/ePHI handling, or your ability to explain what happened later. At that point, the problem is no longer just convenience. **It is a workflow control issue.**

A system creates risk when staff have to compensate for it every day. If the front desk has to remember informal routing rules, if voicemails are checked differently by location, if faxes are tracked outside the system, or if after-hours coverage depends on ad hoc forwarding, the practice is relying on memory instead of a controlled process.

ANNOYANCE	RISK
Calls or transfers take too long.	No one owns the patient request when the call is missed, transferred twice, or sent to the wrong place.
Voicemail, fax, or patient messages are hard to find.	Staff cannot show who received the message, when it was reviewed, or whether anyone followed up.
Texting or video instructions happen outside the main workflow.	Message content, consent, patient instructions, and follow-up become inconsistent.
After-hours calls are forwarded manually.	Urgent messages, next-day handoffs, and on-call ownership depend on whoever remembers the process.

Use this section to decide whether your current setup is merely inconvenient or creating gaps that should be evaluated before the next vendor conversation. Then record the problem areas in the **Workflow Requirements** tab of the spreadsheet.

What Does Your Practice Need the System to Handle?

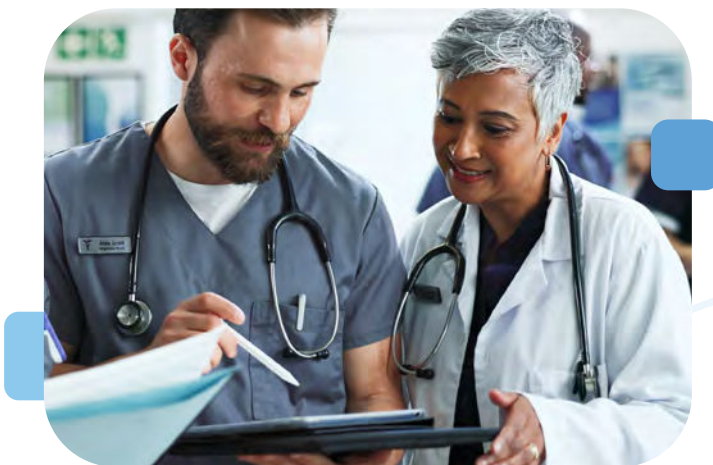


Before you compare vendors, **map the work your communication system has to support.**

A feature list will not tell you whether calls, messages, faxes, texts, video visits, and after-hours handoffs will actually run the way your practice needs them to run.

Start with the workflows patients and staff touch every day. Who answers the first call? Where does voicemail go? Who owns fax follow-up? What kind of patient text is appropriate? How are video visit instructions sent? What happens after hours? Which messages go to billing, clinical staff, providers, or an answering service?

The point is not to document every exception. The point is to identify the recurring work your vendor has to make easier to manage. If the system does not support those workflows, staff will create workarounds. Those workarounds become the real operating model.



Core Workflow Map

Before vendor demos: Use this map to identify the workflows your system must support. Complete the working version in the Workflow Requirements tab.

01 CONTACT SOURCE	02 ENTRY POINT	03 STAFF OWNER	04 SYSTEM SUPPORT
Patient calls the practice	→ Phone, voicemail, overflow, or call queue	→ Front desk, billing, clinical staff, provider, or answering service	→ Routing rules, ring groups, queues, transfers, voicemail ownership, & fallback handling.
Patient leaves a message	→ Voicemail, text reply, missed-call follow-up, or video-support request	→ Assigned staff member or shared team mailbox	→ Shared visibility, clear ownership, access control, reviewable history, and follow-up status.
Referral, lab, payer, or records request arrives	→ Inbound fax or outbound fax workflow	→ Front desk, referrals, billing, or clinical team	→ Fax routing, confirmations, failure notices, access controls, and completion tracking.
Patient needs routine communication	→ Texting, callback, video visit instr., or scheduling message	→ Front desk, care team, or provider support staff	→ Approved numbers, templates, opt-out handling, patient instructions, & documentation workflow.
Call or message comes in after hours	→ Forwarding, answering service, voicemail, or on-call schedule	→ On-call provider, answering service, or next-day owner	→ Schedules, escalation paths, forwarding rules, and next-day handoff visibility.
Staff works across locations or remotely	→ Browser, mobile, or shared communication access	→ Role-based staff user or location team	→ Consistent permissions, shared visibility, admin control, & routing that does not depend on office location.

Use this map as the first screen for every vendor conversation. If a vendor cannot explain how the system handles one of your core workflows, do not treat that as a minor detail. Treat it as a gap to resolve before the vendor reaches your shortlist.

Build the Shortlist



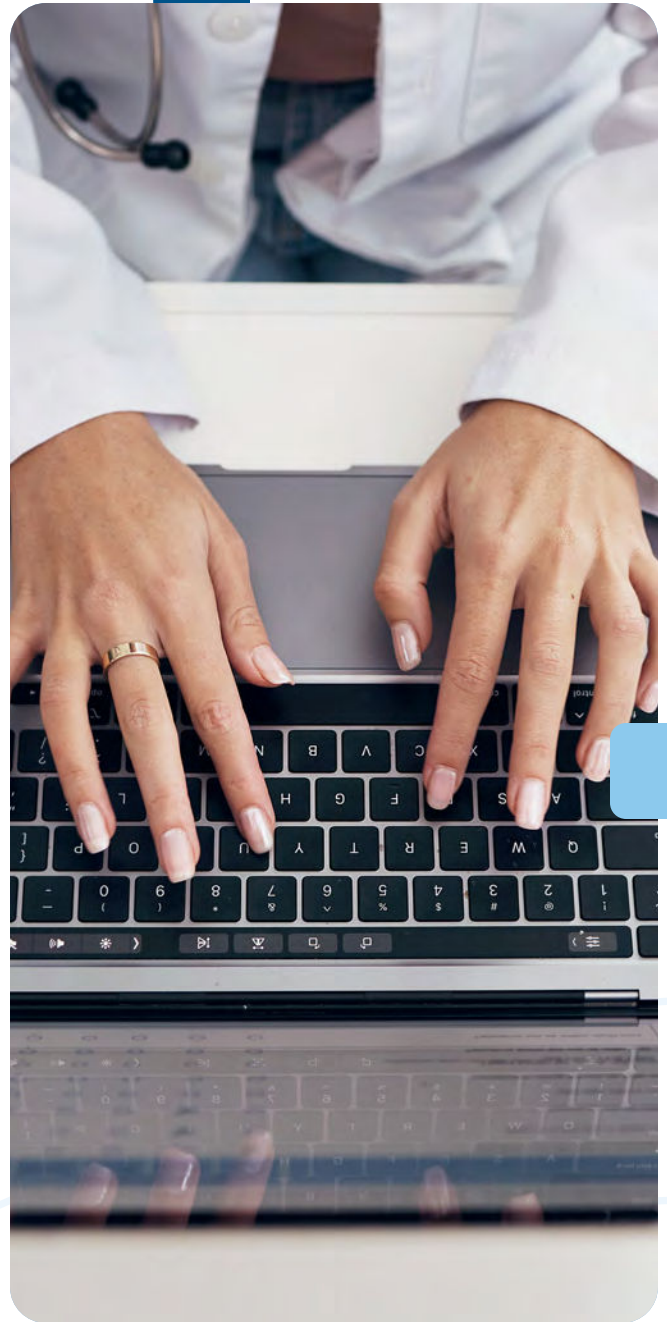
What HIPAA, BAA, and Vendor-Risk Questions Matter?

Healthcare communication vendors should be evaluated differently from general business phone vendors.

A practice needs to understand how the vendor handles PHI/ePHI, whether the vendor will sign a BAA for relevant workflows, what the BAA covers, and what responsibilities remain with the practice.

A BAA is a threshold requirement when a vendor creates, receives, maintains, or transmits PHI/ePHI for the practice. It is not proof that the full workflow is compliant. The practice still needs appropriate policies, staff training, access control, message-routing rules, and decisions about what belongs in phone, fax, text, video, voicemail, or another workflow.

Be cautious with broad claims. “HIPAA-compliant” should lead to more questions, not fewer. Ask where PHI/ePHI may be stored, accessed, routed, or reviewed. Ask what staff can see. Ask how users are added and removed. Ask how messages are routed. Ask whether the vendor can explain the difference between what the platform supports and what the practice still has to manage.



Vendor Knockout Questions

Shortlist checkpoint: Use these questions to screen vendors before scoring. Record each vendor as Pass, Pause, or Remove in the Vendor Knockout Check tab.

1. Will the vendor sign a BAA for workflows where it creates, receives, maintains, or transmits PHI/ePHI for your practice?

WHY IT MATTERS	REMOVE OR PAUSE IF...
A BAA is a threshold requirement for PHI/ePHI workflows, not proof that the full system fits your practice.	The vendor will not sign a BAA where one is needed, or cannot explain what the BAA covers.

2. Can the vendor explain how PHI/ePHI moves through phone, voicemail, fax, texting, video, and message workflows?

WHY IT MATTERS	REMOVE OR PAUSE IF...
You need to know where patient information may be stored, accessed, routed, or reviewed.	The vendor only says “we are HIPAA-compliant” without explaining the workflow.

3. Can the system support the required channels: phone, voicemail, fax, texting, video, after-hours, and routing?

WHY IT MATTERS	REMOVE OR PAUSE IF...
A vendor may support phone service but still fail on fax, texting, video, after-hours, or voicemail ownership.	A required channel is missing, handled outside the platform, or priced in a way that changes the decision.

4. Can staff assign ownership for missed calls, voicemails, texts, faxes, and after-hours handoffs?

WHY IT MATTERS	REMOVE OR PAUSE IF...
Unowned messages become follow-up risk.	The system depends on staff memory, shared inbox guessing, or manual side tracking.

5. Can the vendor explain porting, cutover, training, support, and fallback steps?

WHY IT MATTERS	REMOVE OR PAUSE IF...
Launch risk matters before the contract is signed.	The vendor cannot explain what it will handle, what your practice must confirm, or how phones and fax stay available during transition.

6. Is pricing clear enough to compare?

WHY IT MATTERS	REMOVE OR PAUSE IF...
A low starting price does not help if required features, support, porting, or training are unclear.	The vendor cannot provide a clear view of monthly cost, add-ons, fees, contract terms, and support costs.

Use the Vendor Knockout Check tab before detailed scoring. If a vendor fails one of these questions, remove it from the shortlist or pause until the issue is resolved in writing.



Test Workflow and Implementation Fit

How Should You Evaluate Core Healthcare Workflows?

A strong evaluation focuses on the workflows that carry the most operational risk.

For many practices, those workflows include fax, texting, after-hours coverage, front-desk routing, video, and multi-location or remote access.

Fax is still a practical test of vendor fit. Many practices rely on fax for referrals, labs, prior authorizations, records requests, billing documentation, and communication with outside providers. **A fax feature is not enough.** Staff need to send, receive, route, track, and confirm faxes without creating side work or losing ownership.

For fax, focus on **routing, delivery visibility, access, and BAA scope**. The vendor should explain how inbound faxes are routed, how staff see sent, received, or failed status, who can access faxed documents, whether fax works inside the same system staff use for calls and messages, and how the BAA applies to fax workflows that carry PHI/ePHI.

RingRx Perspective

For healthcare practices, **fax should be evaluated as a workflow-control issue**, not a stand-alone feature. In a RingRx demo, use the questions in the spreadsheet to compare how fax routing, delivery visibility, access, and staff follow-up would be handled.

Texting can help a practice move faster, but **only when the workflow is controlled**. If staff use different tools, personal phones, unclear templates, or informal follow-up habits, texting can create another place for patient communication to get lost.

For texting, focus on **approved numbers, visibility, ownership, opt-outs, and follow-up**. The vendor should explain which numbers staff use, who can see messages, how replies are assigned, how patient preferences and opt-outs are handled, and what happens when a text needs follow-up outside the thread. Texting may support HIPAA-conscious workflows when paired with appropriate safeguards, policies, training, and, where applicable, a BAA-covered vendor. It should not be treated as a general inbox for everything patients send.

After-hours calls need clear rules before they happen. Staff should know which calls are answered, routed, escalated, or held for the next business day. These choices affect patient access, staff workload, provider coverage, voicemail ownership, and next-day follow-up.

The vendor should explain who receives after-hours calls, what happens if that person does not answer, when the answering service gets involved, how on-call schedule changes are handled, and which messages are reviewed the next morning. For behavioral health, urgent-care, or other practices with higher-risk after-hours needs, clinical leadership should review routing rules before they are built into the system.

RingRx Perspective

After-hours coverage should be reviewed as a **routing and ownership problem**. In a RingRx demo, ask how routine messages, urgent calls, answering-service paths, escalation rules, backup routing, and next-day handoff would work for your practice.

Front-desk routing should reduce burden, not shift it to a different part of the day. A phone menu, queue, or ring group only helps if calls reach the right person and unanswered calls still have a clear owner.

The routing review should cover department, location, role, caller need, overflow, and missed-call ownership. It should also show whether billing, referrals, scheduling, and clinical staff can have different call paths; whether remote or multi-location staff can participate in the same routing setup; and whether the practice can update routine routing rules without waiting on vendor support every time.

Video should be treated as **part of the communication workflow**, not as a separate afterthought. If the practice uses video visits, staff need a clear process for sending instructions, managing patient access questions, supporting providers, and handling communication when a patient cannot connect.

Multi-location and remote access should be evaluated through **staff ownership and admin control**. A vendor may support remote access, but the practice still needs role-based permissions, consistent routing, shared visibility, and clear rules for who owns follow-up across locations.

Use the Spreadsheet Without Making It Homework

Use **Proof Notes (Optional)** only when a vendor answer needs more detail. Most practices can score directly in the Vendor Scorecard after the demo. **A “yes” answer is not evidence. A workflow-specific explanation is evidence.**



What Will This Actually Cost, and What Launch Risks Matter?



A starting monthly price is useful, but it is **not the full cost of a communication system.**

The real cost depends on users, lines, fax, texting, video, on-call coverage, support, onboarding, porting, hardware, taxes, fees, contract terms, and the amount of staff work the system creates or removes.

Start by asking what the quoted price includes. Some vendors separate basic service from the workflows your practice actually needs. Fax may be an add-on. Texting may depend on registration or usage limits. Video may be separate. Support, training, porting, or hardware may change the total cost before the system is even live.

Cost should also be compared against operational fit. A cheaper system can become expensive if staff spend extra time tracking faxes, chasing voicemails, manually routing calls, or fixing after-hours handoffs. A more complete system still needs a clear price, but it should be evaluated against the workflows it replaces or improves.

Cost Questions To Ask

Pricing conversation: Use these questions during pricing conversations. Record costs, assumptions, and follow-up items in the Cost and Switching Risk tab.

- **Monthly service** – What is included in the base monthly price?
- **Users, lines, locations, & volume** – What changes as users, lines, locations, or call volume increase?
- **Required workflows and add-ons** – Are fax, texting, video, on-call coverage, support, training, porting, hardware, taxes, fees, and contract terms included?
- **One-time vs. recurring** – What is one-time cost versus recurring cost?
- **Support** – What support is included before and after launch?
- **Contract terms** – What is the contract length, cancellation policy, renewal process, and early termination cost?

Switching communication systems creates risk when the practice treats it as a technology swap instead of a workflow transition. Phone numbers, fax numbers, texting numbers, voicemail boxes, video links, after-hours routes, devices, greetings, and staff habits all need a cutover plan.

The vendor should not promise that nothing will change. They should explain which services stay live, which numbers need to port, who handles each step, how staff will be trained, and what fallback route is available if a port, device, fax line, text registration, or routing change takes longer than expected.

Use the Cost and Switching Risk tab to capture comparable costs, open assumptions, what the vendor should explain, what the practice should confirm, internal owners, risk status, and launch notes. A vendor should score well on implementation confidence only if it can explain the transition in operational terms.

Launch-Risk Checklist

Implementation checkpoint: Use this checklist to discuss launch risk before signing. Complete the working version in the Cost and Switching Risk tab.

LAUNCH AREA	VENDOR SHOULD EXPLAIN	PRACTICE SHOULD CONFIRM
Number Inventory	Confirm which phone and fax numbers can be ported, what information is required, and which numbers need special handling.	Provide a complete list of phone numbers, fax numbers, current carriers, account records, and priority numbers.
Porting Plan	Explain porting steps, expected dependencies, cutover sequence, and what happens if a number does not port on the expected day.	Decide which numbers are mission-critical and confirm who will be available during cutover.
Phone Continuity	Configure routing, ring groups, call queues, voicemail boxes, greetings, and fallback paths.	Confirm how calls should route by department, location, role, and business hours.
Fax Continuity	Set up fax numbers, routing, access rules, delivery confirmations, and failure visibility.	Confirm which staff own inbound faxes, outbound faxes, failed faxes, and referral or records follow-up.
Texting Continuity	Explain texting setup, registration requirements, approved numbers, opt-out handling, & timing constraints.	Decide which message types staff can send by text and who owns incoming replies.
Video Continuity	Explain how video links, user access, and support workflows will work after launch.	Decide which visit types use video and how staff send instructions to patients.
After-Hours Coverage	Configure forwarding, on-call schedules, answering-service paths, escalation rules, and backup routing.	Confirm clinical or administrative rules for urgent calls, holidays, closures, and next-day handoff.
Staff Training	Provide training on daily workflows, admin controls, support channels, and launch-day procedures.	Make sure front desk, billing, clinical staff, providers, and managers attend the right training.
Fallback Plan	Explain what the practice should do if calls, fax, texting, video, or after-hours routing does not work as expected.	Assign an internal launch owner and confirm who can make quick decisions on launch day.

Use the **Cost and Switching Risk tab** in the companion spreadsheet to assign internal owners, mark risk status, and capture notes.



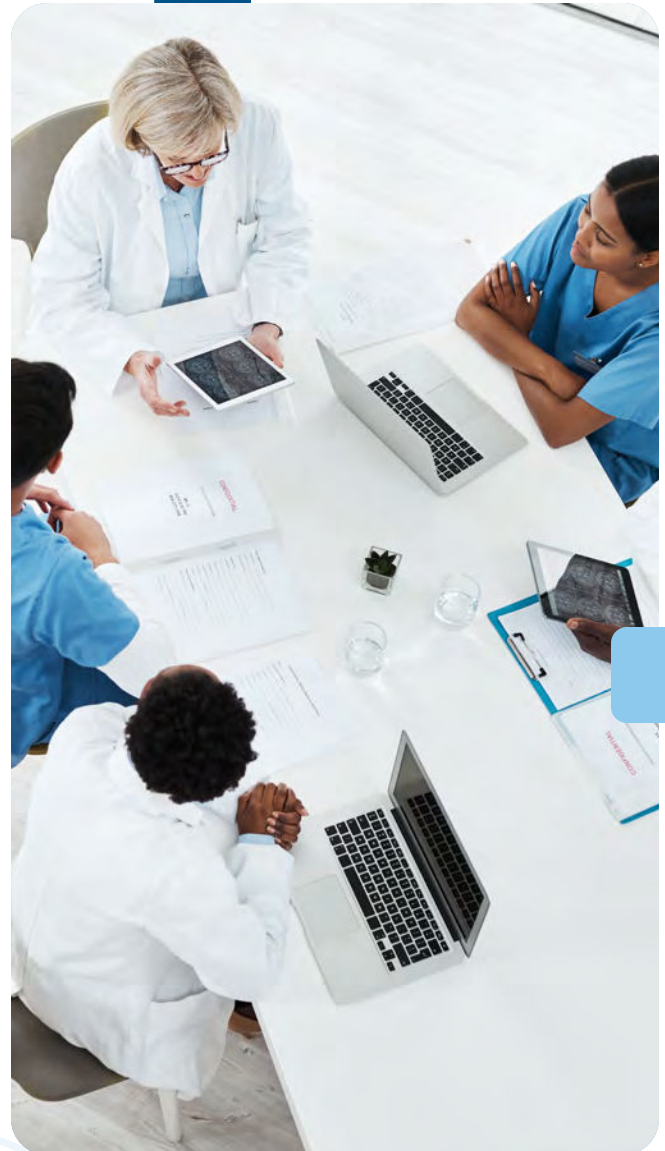
Choose and Secure Approval

How Should You Compare Vendors and Defend the Decision?

By this point, the shortlist should be smaller. Vendors that cannot meet basic healthcare workflow, BAA, PHI/ePHI, fax, support, pricing, or implementation requirements should already be removed or paused.

Next, compare the remaining vendors against the same evidence. Use the workflow map, knockout check, vendor answers, pricing questions, and launch-risk review as one connected evaluation. Do not let each demo create a new set of criteria.

A scorecard helps when the buyer and approver need to compare options without relying on memory. The score matters, but the notes matter more. A vendor with a strong total score but weak fax, unclear BAA scope, poor implementation detail, or confusing pricing may still be a risky choice.



Scorecard Criteria

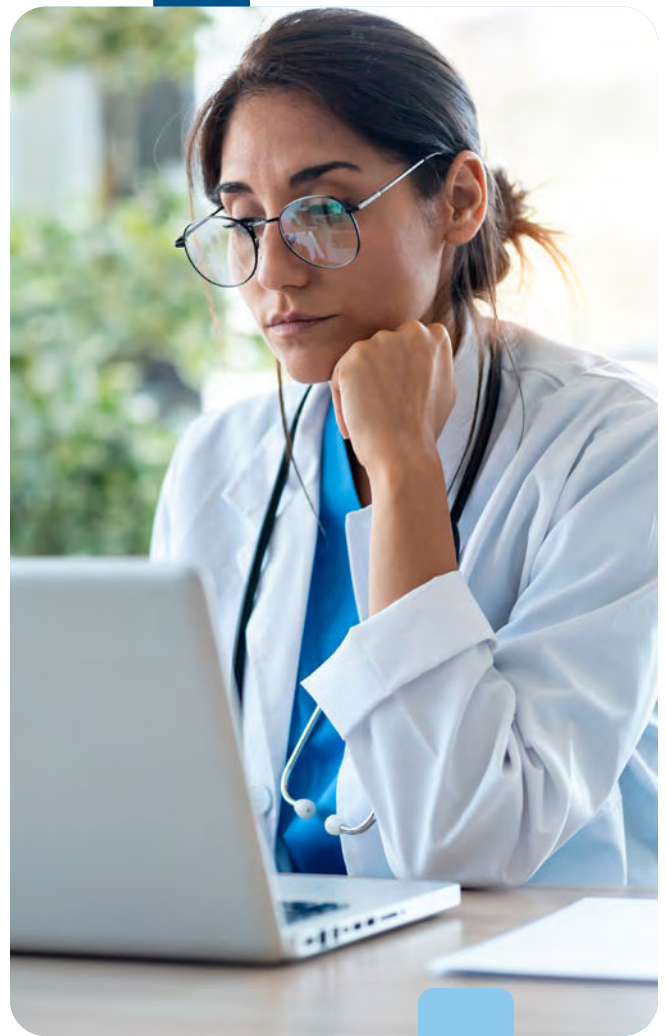
Scoring criteria: Use these criteria to compare vendors. Enter a 1–5 score and one short note for each vendor in the Vendor Scorecard tab.

CRITERION	WHAT TO SCORE	EVIDENCE TO USE
Workflow Fit	Does the system support the daily work your practice mapped?	Workflow map, demo notes, staff questions, use-case walkthroughs.
BAA & PHI/ ePHI Handling	Can the vendor explain BAA scope, PHI/ ePHI handling, access controls, and practice responsibilities?	BAA review, compliance answers, documentation, security or privacy materials.
Fax Workflow	Can staff send, receive, route, confirm, and own fax follow-up?	Fax questions, routing answers, confirmation process, access rules.
Texting Workflow	Can staff text patients through approved, visible, controlled workflows?	Texting questions, opt-out handling, template options, access rules, documentation workflow.
After-hours and On-Call Coverage	Does the system support clear routing, escalation, backup rules, and next-day handoff?	After-hours decision path, on-call schedule review, answering-service workflow.
Front-Desk Routing	Can staff route calls without adding more manual coordination?	Routing questions, call queue setup, overflow rules, admin controls.
Cost Clarity	Is the real cost clear after users, lines, fax, texting, video, support, hardware, training, taxes, fees, and contract terms?	Quote, pricing table, contract terms, add-on list, support costs.
Implementation Confidence	Can the vendor explain porting, cutover, training, fallback plans, and ownership of each task?	Implementation plan, launch-risk checklist, launch timeline, support process.
Support and Training	Will the practice get the help it needs before and after launch?	Support channels, training plan, response expectations, onboarding materials.
Internal Defensibility	Can the recommendation be explained clearly to the owner, partners, finance reviewer, IT support contact, or compliance reviewer?	Scorecard notes, cost explanation, workflow proof, and implementation risk.

Use the Vendor Scorecard tab to score each vendor against the same criteria and add one short note where the score needs explanation. A score of 1 means the vendor does not meet the requirement. A score of 3 means the vendor meets the basic requirement. A score of 5 means the vendor is a strong fit with clear workflow proof and low implementation or workflow risk.

Do not average the score without reading the notes. Some criteria may matter more than others. A behavioral health practice may give more weight to texting controls and after-hours coverage. A referral-heavy specialty practice may give more weight to fax workflow and routing. A multi-location practice may give more weight to admin control, role-based access, and implementation planning.

Use the Decision Summary tab to prepare the internal recommendation. **The recommendation should answer five questions:** What problem are we solving? Which workflows need better support? Which vendor fits those workflows best? What will it cost? What needs to happen before launch?



Internal Decision Summary

Recommendation preview: Use this preview to see what your internal recommendation should cover. Draft the working version in the Decision Summary tab.

RECOMMENDATION COMPONENT	DRAFT RESPONSE
RECOMMENDED VENDOR Name the vendor the practice recommends.	
CURRENT PROBLEM State the operational issue clearly: missed calls, unowned voicemail, fax follow-up gaps, unmanaged texting, weak after-hours routing, unclear support, or pricing uncertainty.	
REQUIRED WORKFLOWS List the workflows the system must support: phone, voicemail, fax, texting, video, after-hours coverage, call routing, support, training, and implementation.	
WHY THIS VENDOR FITS Summarize the strongest evidence from the scorecard. Use specific criteria, not general preference.	
MAIN TRADEOFFS OR REMAINING RISKS Name unresolved issues, such as contract term, add-on cost, training time, porting dependency, text registration timing, hardware needs, or internal process changes.	
ESTIMATED COST Include monthly cost, one-time cost, required add-ons, support or training cost, hardware cost, taxes, fees, and contract terms.	
IMPLEMENTATION PLAN Summarize what happens before launch, during cutover, and after launch. Include who owns number inventory, staff training, routing decisions, fax setup, texting setup, after-hours rules, and fallback handling.	
APPROVAL NEEDED State what decision is needed and who needs to approve it.	

FAQs



What is healthcare VoIP?

Healthcare VoIP is an internet-based phone service used in a healthcare practice. The buying decision often includes more than calls. Practices may also need fax, voicemail, texting, video, routing, after-hours coverage, support, and staff access controls.

Is a VoIP system automatically HIPAA-compliant?

No. A vendor may support HIPAA-compliant workflows, but the practice still needs to evaluate BAA scope, PHI/ePHI handling, access controls, staff training, policies, and workflow responsibilities.

Is a BAA enough to approve a vendor?

No. A BAA is a threshold requirement when the vendor creates, receives, maintains, or transmits PHI/ePHI for the practice. It does not prove the full workflow is compliant or operationally sound.

Should a practice choose the lowest-cost vendor?

Not without checking total cost and workflow fit. A low starting price can become expensive if fax, texting, video, support, training, porting, hardware, taxes, fees, or required workflows are extra or unclear.

Why does after-hours routing matter?

After-hours routing affects patient access, staff workload, provider coverage, voicemail ownership, escalation, backup paths, and next-day follow-up. The practice should understand where each type of call goes and who owns it.

How should a practice use the companion spreadsheet?

Use the spreadsheet during vendor review. Record requirements, vendor answers, key notes, costs, scores, and the final internal recommendation. The guide explains what to ask. The spreadsheet captures the decision record.

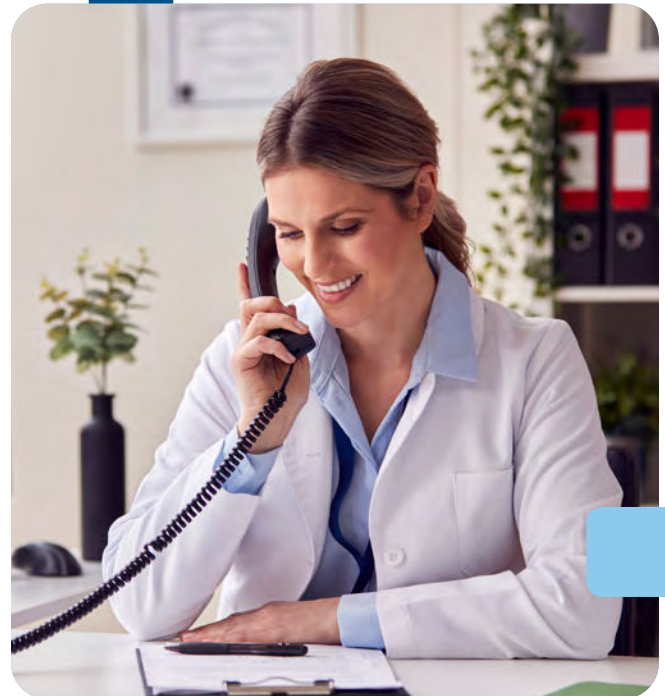
Final Takeaway



Choosing a healthcare VoIP system is easier when the practice compares vendors against the work the system must support.

Calls, voicemail, fax, texting, video, after-hours routing, staff access, pricing, and implementation all affect whether the system will make communication easier to manage.

Use the guide to identify the right questions. Use the spreadsheet to record vendor answers, key notes, scores, costs, and launch-risk items. The goal is **not to choose the vendor with the longest feature list**. The goal is to **choose the system your team can use, explain, and defend**.

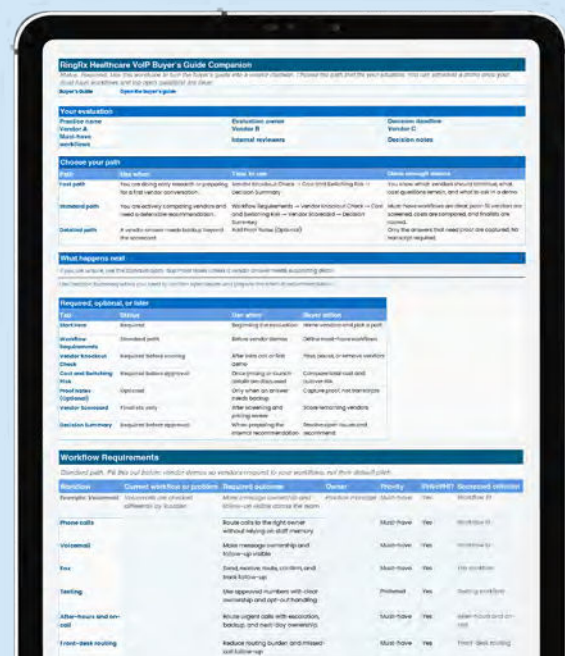


Compare vendors with the companion spreadsheet.

Use it to organize your requirements, vendor answers, costs, launch risks, and internal recommendation. You do not need to complete every tab before scheduling a demo. Use the spreadsheet to clarify your priorities, then compare those requirements against RingRx.

[Download the Companion Spreadsheet](#)

Ready to compare your requirements against RingRx?
[Schedule a RingRx demo.](#)



Sources and Compliance Notes



This guide uses public regulatory guidance and official source material to support its compliance, privacy, texting, and implementation-risk language. It does not provide legal advice. Practices should review vendor contracts, BAA scope, texting policies, consent practices, and any behavioral health or substance-use privacy requirements with the appropriate compliance or legal reviewer.

U.S. Department of Health and Human Services, Office for Civil Rights. "Covered Entities and Business Associates."
<https://www.hhs.gov/hipaa/for-professionals/covered-entities/index.html>

U.S. Department of Health and Human Services, Office for Civil Rights. "Business Associates."
<https://www.hhs.gov/hipaa/for-professionals/privacy/guidance/business-associates/index.html>

U.S. Department of Health and Human Services, Office for Civil Rights. "The Security Rule."
<https://www.hhs.gov/hipaa/for-professionals/security/index.html>

U.S. Department of Health and Human Services, Office for Civil Rights. "Business Associates FAQ."
<https://www.hhs.gov/hipaa/for-professionals/faq/business-associates/index.html>

U.S. Department of Health and Human Services, Office for Civil Rights. "Does the HIPAA Privacy Rule permit health care providers to use e-mail to discuss health issues and treatment with their patients?"
<https://www.hhs.gov/hipaa/for-professionals/faq/570/does-hipaa-permit-health-care-providers-to-use-email-to-discuss-health-issues-with-patients/index.html>

Electronic Code of Federal Regulations. "47 CFR § 64.1200, Delivery restrictions."
<https://www.ecfr.gov/current/title-47/chapter-I/subchapter-B/part-64/subpart-L/section-64.1200>

U.S. Department of Health and Human Services. "Understanding Confidentiality of Substance Use Disorder Patient Records or 'Part 2.'" <https://www.hhs.gov/hipaa/part-2/index.html>

SAMHSA. "Substance Use Disorders: Statutes, Regulations, and Guidelines."
<https://www.samhsa.gov/substance-use/treatment/statutes-regulations-guidelines>

The implementation, routing, fax, texting, after-hours, cost, and scorecard sections are based on buyer-evaluation logic, workflow analysis, and RingRx project planning materials. They are intended to help practices ask better vendor questions. They should not be read as a guarantee that any vendor will meet a practice's compliance, technical, cost, or implementation requirements.



888-980-6860



info@ringrx.com