

## **Email Policy**

**PURPOSE:** To ensure the appropriate use of the email system of John Powers, DMD when transmitting electronic Protected Health Information.

**POLICY:** It is the policy of John Powers, DMD to protect the electronic transmission of PHI as well as to fulfill our duty to protect the confidentiality and integrity of patient PHI as required by law and professional ethics. The information released will be limited to the minimum necessary to meet the requestor's needs. Whenever possible, de-identified information will be used.

### **PROCEDURE**

1. E-mail users will be set up with a unique identity complete with unique password and file access controls. Passwords and controls may not be shared with others.
2. E-mail users may not intercept, disclose or assist in intercepting and disclosing e-mail communications.
3. All emails related to the treatment of a patient will become part of the patient's health care record.
4. Patient-specific information regarding highly sensitive health information must not be sent via e-mail, even within the internal email system (i.e. information relating to AIDS/HIV, drug and alcohol abuse and psychotherapy notes).
5. Users will restrict their use of email for communicating normal business information such as information about general care and treatment of patients and operational and administrative matters, such as billing.
6. If the practice believes a patient may not be aware of the possible risks of using e-mail, (see the Patient Email Consent Form following this Policy), or has concerns about potential liability, the Practice will alert the patient of those risks, and let the patient decide whether to use e-mail communications.
7. Users should verify the accuracy of the email address before sending any PHI and, if possible, use email addresses loaded in the system address book.
8. PHI may be sent unprotected via e-mail within a properly secured, internal network of the organization. When sending PHI outside of this network, such as over the Internet, every effort will be made to secure the confidentiality and privacy of the information. Sample security measures include password protecting the document(s) being sent or encrypting the message.
9. All e-mail containing PHI will contain a confidentiality statement (see sample below), and be treated with the same level of confidentiality as any other PHI.
10. Users should exercise extreme caution when forwarding messages. Sensitive information, including patient information, must not be forwarded to any party outside the organization without using the same security safeguards as specified above.
11. Users should periodically purge e-mail messages that are no longer needed for business purposes, per the organization's Records Retention Policy.
12. Employee e-mail access privileges will be removed promptly following their departure from the practice.
13. Email messages, regardless of content, should not be considered secure and private. Employees should expect that email communications will be monitored by management.
14. Employees should use the organization's email account for business purposes only. The use of other email accounts for practice-related communication is not recommended.
15. The personal opinions of employees shall not be shared using the email system.
16. The amount of information in any email will be limited to the minimum necessary to meet the needs of the recipient.
17. Employees should immediately report any violations of this guideline to their supervisor, or Practice Privacy Officer.

### **Sample Confidentiality Statement**

The information contained in this e-mail is legally privileged and confidential information intended only for the use of the individual or entity to whom it is addressed. If the reader of this message is not the intended recipient, you are hereby notified that any viewing, dissemination, distribution, or copy of this e-mail message is strictly prohibited. If you have received and/or are viewing this e-mail in error, please immediately notify the sender by reply e-mail, and delete this e-mail from your system. Thank you.

## **Patient Email Consent Form**

Patient Name:

Date of Birth:

Email Address:

John Powers, DMD cannot guarantee, but will use reasonable means to maintain the security and confidentiality of email sent and received. We take appropriate precautions when transmitting email to avoid unintentional disclosures, such as verifying your e-mail address for accuracy before sending.

The Practice is not liable, however, for improper disclosure of confidential information that is not caused by our intentional misconduct. It is important for you to be aware of the inherent risks of sending and receiving confidential information by email before giving your consent.

### **The Risks of Using Email**

Transmitting patient information by email can be risky. Please consider the following possibilities before agreeing to communicate with us this way. Email messages can be intercepted, circulated, altered, forwarded, stored or used without authorization or detection, and in addition be:

- Misaddressed
- Easily falsified
- Used as evidence in court
- Ready by employers and online service providers
- Retained even after deletion
- Used to introduce viruses

### **Still Want To Use Email?**

If you want to use email to communicate with us we have some final instructions.

- We cannot guarantee your emails will be read promptly, so please do not use email for urgent matters.
- Be sure to follow-up with us by phone if you are expecting a return response from us and do not receive one within 2 business days.
- Please notify us promptly if your email address has changed.
- Be aware that most emails from patients become a part of their health record.
- Do not use email to share sensitive medical information, such as communications about AIDS/HIV or mental health conditions, sexually transmitted diseases or substance abuse.

I understand the risks associated with communicating by email between this Practice and me, and give my consent. If I have any questions, I will contact the Practice Privacy Officer.

**X**

Patient Signature

Print Name

Date

Distribution of Copies: Original to Patient's Health Care Record, Copy to Patient