

Institutional Handbook of Operating Procedures Policy 09.02.20	
Section: Clinical	Responsible Vice President: EVP & CEO Health System
Subject: Patient Records	Responsible Entity: Health Information Management (HIM)

I. Title

Physician-Patient Email Communication

II. Policy

UTMB recognizes that the use of electronic mail between clinicians and patients is a convenient and popular communication tool. UTMB does not want to undermine the effectiveness of email, but UTMB must ensure that certain parameters exist which protect the confidentiality of patients and insure the appropriate use of email.

When communicating electronically outside of the secure messaging function in MyChart, the following criteria must be adhered to when using email:

- All emails used to communicate between providers and patients must be in accordance with [IHOP - 02.19.07 – Use of Social Media](#), and this policy.
- Emails containing PHI must be treated with the same degree of privacy and confidentiality as the patient’s medical record.
- UTMB will make all email messages sent or received, concerning the treatment of a patient, part of the patient’s medical record. UTMB personnel may not send or forward any PHI outside the UTMB network (email ending @utmb.edu) via email, unless the communication is with the patient and the patient has signed the [Agreement for UTMB and Patient e-Communications](#). In some rare instances, exceptions will be granted by UTMB’s Privacy Officer or the Institutional Security Officer (ISO). The ISO may also be able to provide an encryption or VPN technological solution depending on who the recipient may be.
- When using email, UTMB personnel should limit the information transmitted to the minimum necessary to meet the requester’s needs and use de-identified PHI (See [IHOP Policy 6.2.29 De-Identification of PHI](#)) whenever applicable. However, these two requirements do not apply if the provider and the patient have signed the Agreement for UTMB and Patient e-Communication.

UTMB personnel shall not compile patient email addresses for marketing or fundraising purposes or supply patient email addresses to any third party for advertising, solicitations, or any other use. (See [IHOP Policy 6.2.17 Use and Disclosure of PHI for Marketing and Fundraising](#).)

Violation of this policy may result in disciplinary action up to and including termination of employment for employees; a termination of employment relationship in the case of contractors or consultants; or suspension or expulsion in the case of a student. Additionally, individuals may be subject to loss of access privileges and civil and/or criminal prosecution.

III. Prerequisites for Patient Email Communications

- Both the patient and the provider must agree to communicate via email on non-emergent and

non-urgent matters.

- Both the patient and the provider must complete the Agreement for UTMB and Patient e-Communications.
- Both the patient and the provider must respond to patient email only after the Agreement for UTMB and Patient e-Communication is signed.

A copy of the signed Agreement for UTMB and Patient e-Communications is given to the patient and the original is forwarded to Health Information Management (HIM) for filing in the medical record. The provider may also keep a copy of this agreement to verify the patient's identity.

- In order to establish the person requesting the treatment is in fact who the person claims to be, the provider must develop a list of all patients who have signed the Agreement for UTMB and Patient e-Communication. This list should include the patient's full name, the patient's Medical Record Number and the patient's email address. The attached [spreadsheet](#) can be used by providers.
- It is the responsibility of each UTMB faculty or staff member to make sure the patient has signed the Agreement for UTMB and Patient e-Communications before corresponding through email. If the agreement has not been signed allowing correspondence via email, UTMB personnel must have the patient sign an agreement before any further correspondence is initiated. To ensure compliance with the Texas State Board of Medical Examiner (TSBME) rules on physician-patient internet use it is imperative that UTMB physicians obtain this agreement prior to initiating email communications with patients. UTMB providers should make every attempt to respond to patient's emails within two business days, unless the individual is on leave and not in the office or the clinic.
- If an action is taken based upon an email from a patient, the provider must respond to the patient's email notifying them of the action taken. (For example, if the patient requests via email that they need a prescription refilled, the provider must contact the patient to let the patient know the prescription has been re-filled and it has been called into a pharmacy or the prescription can be picked up at the clinic.)
- UTMB will make all email messages sent or received, concerning the treatment of a patient, part of the patient's medical record. If the patient did not include their name and medical record number in the email and the provider responded, the provider or the provider's staff will be responsible for writing this information on the email if it has been printed or adding this information in the email electronically before forwarding the email to HIM for filing (either by mailing to Rt 0782 or forwarding the email to emailfiling.HIM@UTMB.edu)

IV. Record Management of Email Correspondence between UTMB Personnel and Patients

Emails between the provider and patient are to be stored in the medical record and these emails should be deleted from the provider's email account as required by and in accordance with the record retentions schedule.

V. Topics of Email Communication

Email communication should be used to address administrative issues, relay follow-up information, and answer questions following a face to face evaluation and consultation. Initial evaluation and diagnosis and topics of a sensitive nature should not be communicated through email. The health care provider should use "due care" in corresponding with the patient through email.

The following topics are considered appropriate for e-mail communication:

- Prescription refills
- General medical advice after an initial **face to face** visit
- Lab test results
- Appointment requests for non-urgent problems
- Simple treatment instructions
- Patient education to improve health literacy

Examples of inappropriate topics may include:

- Discussion of HIV status
- Worker's compensation claims
- Urgent matters are not appropriate for e-mail communication

VI. Composition of Email to Patients

Emails should be considered the same as a formal letter to the patient. Email communication lends itself to a sense of informal conversation; thus providers need to be aware of the tendency for informality which may be inappropriate.

All emails between providers and patients must include in the header or footer or at the end of the email, "To my patients, please note email is not necessarily confidential and should be used for routine matters only. Urgent or emergent issues should be handled by telephone. Emails may not be read in a timely manner if I am out of the office. **If you have not received a response within two (2) business days, please contact my office at [insert office number]."**

VII. Email Correspondence between Physicians

UTMB Physicians may email other UTMB physicians regarding patient matters if the email is sent within the UTMB system and the correspondence is an informal consultation. It is left up to the discretion of the provider initiating the informal consultation as to whether the email containing the informal consultation should be placed in the patient's medical record. However, formal consultations for a specific patient should be addressed using UTMB's Electronic Medical Record or the written consultation process. Lastly, UTMB physicians cannot use email for informal consultations with non-UTMB physicians, unless all patient identifiers have been removed and the information is de-identified. (See [IHOP Policy 6.2.29 De-Identification of PHI](#))

VIII. Responding to Unsolicited Emails

If UTMB personnel receives unsolicited email from a patient or a prospective patient and either does not have an Agreement for UTMB and Patient e-Communication in place or does not wish to communicate with the patient over email, the individual should respond to the patient with the following statement: "As a result of my concern for your well-being, please contact my office to schedule an appointment to discuss any and all issues regarding the state of your health. Either I do not respond to email communication at this time or I believe an office visit is the appropriate method to address your concerns. You may reach my office by contacting [insert office number]."

IX. Definitions

Electronic Mail System: Any computer software application that allows electronic mail to be communicated from one computing system to another.

Electronic Mail (email): Any message, image form, attachment, data, or other communication sent, received, or stored within an electronic mail system.

Protected Health Information (PHI): Individually identifiable health information transmitted or maintained in any form or medium, including oral, written, and electronic. Individually identifiable health information relates to 1) the past, present, or future physical or mental health, or condition of an individual; 2) provision of health care to an individual; or 3) past, present, or future payment for the provision of health care to an individual. Information is considered PHI where there is a reasonable basis to believe the information can be used to identify an individual. Demographic information on patients is also considered PHI.

Treatment: The provision, coordination, or management of health care related services by one or more health care providers, including the coordination or management of health care by a health care provider with a third party; consultation between health care providers relating to a patient; or for the referral of a patient for health care from one health care provider to another.

X. Relevant Federal and State Statutes

- [The Health Insurance Portability and Accountability Act of 1996, codified at 42 USC § 1320d through d-8 \(HIPAA\)](#)
- [45 CFR Part 164 \(HIPAA Privacy Regulations\)](#)
- [45 CFR Part 142 \(HIPAA Security Regulations\)](#)
- [22 TAC §§174.1-174.5](#) (The Texas State Board of Medical Examiners rules governing the use of the internet in the practice of medicine.)

XI. Related UTMB Policies and Procedures

- [IHOP - 02.19.06 - Information Resources](#)

XII. Dates Approved or Amended

<i>Originated: 09/14/04</i>	
<i>Reviewed with Changes</i>	<i>Reviewed without Changes</i>
12/21/07	10/18/2016
	09/09/2020

XIII. Contact Information

Health Information Management – 409-772-1918