



Policy # 3.5.3 – Email Usage Policy

E-mail is a critical administrative and clinical communications tool for use within The Georgian Bay Family Health Team users and the external community subject to specific conditions as outlined in this policy.

Purpose for emailing with patients:

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

General Rules and Procedures:

Internal Use:

1. Personal Health Information (PHI) may only be sent internally to those who need to know the information and only to support the purposes for which it was collected.
2. Use 'Private and /or Confidential' flags to alert the recipient of the email that the message contains personal health information. It is an expectation that the recipient of the email will maintain strict confidentiality of the information.
3. Limit the number of patient identifiers to those that are necessary for the recipient to effectively identify the patient and to support the purpose for which they are provided.
4. Double check all 'To' fields prior to sending messages to avoid sending to the wrong recipient.

External Use:

It is strictly prohibited to send e-mail messages containing personal information that identifies a patient to an external e-mail account (ie: a User not registered with OneMail) unless one of the following conditions is met:

1. A patient has consented to communicating with the user by e-mail (see guidelines for entering an e-mail communications contract with a patient); or
2. The e-mail is required for a one time, emergency health-related purpose between Health Information Custodians (HIC) and is followed up with a phone call to ensure the information reached the intended recipient and is being handled with appropriate care; or
3. It has been approved by the Executive director or Privacy Officer.

Forwarding

It is strictly prohibited to forward or auto-forward GBFHT e-mail containing personal health information from an internal e-mail account to an external e-mail account.

Entering an E-Mail Communication Relationship with a Patient

1. The relationship should be requested by the patient and supported by the provider.
2. An overview of the email consent form and guidelines must be shared with and signed by the patient who wishes to initiate email communications. A witness must also sign the agreement. The patient should be offered a copy of this agreement for their future reference.
3. Wherever possible, patients should initiate e-mail conversation with the provider. To limit the likelihood of an incorrect email address, the provider will 'reply' to the e-mail originated by the patient.
4. The communications included in e-mail must be appropriate and necessary to facilitate the patient's care plan.
 - a. Acceptable subjects include: appointment scheduling/reminders, questions about relevant treatment, lab results or requisitions, prescription refills.
 - b. Not Acceptable subjects include: new diagnosis, workers compensation injuries and disabilities, bad news, anything urgent.
5. The provider or clinic may at any time terminate the privilege of patient's using e-mail communications. This termination must be documented in the patient's electronic medical record and a letter informing them of the change must be sent by mail.
6. If a patient changes email addresses the provider must be notified in person by writing using the 'Change of Email'.
7. If a provider replies to an email from the patient and the email is rejected and returned to the sender, the provider will attempt to contact the patient by telephone.
8. It is prohibited to forward the e-mail communication originating from the patient to any external e-mail address.
9. All communications pertaining to the patient's care must be included in the patient's Electronic Medical Record. The Mental Health team is required to summarize the content while the Physical Health Team must copy the original message into the chart. All requirements of an employee's professional college will supersede this provision.
10. Once the communication has commenced the e-mail must be securely deleted (to email trash) from the providers mail software.

Any questions or concerns regarding this policy should be directed to the Executive Director or Privacy Officer.