

# UConn HEALTH

POLICY NUMBER 2012-01

August 14, 2012

**POLICY: EMAIL COMMUNICATION WITH PATIENTS / RESEARCH PARTICIPANTS**

**PURPOSE:**

UConn Health recognizes that the use of electronic mail between clinicians and individual patients / research participants is a convenient communication tool.

To protect the confidentiality of protected health information (PHI) and ensure the appropriate use of email, this policy requires that email containing PHI be encrypted and further defines standards that should be adhered to when communicating with patients / research participants by email.

Email containing PHI must be treated with the same degree of privacy and confidentiality as the patient's medical/dental record.

**SCOPE:**

**Email communications with Correctional Managed Healthcare patients are not allowed under this policy.** This policy applies to all UConn Health employees, faculty, students, residents, or other affiliates who have been assigned UConn Health email accounts and use these accounts to communicate with patients, research participants or their family members directly. (Referred to as email account holders in this policy)

**DEFINITION:**

UConn Health email accounts are accounts assigned to and for use by UConn Health employees, faculty, students, residents, or other affiliates only. These accounts are the only secure accounts meant for use when emailing patients/ research participants.

**POLICY STATEMENT:**

1. Patient/research participant information should be hand delivered or mailed whenever possible. However, emailing information is allowable to facilitate research, treatment, payment and health care operations.
2. All email that is sent to patients/research participants must be encrypted. Steps to ensure encrypted email can be found in UConn Health Policy #[2011-04 Electronic Communication of UConn Health Confidential Data: Use of Email Encryption](#). (external parties is defined as parties outside of the UConn Health email network – any email address that does not end with uchc.edu)
3. Portions of medical records or research records must not be released/attached using email. Release of information from medical or research records must only be done in adherence with UConn Health Policy #[2003-16 Authorization for Release of Information](#).

4. For ease of patient email communication: Registration staff and any UMG /JDH staff making appointments or checking patients in will, with consent of the patient, enter or validate patient email address in IDX.
5. Email may be used in several ways:
  - a. Email account holders may respond to email inquiries from patients/research participants. It is assumed that the individual initiating the email correspondence is who they state they are. Email account holders must use caution in responding to email inquiries, recognizing the HIPAA limitations. The email account holder must always first assure the requesting party has the authorization to obtain PHI and then assure the PHI disclosed is limited to the purpose of the request. If the individual doesn't have the authority to obtain information, none should be provided. For patients, permission to communicate fields in IDX note those individuals who are allowed access to PHI.
  - b. Email account holders may initiate email communication with patients/research participants. For patients, an email account holder may look up an email address in IDX for purposes of communicating with the patient. The email account holder must keep in mind the authority of the person to have the information contained in the email communication.
  - c. A Patient Guide for email communications is provided as an addendum to this policy. It may be provided to patients/research subjects who are interested in communicating with their provider via email.
6. Misdirected email: In the event of a misdirected email whether internal or external, the sender should attempt to re-contact the recipient to assure proper handling or disposal of the email. The sender should report the misdirected email according to the UConn Health Policy #[2003-09 Breaches of Privacy and Security of PHI](#).
7. UConn Health employees may email PHI to other UConn Health employees. (UConn Health employees have email addresses that end in [uchc.edu](#))
8. In addition, the following are standards for email communication regarding patients / research participants:
  - a. Patient/research participants communication by email may be used only for non-emergency communication.
  - b. Email may not be used for HIPAA defined "marketing" efforts aimed at patients/human subjects. [see UConn Health Policy # [2003-05 HIPAA Marketing Compliance](#)]
    - UConn Health email users are prohibited from attaching drug company, vendor or other business web addresses to patient / research participant communications.
    - Health care information web sites may be referenced in email communications to patients / human subjects.

- c. HIPAA restricts PHI that is shared for payment and healthcare operations to be 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. Whenever sending email with PHI always confirm that the receiver has a need to know the information and is authorized to receive it.
- d. Due care is exercised in assuring that recipients are appropriate when addressing, replying and forwarding emails containing PHI. Be particularly sensitive to persons with the same last names/similar addresses.
- e. Records management:
  - Patient records: Email communication with patients may be considered treatment or advice and therefore may be included in the patient's medical record at the discretion of the email account holder if it adds substantive information to the medical record that will not be captured elsewhere. Therefore, in order for an email communication to become a part of the patient's permanent health record, the email account holder must print the email and send it to the Health Information Management Department for scanning into the medical record. These communications that are part of the legal medical record will be released as allowed by applicable law with any valid requests for copies of the patient's record.
  - Research Participant Records: For research participant's records that are kept as separate research only files, the Principal Investigator shall decide the mechanism to assure necessary emails become part of the research participant's record.
- f. Strict compliance with the Computer Use and Information Security policies is required when sending email messages using encryption technology. See UConn Health Policy #[2011-04 Electronic Communication of UConn Health Confidential Data: Use of Email Encryption](#).

References:

Policy #[2011-04 Electronic Communication of UConn Health Confidential Data: Use of Email Encryption](#) and [Addendum](#) to this policy

Policy #[2003-09 Breaches of Privacy Security of Protected Health Information \(PHI\) and Confidential Data](#)

Policy #[2003-31 Data Classification and Use Policy \(Privacy and Security of Electronic Information\)](#)

Policy #[2007-07 Information Technology Computer/Electronic Resource Use](#)

Policy #[2003-16 Authorization for Release of Information \(Privacy and Security of \(PHI\)\)](#)

AMA Guidelines for Physician-Patient Electronic Communications 5/16/03

Iris Mauriello (signed)

08/28/12

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**Iris Mauriello**  
**Privacy Officer**

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**Date**

Jonathan Carroll (signed)

08/22/12

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**Jonathan Carroll**  
**Information Security Officer**

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**Date**

Frank M. Torti (signed)

10/10/12

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**Frank M. Torti, M.D. M.P.H.**  
**Executive Vice President for Health Affairs**

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**Date**

**Revised: 02/14/12, 08/14/12**

Replaces:

Policy #2003-22 E-Mail: Use and Disclosure of Protected Health Information (Privacy and Security of Protected Health Information (PHI))

Policy #2004-01 Electronic Communication of Protected Health Information:  
Use of UCHC Secure Messaging Portal