

UConn

Administrative Policy

2011-04 Electronic Communication of Confidential Data

Title	2011-04 Electronic Communication of Confidential Data
Policy Owner and Contact Information	Information Technology Security itsecurity@uchc.edu / UConn Health Service Desk 860-679-4400
Applies to	UConn Health Employees, Faculty, Students, Residents, Others
Campus Applicability	UConn Health
Effective Date	5/4/2020

PURPOSE:

To protect the confidentiality and privacy of all confidential data when transmitted in an electronic communication.

APPLIES TO:

This policy applies to all UConn Health Employees, Faculty, Students, Residents, or other affiliates who have access to UConn Health confidential data. This policy applies only to electronic communications in their electronic form. This policy does not apply to printed copies of electronic communications, or faxes.

DEFINITIONS:

Confidential Data – see UConn Health Policy [2002-43 Confidentiality](#)

Electronic Communication is any communication created, sent, forwarded, replied to, transmitted, stored, copied, downloaded, displayed, viewed, or read/received by means of electronic networks or computer systems, which may include, but is not limited to:

- Email
- Text (SMS, MMS) messaging
- Instant messaging
- File Transfer
- Cloud services
- Social networking
- Blogging
- Electronic bulletin boards, listservs, and newsgroups

Encryption means the use of a process, or software, which alters information using a code or mathematical algorithm so as to be unintelligible to unauthorized readers.

POLICY STATEMENT:

All electronic communications of Confidential Data must be encrypted using only UConn Health–approved electronic communication services and encryption technologies.

Confidential Data may not be shared on or posted to social networking sites, blogs, electronic bulletin boards, listservs, newsgroups or any other public electronic forum.

Electronic communication of Confidential Data shall be limited to the minimum necessary to accomplish the purpose of the disclosure. There is an exception to minimum necessary when the disclosure is for treatment purposes. Email communication of PHI will be consistent with these requirements.

PROCEDURES/FORMS:

Whenever sending email with PHI always confirm that the receiver has a need to know the information and is authorized to receive it.

When communicating with research participants Confidential Data should be hand delivered or mailed whenever possible.

Electronic communication of Confidential Data with patients should be done through the patient portal or be hand delivered or mailed whenever possible.

Misdirected email: In the event of a misdirected email whether internal or external, the sender shall attempt to re-contact the recipient to assure proper handling or disposal of the email. The sender shall report the misdirected email to the privacy office in accordance with the UConn Health [Policy #2003-09 Breaches of Privacy and Security of PHI](#)

Patient records: Email communication with patients may be considered treatment or advice that should be included in the patient's medical record if it adds substantive information to the medical record that will not be captured elsewhere. In these instances the email account holder must send it to the Health Information Management Department to be included in the medical record.

ONLY approved mechanisms may be used to transmit Confidential Data as an electronic communication. Information about approved technologies is available at <https://health.uconn.edu/information-technology/>.

You may send PHI by email to non-UConn Health clinicians or collaborators only if the information must be communicated in an urgent or timely manner.

REFERENCES:

[Guidelines for Outlook Email Encryption](#)

RELATED POLICIES:

[2019-01 UConn Health Acceptable Use](#)

[2011-03 UConn Health Information Security – Systems Access Control](#)

[2002-43 Confidentiality](#)

[2003-09 Breaches of Privacy Security of Protected Health Information \(PHI\) and confidential information](#)

[2014-09 Hand-Delivering and Mailing Paper Documents that Contain PHI](#)

ENFORCEMENT:

Violations of this policy or associated procedures may result in appropriate disciplinary measures in accordance with University By-Laws, General Rules of Conduct for All University Employees, applicable collective bargaining agreements, the University of Connecticut Student Code, other applicable University Policies, or as outlined in any procedures document related to this policy.

APPROVAL:

Andrew Agwunobi (Signed)
UConn Health Chief Executive Officer

May 22, 2020

Kiki Nissen (Signed)
Administrative Policy Committee Co-Chair

May 22, 2020

Janel Simpson (Signed)
Administrative Policy Committee Co-Chair

May 21, 2020

POLICY HISTORY:

New Policy Approved: 07/12/2011

Revisions: 02/17/15, 01/10/2017, 5/4/20