E-MAIL COMMUNICATIONS BETWEEN UCMC PROVIDERS AND PATIENTS

The University of Chicago Medical Center (UCMC) supports the timely e-mail communication of protected health information (PHI) to promote patient health and safety and efficient customer service while balancing the need for patient privacy and confidentiality. As such, e-mail communication involving PHI is allowed only under specific circumstances, and shall occur according to UCMC guidelines.

At this time, UCMC does not have a secure e-mail messaging system for e-mail communication sent outside UCMC. E-mail sent via the Internet or other unsecure means can be intercepted and read by individuals other than the intended recipient. This poses a risk to our patients and UCMC. As a result, UCMC providers who wish to communicate with UCMC patients via e-mail shall follow specific guidelines – which include discussing with the patient the risks associated with unsecure e-mail communication and documenting his/her acceptance of the risks in writing.

Statement #1: If you choose to communicate with patients via e-mail, you must follow the below guidelines.

Statement #2: The UCMC guidelines titled "E-mail Communications: Including PHI in E-mail" (See link #1 on page 6) must also be followed when communicating via e-mail with patients.

GUIDELINES FOR SENDING PHI TO PATIENTS IN E-MAIL

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<th>#</th>
<th>Question</th>
<th>Answer</th>
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<tr>
<td>1.</td>
<td>Under what circumstances can I communicate with patients via e-mail?</td>
<td>Only if the patient or the patient’s representative requests it and the e-mail communication does not involve highly confidential information (see question #7). Only use your UCHospitals, BSD, or departmental e-mail address. Do not send PHI to or from your Hotmail, Yahoo, or other personal e-mail account.</td>
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<td>2.</td>
<td>How can the patient request that I can communicate with him/her via e-mail</td>
<td>The patient or the patient representative can make the request:</td>
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1. in person;
2. by phone; or
3. by e-mail.
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#### Question | Answer
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3. **What do I have to do before beginning an e-mail relationship with a patient?** | The recommended “best practice” is for the provider to:
1. Have a discussion with the patient on beginning the e-mail relationship;
2. Discuss with the patient the risks associated with not having a secure method of e-mail communication;
3. Ask the patient to write down his/her e-mail address;
4. Ask the patient to send the provider a “test” e-mail message; and

Alternatively, UCMC providers can:
1. Ask the patient to sign and return the “Patient-Provider E-mail Communication” Form (See link #2 on page 6) to them;
2. Verify the validity of the patient’s signature on the Form;
3. Ask the patient to send the provider a “test” e-mail message; and
4. Place the signed Form in the patient’s clinic medical record and send a copy of the form to HIM for filing in the patient’s “permanent” chart.

4. **Can I refuse to communicate with patients via e-mail?** | Yes. The UCMC provider reserves the right to deny a patient’s request to communicate with him/her via e-mail. For example, a patient’s request for e-mail communications may be denied by UCMC if a provider or staff member believes e-mail communication with the patient should not occur (e.g. is not in the patient’s best interest).

5. **Are there any special instructions for handling provider-patient e-mail messages for ensuring that they get in the patient’s medical record?** | Certain e-mail communications sent to a patient that contain PHI or other medical information must become part of the patient’s permanent medical record.

All provider generated clinical care email communications (see below for definition) must be cc’d to **HIM.Transcriptions@uchospitals.edu** (Medical Records) and contain the following patient identifiers in the body of the email:
1. Patient Name
2. Month and Year of Patient’s Birth (e.g. May 1968)
3. Medical Record Number

The above identifiers must be included in the email or the email will be sent back to the sender to provide HIM with the appropriate patient identifiers so that HIM can file the email in the correct patient chart.

- Clinical care communication involving treatment, care management, diagnosis, and medications should be filed in the patient’s medical record.
- Administrative communications (e.g., appointment reminders, billing inquiries, etc.) need not be filed in the patient’s medical record.
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<td>6</td>
<td>What should I do if I need to e-mail “highly confidential information?”</td>
<td>Avoid e-mail correspondence that involves Highly Confidential Information (HCI)*. Never initiate an e-mail discussion involving HCI. You may respond to a patient question initiated via e-mail about HCI. Use professional judgment about whether another form of communication is more appropriate (e.g., phone call, medical appointment). <strong>Highly Confidential Information is information related to:</strong> 1. Mental Illness or Developmental Disability 2. HIV/AIDS Testing or Treatment 3. Communicable Diseases 4. Venereal Disease(s) 5. Substance (i.e., alcohol or drug) Abuse 6. Abuse of an Adult with a Disability 7. Sexual Assault 8. Child Abuse and Neglect 9. Genetic Testing 10. Artificial Insemination, or 11. Domestic Violence.</td>
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<td>7</td>
<td>Are provider-patient email messages discoverable?</td>
<td>Yes. Email messages are considered part of the medical record, therefore are discoverable under the law.</td>
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<td>8</td>
<td>Do I need to use more than the UCMC approved standard privacy disclaimer when communicating with patients via e-mail?</td>
<td>In addition to the approved UCMC standard privacy disclaimer that is automatically attached to all outgoing e-mail messages, it is a good idea to add the following to the signature section of the email communication: <em>This electronic communication is sent in response to your request to provide you with health information by e-mail. Please note the following:</em> • This e-mail system is not encrypted, and therefore the information is not secured when sent via e-mail. • Unauthorized access to, or interception of, your medical information by others is possible. • If you share an e-mail account with family members, others may access your confidential information. • If you use your employer’s e-mail system, you should determine the security/ownership/privacy policy at your workplace. Your employer may have a legal right to your e-mail. • Do not use e-mail for discussion of sensitive or highly confidential issues; for example, mental health issues, etc. • Do not use e-mail for emergencies. • Allow at least 2 days for a response. • Please notify me, via e-mail, if your e-mail address changes.</td>
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| 9  | Can I communicate via e-mail with someone other than the patient?       | Yes. These guidelines also apply if the person seeking the PHI is not the patient, but is the patient representative or family member and is entitled under UCMC policy: Personal Representatives of Patients A05-30. (*See link #3 on page 6*) for more information. The provider shall verify that the individual requesting to communicate via e-mail is the patient’s personal representative (e.g. parent, guardian, healthcare power of attorney). This can be done by:   
1. The patient signing the “**Patient-Provider E-mail Communication**” Form (*See link #2 on page 6*) and indicating it is okay to communicate with the individual; or  
2. The provider obtaining documentation supporting the formal declaration of authority (e.g. court order, healthcare power of attorney). |
| 10 | What can I put in the subject line?                                     | Do not use the patient’s name, initials, or medical record number in the subject line of the e-mail. It is recommended that you put . . . “**Confidential: Doctor-Patient Information - For Authorized Individuals Only**” in the subject line so it is clear that the information is confidential and should be viewed only by authorized individuals. |
| 11 | How do I send to a patient a file with patient information/data (e.g. clinic note) via e-mail? | There is no “organizational wide” secure solution available at this time. However, you can contact the Chicago Biomedicine Information Services (CBIS) Department at 2-3456 or your Information Services Help Desk to get a secure file transfer solution (e.g. SFTP, VPN, Encryption). If the secure file transfer solution is not feasible, you can:  
1. Put the information/data on a CD, password protect the files, mail the CD, and then call the patient and provide the password (do not e-mail the password); or  
2. Print a hard copy of the information and mail it to the patient; or  
3. Fax the materials per the UCMC faxing guidelines (*See link #4 on page 6*). |
| 12 | Do I need to do anything to my e-mail if I will be out of the office (e.g. vacation, business travel, sickness) for any period of time? | Yes. Even if you have an “e-mail relationship” with only one patient, you should create an automatic “out of office” reply message saying that you will be out of the office until a specific date and state whether you will be checking e-mail during your absence. You should also note that if the sender is a patient, that he/she should contact an alternate number for immediate assistance or you will reply to his/her message when you return to the office. |
The following are situation based questions and answers to help you apply the guidelines.

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<td>Is there a UCMC patient consent form that we can use to document a patient’s acceptance of the risks associated with unsecure e-mail communication and not follow these guidelines?</td>
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<td>Does the patient have to sign the “Patient-Provider E-mail Communication of Clinical Information” Form with every provider the patient wishes to communicate with via e-mail?</td>
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<td>Can I communicate via e-mail with a patient who is also a UCMC employee and communicates using his/her UCMC e-mail address?</td>
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<td>Who should I contact to find out whether the email communications were incorporated into the patient’s permanent medical record?</td>
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Links Referenced in this Document

1. E-mail Communications Guidelines: Including PHI in E-mail
   http://hipaa.bsd.uchicago.edu/General_Email_Guidelines.pdf

2. Patient – Provider Email Correspondence Form
   http://hipaa.bsd.uchicago.edu/provider_patient_email_correspondence_form.pdf

3. UCMC Personal Representatives of Patients (A05-30/PC 76) Administrative Policy
   http://frontline.mcis.uchicago.edu/admin/hsp_pp.nsf/a02d2ea9a573214b86256d43006fe32f?OpenView

4. Faxing Patient Information Guidelines
   http://hipaa.bsd.uchicago.edu/quick_ref_guide_5.html