Provider - Patient Email Communications

Outline for Discussion

Just because we use email daily to communicate doesn't mean that it is the best communication method between healthcare providers and patients. The challenge is to get both the provider and the patient to appreciate the risk in e-mail exchanges.

Mary was looking forward to the course next week, “Ready to leave your job?”
Unfortunately, Mary used her work email address to register for the course. Now she was getting emails at work about looking for a new job. What if her boss or co-workers saw the emails?
Then, she thought, what if she had asked her doctor’s office to send her an email to remind her of her counselling appointments?

Using email to keep in touch with your healthcare provider is just one option. If you choose to use email, be certain that you understand the risks to the patient and the healthcare provider.

This Document Management Tip is intended to help you along your journey by guiding you through a series of questions and providing resources to get started.

It is expected that you will review and refine these documents to meet your needs.

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This publication provides general guidance for a medical office in Alberta. Consultation with your information systems, health records, and privacy office is recommended. For additional assistance, contact Information Managers Ltd.
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What are the steps to use email with patients?

1. **Plan.** Establish clear policies and procedures about when you will – and when you won’t – use email with patients in your practice. The provider is responsible for disclosure of information and to ensure reasonable safeguards. On a case by case basis, one needs to determine what is reasonable. You need to balance the risk with the benefit of disclosing the health information. If you aren't prepared to put in the energy (and it takes effort!) to put in a comprehensive risk mitigation program, then you should not be using email to send health information or other sensitive information.

Remember- even a plain email confirming an appointment at a clinic can be sensitive if it seen by the wrong person at the wrong time!

2. **Education.** Establish clear, consistent, easy to read and understand education to the patient about the risks of using email for sending health information. Even then, the healthcare provider, as the person of authority, still maintains the responsibility for the security of the information.

3. **Email authorization.** The patient must provide their personal email address and authorize the use of email as a method of contact and the specific purpose that the email address may be used. This infers to me that the first contact with the patient cannot be by email.

Sending personal information into cyberspace is like writing on the back of a postcard. Anyone can see it! It doesn’t need to have detailed personal information to be private or important to us.

It is a challenge to get both the provider and the patient to appreciate the risk in e-mail exchanges and the public nature of the exchange. Walk carefully through this mine field if you go at all. Below is an outline for discussion that you can use to help you decide if using email with patients is the right choice for your practice.

**Definition e-Visit**

Provider patient e-mail (electronic mail) is the computer-based communication between providers and patients within a professional relationship, in which the provider has taken on an explicit measure of responsibility for the patients care.¹

Purpose

- Effective communication among providers and patients
- Greater continuity of care
- More timely interventions
- Convenience to the patient and provider

Identify ‘Owner’ of the Process

Who will be the go-to person for decision making, continuity, documenting, etc. this component of patient records?

Identify Target Audience

Which patients will be given the option to use e-mail communication with their provider? For example,

- Non-emergency needs
- Current acute problems or documented chronic conditions?
- Appointment scheduling
- Patient education

Criteria

What criteria will be used to determine patients eligible for email option?

- Patient has a pre-existing relationship with the provider demonstrated by at least one office visit within the last six months.
- Patient has authorized e-mail communications. (Where will this be filed? Will an alert be created in the EMR to notify providers and authorization is on file?)
- Patient has provided his personal e-mail address to the clinic.
- Patient has initiated the e-mail conversation.
- Appropriate subjects for e-mail conversations may include:
  - Prescription refills
  - Appointment scheduling
  - Lab results
  - Provider network information / clinic services
  - Billing information

Subjects not appropriate for e-mail conversations include:

- New diagnoses
- Workers compensation injuries and disabilities
- Bad news
- Anything urgent
When does an e-mail correspondence become included in the patients electronic medical record?

- When the e-visit message exchange replaces an office visit
  - this must document the patient history, provider assessment and plan, including an element of decision-making, and is adequate to the information provided supports the assessment and plan.
- Other?

How to attach the e-mail correspondence to the patient's record in the electronic medical record or paper record?

- Will you save the email as a pdf and attach as an image?
- Will you print a hardcopy and file on the paper record?
- How you will delete the original email?

How will you document the following scenarios?

- After receiving the e-mail from the patient, the provider request the patient to attend either the clinic or another, medical facility.
- After the provider replies to an e-mail from the patient and the e-mail is returned to the sender when the actress is incorrect, outdated or the patients e-mail server rejects the message
- When the clinic determines that the patients privilege of using e-mail communication is terminated (i.e. if the patient frequently misuses the service, or demonstrates that there is not an adequate level of computer literacy to make this tool effective and appropriate) how will you notify the patient?

Privacy / Confidentiality Considerations:

- Patients will receive written educational materials about the appropriate types of e-mails and the required formats for e-mails.
- Patients will be required to pre-authorize e-mail communications with them
- Patients will be reminded to use the personal e-mail addresses for their e-mail communications with providers. E-mail addresses at their employers’ address or domain are not considered confidential.
- Patients must initiate the e-mail conversation with the provider. To limit the likelihood of an incorrect e-mail address, the provider will “reply” to the e-mail originated by the patient.
- Patients will be encouraged to originate e-mails to the clinic through the clinic's website browser. This will generate an e-mail to the clinic's e-mail address, and open a template for the patient to generate their e-mail request.
- Will group e-mails be permitted from the clinic to multiple patients? For the purposes of notification of clinic events or new services, office closures etc? How will the recipient e-mail addresses be protected?

Security Considerations:
• Reply to patients e-mail communication; providers are not to initiate email communication with the patient (reduce the likelihood of errors in the e-mail address)
• Do not attach documents to the e-mail; attached documents stay on a hard drive present a risk for unauthorized access and breach of confidentiality.
• Providers must reply to e-mails from the clinic e-mail domain name accessed either on site at the clinic or through remote access to the clinic network.

Documentation Standards

Templates will be used to ensure documentation standards. Routine and periodic averaging of e-mail communications will be used to ensure documentation standards and updating the associated policies and procedures.

Audit methodology

Who is the responsible staff person for this task? Audit e-mail correspondance for:

• Appropriate customer service
• Quality of care provided
• Quality of the response provided
• Patient privacy and confidentiality
• Adherence to applicable guidelines
• Follow-up on e-mail messages returned due to incorrect addresses

Exclusions

List criteria for exclusions.

Sample template (generated on the organization website) e-mail from the patient:

To: (clinic address is populated here from website)

From: (patient enters patient’s personal email address here)

Attention: (provider name – ideally from drop down list. This can generate the email to be directed to the provider’s inbox dedicated to receiving mail from patients)

Subject: (patient to enter topic of email)
This email does not contain an emergent or urgent request for acute medical concerns. I understand that the Clinic will normally respond to email communications within ____ hours (or business days). If I have not heard from the Clinic by this time, I will phone the Clinic. This email communication may be read by someone that the provider has assigned to preview or respond to in his absence.

Patient’s Message:

Auto response from the Clinic

We have received your e-mail. The Clinic will normally respond to email communications within ____ hours (or business days). If you have not heard from the Clinic by this time, please phone the Clinic at _______. This email communication may be read by someone that the provider has assigned to preview or respond to in his absence.

Sample template of responding e-mail from the provider

Reply To:  
• Use “Reply” button  
• include the original e-mail at the bottom of this e-mail

From: Provider’s email address using Clinic domain name

Subject (from Patient’s subject line)

This Confidential Communication Contains Information Protected by Provider Patient Privilege. This communication may / will be included in your personal electronic health record at this Clinic.

Thank you for your e-mail of (insert date).

Response:

Please acknowledge that you have received this message by using the “Reply” button and typing “message received” in the subject line
Patient Authorization for E-Mail Communication SAMPLE

Here is a sample authorization form that you can use:

- I would like to communicate by e-mail with my provider.

- I have been given information guidelines about how to e-mail with my provider and have been given the opportunity to ask questions.

- I will only use my personal e-mail address and personal devices to communicate with my provider (i.e. will not use work/school e-mail address or public computer as personal information could be viewed by others).

- I will be responsible for maintaining any information regarding my care that I have saved onto my personal computer.

- I understand that my email authorization and a copy of the e-mail guidelines I have received will be called my permanent medical record.

- I agree to follow the guidelines for e-mail communication of my provider and will use e-mail for nonemergency purposes only.

- E-mails containing transitory information (routine or short-term transactions, and contain little or no information of ongoing value, i.e. confirmation of appointments) will be securely deleted by the Clinic.

- E-mail correspondence containing clinical or significant information will be entered into my permanent medical record by the provider.

- I agree to inform my provider in writing if my e-mail address changes.

- I understand that the Clinic will normally respond to email communications within _____ hours (or business days). If I have not heard from the Clinic by this time, I will phone the Clinic. This email communication may be read by someone that the provider has assigned to preview or respond to in his absence.

My current e-mail address is

Signature

Date
Print full name.
Date of birth.
Witness

**Change of e-mail address**

This is to inform you that my e-mail address is changed.

My e-mail address has changed from.

My e-mail address has changed to.

I confirmed that this is a private e-mail address that is not provided by an employer.

Signature  Date

Print full name
Date of birth
Witness

**Other Similar Information Managers resources**

“Fax Cover Page: Friend or Foe?”

**Additional Resources**


OIPC AB. “HIA Practice Note #5 Communicating with patients via email: Know the risks”, August 2012, [http://www.oipc.ab.ca/Content_Files/Files/Publications/HIA_Practice_Note_5.pdf](http://www.oipc.ab.ca/Content_Files/Files/Publications/HIA_Practice_Note_5.pdf).

OIPC AB. “Email Communication FAQs”, August 2012, [http://www.oipc.ab.ca/Content_Files/Files/Publications/Email_Comm_FAQ.pdf](http://www.oipc.ab.ca/Content_Files/Files/Publications/Email_Comm_FAQ.pdf)

OIPC BC. “Faxing and Emailing Personal Information”, 2005, oipc.bc.ca

Ibid. “Use of Email by Physicians”
Dr. Alan Brookstone. Canadian EMR, “Should I Access My EMR Using a Mobile Phone?”

Contact Us

**INFORMATION MANAGERS** provides a workshop series on *Privacy, Confidentiality, and Security for Medical Offices®* for clinics by webinar, public workshops and customized on-site workshops to private practices.

It’s the elephant in the room: your practice depends on your record management, and the privacy and protection of all kinds of confidential information.

But sometimes taking care of this elephant can be a challenge.

We’re here to help. Information Managers specializes in health information management, policies and procedures, records management, clinic management, practice efficiency and workflow consultation as well as privacy and security in the Health Care sector. We give you the confidence to take care of the elephant in the room.

We work with office managers, primary care facilities, health service providers and vendors. We ensure that your office practices not only meet legal requirements, but are streamlined and efficient, making sure that all parties involved feel secure about their personal information.