

	<b>POLICY</b> Number: 7311-25-005 Title: Emailing Personal Health Information
Authorization <input type="checkbox"/> President and CEO <input checked="" type="checkbox"/> Vice President, Finance and Corporate Services	Source: Director, Enterprise Risk Management Cross Index: 7311-25-001 Date Approved: November 18, 2011 Date Revised: March 4, 2015 Date Effective: March 10, 2015 Date Reaffirmed: Scope: SHR and Affiliates

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## OVERVIEW

This policy supplements the provisions of Saskatoon Health Region's (SHR's) Email Acceptable Use policy by establishing special precautions that must be taken when staff transmits Personal Health Information (PHI) via electronic mail (email).

Email communication marks a radical shift from the traditional oral modes of communication between a patient/client/resident and their health care providers. Both patient/client/resident and providers need education in how to use this communication medium safely and effectively. Issues of privacy, confidentiality and security must be addressed to ensure the efficacy and effectiveness of email.

SHR's email system does not use encryption of any type on email messages being sent or received. The security of unencrypted email is low when outside the SHR firewall and email content can be inadvertently disclosed on the Internet or the sender or receiver's local computer.

## DEFINITIONS

**All staff** means SHR employees, practitioner staff, professional staff, affiliates, contractors, vendors, students and volunteers.

**Anonymous** means information without identifiers that cannot be used to identify the individual to whom it relates and cannot be linked to other information regarding the individual to whom it relates.

**External Use** means use of SHR email services to send or receive messages to or from users outside of our internal, secured email system (e.g. to/from the University of Saskatchewan, other government organizations, ministries, or health regions, other learning institutes, other hospitals, or private medical clinics).

**Personal Health Information (PHI)** means, with respect to an individual, whether living or deceased:

- information with respect to the physical or mental health of the individual;
- information with respect to any health service provided to the individual;
- information with respect to the donation by the individual of any body part or any bodily substance of the individual or information derived from the testing or examination of a body part or bodily substance of the individual;
- information that is collected:
  - in the course of providing health services to the individual; or
  - incidentally to the provision of health services to the individual; or
- registration information<sup>1</sup>

**SHR Email Address** means an email address that ends with '@saskatoonhealthregion.ca'.<sup>2</sup>

**SHR User** means a person with an active SHR User Account that allows access to the SHR computer network. A SHR User may include SHR employees, affiliate employees, physicians, other health care professionals, students, contractors, vendors and any other person who has been approved for an SHR User Account.

**Verbal consent** means the patient/client/resident has verbally consented to communicate via email. An SHR employee must have first explained all risks involved (see *Patient/Client/Resident Email Communications Question and Answer Fact Sheet – Appendix A*) and ensure the patient/ client/resident understands and accepts these risks.

**Written consent** means the patient/client/resident has read, signed, and returned a witnessed copy of the *SHR Patient/Client/Resident Email Communications Question and Answer Fact Sheet (Appendix A) and Consent Form (Appendix B)*.

Staff can download the most current copy of this form from the [Privacy InfoNet site](#).

Written record of consent must be kept on file so that it can be produced upon request.

## 1. PURPOSE

The purpose of this policy is to establish when and under what circumstances it is acceptable to send Personal Health Information (PHI) via email.

## 2. PRINCIPLES

**2.1** SHR has a legislative duty to protect personal health information.

**2.2** SHR supports communicating via email when this is the preferred method of communication by our patient/client/resident.

**2.3** SHR is not obligated to communicate PHI electronically.

## 3. POLICY

**3.1** All staff accessing the email system are required to adhere to all laws, including *The Local Authority Freedom of Information and Protection of Privacy Act (LA FOIP)*, *The Health Information Protection Act (HIPA)*, and any other applicable federal and/or provincial legislation

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<sup>1</sup> HIPA Section 2 (m)

<sup>2</sup> SHR Email Addresses are identified in the global address book with the suffix 'SktnHR'.

### 3.2 Internal Use

3.2.1 PHI may be sent via email between SHR Email Addresses of those individuals who require the information in order to provide or support the delivery of care.

### 3.3 External Use

3.3.1 It is strictly prohibited to send or forward email messages containing PHI to a non-SHR Email Address unless one of the following three conditions are met:

- A patient/client/resident has provided *written consent* (as defined by this policy) to communicate with an SHR User by email.
- The patient/client/resident can provide verbal consent to communicate via email only when it is not practical to obtain written consent.
- The email is required for **a one-time, emergency health purpose between care providers**. In such cases, the sender must ensure the information reached the intended recipient and is being handled with appropriate care (e.g. use read receipt under message options in Outlook).

3.3.2 Users may send email messages to external users containing anonymous patient/client/resident information without consent to support the purposes for which the information was collected.

### 3.4 Right of Refusal

3.4.1 SHR is not obligated to communicate via email if it involves PHI being sent to a non-SHR email address.

3.4.2 SHR users shall terminate or deny email communication with patient/client/residents who abuse email communication or fail to understand this medium's confidentiality or timeliness limitations, or who correspond via email in a manner that violates the provisions of this policy.

## 4. ROLES AND RESPONSIBILITIES

### 4.1 All Staff

4.1.1 Correspond via email containing PHI in accordance with this policy.

4.1.2 Provide the [SHR Patient/Client/Resident Email Fact Sheet and Consent Form](#) (see written consent) to patients/clients/residents who wish to communicate via email.

4.1.3 Obtain and document verbal consent from patients/client/residents wishing to communicate via email when obtaining written consent is not practical.

4.1.3 Report any suspected breach of this policy to their manager.

### 4.2 Directors/Supervisors/Managers

4.2.1 Provide assistance to staff in relation to this policy.

4.2.2 Ensure a consistent approach exists to deal with patient/client/resident requests for email communications.

4.2.3 Report breaches of this policy to the Privacy and Access Department.

4.2.4 Cooperate with any investigation resulting from a potential breach of this policy.

**5. POLICY MANAGEMENT**

The management of this policy including policy education, monitoring, implementation and amendment is the responsibility of the Director, Enterprise Risk Management.

**6. NON-COMPLIANCE/BREACH**

A violation of this policy may result in the suspension or permanent disabling of an SHR User's email account and/or disciplinary action up to and including termination of employment and/or privileges with SHR. Any person who knowingly contravenes HIPA may be subject to a fine of not more than \$50,000 and/or not more than one year of imprisonment.<sup>3</sup>

**7. REFERENCES**

[SHR's Information Technology Services Infonet Site](#) for FAQ's and Self Help on email.

*SHR Policy Privacy and Confidentiality*

*SHR Policy Retention of Personal Health Information*

*The Health Information Protection Act, Saskatchewan*

*The Local Authority Freedom of Information and Protection of Privacy Act, Saskatchewan*

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<sup>3</sup> HIPA Section s. 64

## PROCEDURE

Number: 7311-25-005

Title: Emailing Personal Health Information

### Authorization

- President and CEO  
 Vice President, Finance and Corporate Services

Source: Director, Enterprise Risk Management Cross Index:

Date Approved: November 18, 2011

Date Revised: March 4, 2015

Date Effective: March 10, 2015

Date Reaffirmed:

Scope: SHR and Affiliates

### 1. PURPOSE

The purpose of this procedure is to establish the process for emailing PHI and responding to patient/client/residents requests for correspondence via email.

### 2. PRINCIPLES

**2.1** Email transmission is not guaranteed to be secure or confidential. Further, there is no guarantee that email messages will be delivered in a timely manner (or even at all).

**2.2** Email is suitable for simple information and non-urgent requests, such as helping patient/client/resident manage preventive care (e.g. generic appointment reminders; reminders of impending flu vaccination; frequently used educational handouts, including pre- or post-operative instructions) or information that a patient/client/resident would normally have to commit to writing (e.g. addresses and telephone numbers of referral facilities).

**2.3** If the subject being addressed is likely to require several emails back and forth, it is best to advise the patient/client/resident to have a face-to-face or telephone consultation.

### 3. PROCEDURE

**3.1** Decide whether or not email is the appropriate medium for the type and level of detail being transmitted between care providers or between care providers and their patients/clients/residents.

**3.2** If a patient/client/resident initiates email communication, respond with a copy of the most current *SHR Patient/Client/Resident Email Communications Fact Sheet (Appendix A)* and *Consent Form (Appendix B)* and request the patient/client/resident complete the form.

**3.2.1** Written consent for communication of PHI by email is only applicable for SHR department(s) explicitly mentioned by name on the form and with the specific email addresses listed on the *SHR Patient/Client/Resident Email Communications Fact Sheet and Consent Form*. If in doubt if a consent form exists for their

- department, staff are responsible for obtaining proof of written consent again **before** sending PHI by email.
- 3.2.2 Store the SHR Patient/Client/Resident Email Communications Consent Form in his/her health record.
- 3.2.3 If unable to obtain written consent, verbal consent to communicate via email may be obtained until obtaining written consent is possible. Patient's/client's/resident's identification must be verified (e.g. verification questions) and he/she must have the risks explained to them for the consent to be valid. Verbal consent must be documented on the health record.
- 3.2.4 If in doubt about the legitimacy of an email query or the identity of the email correspondent, refer the patient/client/resident to a phone or in-person consultation.

**3.3** Exercise the following when sending PHI via email.

**Never** use email to communicate:

- With patient/client/resident when discussing sensitive information such as sexually transmitted diseases, mental health problems, drug treatment or alcohol-related disorders.
- Serious, urgent or time-critical medical issues like suffering from chest pain or severe low blood sugar levels.

**Always:**

- Consider if there is another more secure, reliable, or timely mechanism that can be used. When in doubt, revert to safer modes of communication. Email should *never* be considered a primary communication method between provider and patients/clients/residents – it is *in addition* to the many other communication options already available.
- Consider referring others to existing PHI *as stored within a SHR clinical application* rather than sending a copy of PHI via email. This ensures that the PHI kept more secure and the recipient of it is always making care decisions based on the most current information available.
- Obtain *consent* (see "Definitions", above) from patients/clients/residents who request to have their PHI emailed and explain the risks involved before sending PHI via email to that individual for the first time. Such risks include, but are not limited to: the open internet is not secure; accidental disclosure; deliberate interception.
- Double-check that the recipient's email address is correct.

If you have questions about including certain information in an email, contact the SHR Privacy and Access Department.

**3.4 Precautions for Sending PHI via Email**

- Keep a record of the patient/client/resident's health information or care decisions that are contained in an email by adding suitable notes to a SHR clinical application or printing the email and placing in the permanent record. Soft copy (electronic) copies of an email, when deemed necessary, should be stored in an organized manner on a network drive

- Emails containing PHI should be deleted from an individual SHR User's mail box immediately when the information is not required and/or once the email has been stored elsewhere (see above).
- Type "CONFIDENTIAL" or use the confidential flag and include the reason for the communication in the Subject line. Example: "Subject: CONFIDENTIAL – Lab Results".
- Limit, and where possible, avoid including PHI in the subject line.
- Use the appropriate SHR Confidentiality Disclaimer(s) on all emails. (See section 3.5, Confidentiality Disclaimer).
- Practice the principle of minimalism: only include the minimum amount of personal health information necessary to meet the recipient's needs.
- Although it is convenient to forward emails, it is not always appropriate.
- When using the "Reply" or "Reply to All" command during email correspondence, demonstrate particular care to ensure the recipients of the email are correct and that the recipients list is as small as possible
- When practical, send PHI via an encrypted or password-protected attachment rather than within the body of the email itself. Do not send the associated passwords via email.

### 3.5 Disclaimer

3.5.1 The following disclaimer must be used by all staff on all email messages. This disclaimer can be added to an SHR User's email 'signature' (refer to [ITS InfoNet site](#), "Self Help" section for email and how to add the disclaimer).

*This e-mail message may contain confidential and/or privileged information. It is intended only for the addressee(s). Any unauthorized disclosure is strictly prohibited. If you are not a named addressee you should not disseminate, distribute or copy this e-mail. Please notify the sender immediately by e-mail if you have received this e-mail by mistake and delete this e-mail from your system. E-mail transmissions cannot be guaranteed to be secure or error free as information could be intercepted, corrupted, destroyed, arrive late or incomplete, or contain viruses. The sender therefore does not accept any liability for errors or omissions in the contents of this message or any damages that arise as a result of e-mail transmissions.*

3.5.2 Add the following *additional* disclaimer to emails when communicating with patients/clients/residents.

*NEVER use email for communication of serious, urgent or time-critical medical issues like suffering from chest pain or severe low blood sugar levels. Although we strive to respond to email in a timely manner, we cannot guarantee receipt or processing of your email. In case of emergency, seek immediate medical assistance through a medical clinic, your family physician, and/or a hospital emergency department. NEVER use email when discussing sensitive information such as sexually transmitted diseases, mental health problems, drug treatment or alcohol-related disorders.*

### **3.6 Breaches**

- 3.6.1 All staff must immediately report to their manager incidents where they suspect that personal health information sent via email has been sent to the wrong recipient, sent externally without patient/client/resident consent or otherwise compromised. It is the manager's responsibility to contact SHR's Privacy and Access Department in order for privacy breach protocols to be implemented.
- 3.6.2 If you suspect that PHI is being sent by email in violation of the conditions of this policy, either as part of its everyday business processes or via a software application that your business unit uses, contact SHR's Privacy and Access Department.
- 3.6.3 If you receive an email in error, promptly notify the sender and delete the email, even if there is not a confidentiality disclaimer attached.

## **4. PROCEDURE MANAGEMENT**

The management of this procedure including procedures education, monitoring, implementation and amendment is the responsibility of the Director, Enterprise Risk Management.

## **5. NON-COMPLIANCE/BREACH**

A violation of this policy may result in the suspension or permanent disabling of an SHR User's email account and/or disciplinary action up to and including termination of employment and/or privileges with SHR. Any person who knowingly contravenes HIPA may be subject to a fine of not more than \$50,000 and/or not more than one year of imprisonment.<sup>4</sup>

## **6. REFERENCES**

SHR Policy *Privacy and Confidentiality*  
SHR Policy *Retention of Personal Health Information*

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<sup>4</sup> HIPA Section s. 64

## Patient/Client/Resident Email Communications

### Questions and Answer Fact Sheet

The following questions and answers are guidelines for utilizing email as a method of communication with your healthcare provider.

#### **What are my risks when using email?**

- Email transmission is not guaranteed to be secure or confidential; unauthorized individuals may be able to intercept, read and possibly modify e-mail you send or are sent by Saskatoon Health Region (SHR).
- Email may inadvertently be sent to wrong destinations or to the wrong individual.
- Employers may monitor email sent or received by employer-owned systems.
- Email can be used to spread viruses, some of which may cause unauthorized email distribution.
- Email can be forwarded without the authorization or detection of the source author.
- Shared family email accounts can jeopardize confidentiality.

#### **When is it okay for me to use email?**

Email should only be used for non-urgent issues such as routine enquiries or appointment information. **Never** use email for communication of serious, urgent or time-critical medical issues like suffering from chest pain or severe low blood sugar levels. We do not advise using email when discussing sensitive information such as sexually transmitted diseases, mental health problems, drug treatment or alcohol-related disorders.

#### **How should I format an email?**

- Type "CONFIDENTIAL" and the reason for the communication in the Subject line.  
Example: "Subject: CONFIDENTIAL – Medical Question"
- State your message simply and include the following:
  - your full name
  - telephone number (where we can reach you)

#### **How soon will I hear back from my provider?**

SHR health care providers will do their best to respond to email communications in a timely manner. If you don't hear back within a few days, please phone your SHR health care provider.

#### **How will the information in my emails be used?**

The information within your email may be shared with other SHR health care providers as part of your care team. SHR will not, however, share emails with third parties not involved with your care without your prior written consent, except as authorized or required by *The Health Information Protection Act (HIPA)*. Please keep in mind that all emails, sent or received, may become part of your health record.

#### **What should I do if I change my email address?**

You must notify your SHR health care provider as soon as possible to maintain confidentiality.

#### **Also...**

Instead of creating a new email, be sure to click **REPLY** when responding to an SHR email. This establishes an email trail that allows you and your SHR health care provider to track messages, as well as eliminates the need for entering the return email address, therefore reducing chances of entering an address incorrectly. For your own records, you may want to save copies of messages sent and received within your email program.

**\*\*If you have any questions or concerns, please contact your SHR health care provider\*\***



Patient/Client/Resident Email Communications Consent Form

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Patient/client/resident Name \_\_\_\_\_ HSN \_\_\_\_\_

Email address(es) \_\_\_\_\_

Home phone \_\_\_\_\_ Work phone \_\_\_\_\_

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I, \_\_\_\_\_, request and authorize \_\_\_\_\_ (department name), Saskatoon Health Region to communicate information with me or on my behalf regarding aspects of my healthcare through the above email address(es). My signature below denotes that I have read the document, *Patient/client/resident Email Communications – Question and Answer Fact Sheet*, and accept the risk of loss of privacy of confidential health information associated with email communication.

I agree that SHR shall not be liable for any type of damage or liability arising from or associated with the loss of confidentiality due to email communication that is not caused by the health care provider's intentional misconduct. I understand SHR will use reasonable means to protect the security and confidentiality of email information sent and received. However, because of the risks outlined in the *Question and Answer Fact Sheet*, SHR cannot guarantee the security and confidentiality of email communication. Further, I understand that SHR does not guarantee this means of communication will be free from technological difficulties including, but not limited to, loss of messages and delay of transmission.

This authorization for communication by means of email is valid until I notify the department listed above, in writing, that I no longer authorize the use of email to communicate information concerning my healthcare. I understand that information communicated by email may be retained within my health record. SHR also retains the right to terminate email as a communication option if it becomes burdensome or is used inappropriately.

Signature of Patient/Client/Resident/Substitute Decision Maker: \_\_\_\_\_

Date: \_\_\_\_\_

\* Retain copy in patient/client/resident's health record