

FNIHB-OR Nursing Policy and Procedure

Section:	Professional Nursing Practice	Policy Number:	II - 09
Subject:	Electronic Transmission of Health Information	Issued:	March 31, 2015
		Revised:	
Distribution:	All Nursing Facilities		

1. POLICY:

- 1.1 The security and confidentiality of health information transmitted via email and/or fax cannot be guaranteed, as messages can easily be misdirected to or intercepted by an unintended recipient. Health information may be transmitted electronically when alternate options are not available to appropriately and efficiently meet the client's needs.
- 1.2 The person transmitting health information electronically is responsible for protecting that information and must employ the security precautions outlined in this policy.
- 1.3 If a client chooses to communicate with the nurse via email, he/she must sign the *Health Care Provider – Client Email Communication Consent Form* (see Appendix B)

2. PRINCIPLES:

- 2.1 Faxes and emails present the opportunity for rapid and cost effective transmission of both written and graphic information which can facilitate health care in urgent or emergent situations. However, the mode of transmission also makes this information vulnerable to interception by non-authorized individuals, posing risk to the client's right to privacy.
- 2.2 Email messages containing client information are required to become part of the client's health record, as they can be subject to disclosure in legal proceedings if required.
- 2.3 The Information and Privacy Commissioner of Ontario recommends using a system that protects electronic communication of personal health information. Health Canada's IT policies support these recommendations by using encrypted software (e.g. Lotus Notes); case sensitive log-on and automatic log-off of computer systems when not in use; and secure passwords that require frequent changes.

3. DEFINITIONS:

- 3.1 **Health Information:** any identifiable individual's healthcare services related data.
- 3.2 **Nurse:** Refers to Registered Nurses, Nurse Practitioners and Registered Practical Nurses.

4. PROCEDURE:

- 4.1 Prior to sending any documents electronically, ensure the intended recipient has appropriate authorization to receive this information, as outlined in *FNIHB-OR Policy: Release of Information*. Only send information which is immediately necessary for the continuity of client care.
- 4.2 The FAX machine and printer is to be located in a secure area away from public access with relevant security features utilized (e.g. activity confirmation reports, and key locks).
- 4.3 All printed information must be retrieved immediately from the fax and/or printer.

Transmitting Health Information via Fax:

- 4.4 The sender of the information by fax is responsible for maintaining security of the health information by:
 - 4.4.1 Making a reasonable effort to notify the receiver that the information is being sent when it is not known if the receiving fax machine is in a secure location;
 - 4.4.2 Attaching a FAX coversheet which contains the following information:
 - a. Name, address and phone number of the sender;
 - b. Name, address and fax number of the intended recipient;
 - c. Number of pages transmitted; and
 - d. Standard confidentiality statement (see Appendix A).
 - 4.4.3 Verifying the fax number and/or the stored “distribution lists” are correct;
 - 4.4.4 Confirming successful transmission on the activity report;
 - 4.4.5 Shredding any discarded faxed information containing client identification that is not required for the client’s health record;
- 4.5 Faxed documents containing specific client information must become part of the client’s permanent record and, if relevant, can be subject to disclosure in legal proceedings. Faxed information should be written with this in mind.
- 4.6 Since the fax is an exact copy of the original documentation, additional notations may be made on the faxed copy that will be filed in the client’s health record. The additional notations must meet FNIHB-OR documentation standards and include date and signature.
- 4.7 When a physician’s order is received by fax, the nurse must verify the authenticity of the order.

Transmitting Health Information via Email:

- 4.8 Email communication should not be used to transmit complex or sensitive personal health information, as it may be intercepted by unauthorized persons.

- 4.9 The sender of the information by email is responsible for maintaining security of the health information by:
- 4.9.1 Verifying the intended recipient's email address prior to sending.
 - 4.9.2 Using a secure departmentally approved network (avoid wireless networks whenever possible) and secure email account (e.g. lotus notes) to transmit health information.
 - 4.9.3 Ensuring computers are not left unattended once logged onto a secure network; email accounts are not shared with others; and emails are not stored in remote areas (home computers, laptops).
 - 4.9.4 Avoiding group emails to clients unless the "blind copy" function is used.
 - 4.9.5 Including a confidentiality statement to each email sent (see Appendix C).
- 4.10 Written client consent must be obtained before forwarding an email, containing personal health information, outside of the client's circle of care.
- 4.11 If a physician's order is received by email, the nurse must confirm the authenticity of the orders.
- 4.12 Email signature blocks are to be incorporated into each email transmission and must adhere to the Government of Canada Treasury Board *Standard on Email Management*.

Nurse – Client Email Communication:

- 4.13 The procedures outlined in points 4.8 to 4.12 apply to nurse-client email communication.
- 4.14 Discuss with the client what he/she believes to be sensitive information and the types of personal health information they would like to transmit via email.
- 4.15 Client consent should be obtained prior to initiating email communication (see Appendix B: Health Care Provider – Client Email Consent Form). A copy of the consent is to be kept in the client's chart and a copy given to the client.
- 4.16 Clients need to be informed that a hard copy of the emails will be kept in their health record. Each email communication must be printed in full, meaning the full text of the client's queries and the provider's response(s).
- 4.17 When providing medical advice, such as the adjustment of a medication dose, a request receipt function should be selected to ensure the client received the instructions. As well, the nurse should also include a statement requesting the client send an email back stating they have received and understood the instructions.
- 4.18 Automatic out of office reply function is recommended to notify clients of your absence and whom to contact during that time frame.

5. RELATED POLICIES:

FNIHB-OR Policy: Release of Information
Health Canada Treasury Board. *Standard on Email Management*.

6. REFERENCES:

- Canadian Health Record Association's position paper *Transmission of Health Information by Facsimile (FAX)*.
- Canadian Medical Association. (2005). Physician guidelines for online communication with patients. CMPA Physician-Patient Email Communication Template Consent Form. Retrieved from https://oplfrpd5.cmpa-acpm.ca/documents/10179/25117/physician-patient_email_communication_form-e.pdf
- Canadian Nurses Association (2001). Privacy of Personal Health Information Position
- Canadian Nurses Protective Society. (2007). Quality Documentation: Your Best Defense. Info Law: A Legal Information Sheet for Nurses. Canadian Nurses Protective Society: Ottawa, ON
- College of Nurses of Ontario. (2009). Confidentiality and privacy-personal health information.
- College of Nurses of Ontario. (2009). Documentation, Revised 2008
- College of Nurses of Ontario. (2009). Telepractice
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- College of Nurses of Ontario. (2008). *Practice Standard: Documentation*. College of Nurses of Ontario: Toronto, ON.
- College of Registered Nurses of British Columbia (2013). Practice Support: Nursing Documentation
- Grenon, J. (2011). Nurse-Patient Email Communication: Comprehensive guidelines. Canadian Journal of Nursing Informatics: 5(4).
- Health Canada Treasury Board. *Standard on Email Management*.
- PHIPA. (2004). *Personal Health Information Protection Act*.

Approved by:	Effective Date: March 31, 2015
Director of Nursing, Ontario Region Date:	
Regional Executive, Ontario Region Date:	

Appendix B: Client Consent for Email Communication

Each Health Canada Fax Cover Sheet shall contain the following statement:

“The information in this facsimile is for the named recipient only; it may contain information that is privileged, confidential and exemption disclosure under applicable law. If the reader of this message is not the intended recipient or the employee responsible for delivering the message to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited. If you have received this communication in error, please notify us immediately by telephone and return the original to us at the above address by mail.”

Appendix B: Client Consent for Email Communication

Email offers an easy and convenient way for clients to communicate with their health care provider. But remember, there are also some risks that you need to be aware of. If you want to communicate with us through email, we ask you to carefully read this consent form and sign it below.

Risks with Using Email:

1. The privacy and security of email communication cannot be guaranteed.
2. Email can be forwarded, intercepted, circulated, stored or even changed without the knowledge or permission of the client or health care provider.
3. It is impossible to verify the sender, or to ensure only the recipient will read the email once it has been sent.
4. Our employer may have a legal right to inspect and keep emails that pass through their system.
5. Email is permanent. Even after the email has been deleted, backup copies may still exist.
6. Email can be used as evidence in court.
7. Emails can introduce viruses and potentially damage or disrupt the computer.

The Health Care Provider Responsibilities:

1. The health care provider will use reasonable means to protect the security and confidentiality of emails sent and received.
2. The health care provider uses email with encryption software for secure email communications

The Client Responsibilities:

1. The client must consent to the use of email for communicating personal health information.
2. The client will inform the health care provider of any changes in email address.
3. If the client chooses not to use encryption software for emails, he/she understands that this increases the risk of interception.
4. The client is responsible for informing the health care provider of any types of information he/she does not want to be sent by email. Such information that the client does not want communicated over email includes:

The client can add or modify this list at any time by notifying the health care provider in writing.

Conditions of Using Email:

1. E-mail can be helpful for asking simple, non-urgent questions that do not require a lot of discussion. For example, asking if an over the counter medicine is OK to take with your prescription medications, or asking for a prescription refill.
2. Do not use email for emergencies, time sensitive matters, or for communication regarding sensitive medical information. The client needs to contact the clinic directly under these conditions.
3. Email communication is not a substitute for clinical exams. The client is responsible for follow up on the health care provider's email and for scheduling appointments as needed.

Appendix B: Client Consent for Email Communication

4. Include the reason for the email in the subject line (e.g. prescription renewal); and the client's full name in the body of the email.
5. Emails concerning diagnosis, treatment or advice will be printed in full and made part of the client's health record.
6. Emails will not be forwarded to third parties without the client's written consent, except as authorized or required by law.
7. The health care provider will attempt to read and respond to an email in 2-3 business days. If a response has not been received after a reasonable amount of time, it is the client's responsibility to follow up to determine whether the intended recipient received the email and when the recipient will respond.

Client Acknowledgement and Agreement

I acknowledge that I have read and fully understand this consent form. I understand the risks associated with the communication of email between the health care provider and me, and consent to the conditions outlined herein, as well as any other instructions that the health care provider may impose to communicate with clients by email. I acknowledge the health care provider's right to, upon the provision of written notice; withdraw the option of communicating through email. Any questions I may have had were answered.

Patient Name:

Patient Email:

Patient Signature:

Date:

Witness Signature:

Date:

Adapted from CMPA

Appendix C: Email Disclaimer

EMAIL DISCLAIMER:

The information contained in this e-mail is confidential, privileged, or otherwise protected from disclosure. It is intended only for the use of the authorized individual as indicated in the e-mail. Any unauthorized disclosure, copying, distribution or taking of any action based on the contents of this material is strictly prohibited.

If you have received this e-mail in error, please delete it immediately.