

**University of Wisconsin
School of Medicine and Public Health
Department Family Medicine
Agreement for Using E-mail for Patient–Provider Communications**

Guidelines:

Messages directed to provider will be responded to within 5 business days. Messages may be viewed and/or responded to by clinic staff other than the provider. E-mail must not be used for urgent matters that would require a response in less than 5 business days, nor should it be used for life-threatening or serious life-altering matters. Messages from patient and replies from provider will be retained in the patient's medical record.

Examples of appropriate use:

- Names, phone numbers, addresses of other facilities/providers to which patient is referred
- Routine test results with interpretation and advice
- Instructions for taking medications, applying dressings
- Pre- and post-operative instructions
- Nutrition/diet advice
- Patient education - could contain links to educational materials and other resources
- Replacement for non-urgent telephone messages between patient and provider
- Requests for certain prescription refills
- Provision of provider requested patient status reports (i.e., reporting of blood pressure, weights, glucose levels, and other routinely monitored conditions)

Example of inappropriate use:

- Sensitive and highly confidential subjects (HIV results, drug & alcohol abuse, mental health, etc) should not be discussed via e-mail because of the potential for interception of the messages and the potential for transmission of messages to unintended recipients
- Urgent health matters
- Matters with serious consequences or very complicated explanations

Subject line of message should contain category of message:

- Prescriptions (for questions/refill requests)
- Status report (for provider-requested patient status reports – blood pressure, weights, glucose levels, etc.)
- Other (for categories not identified here)

Patient Specific Guidelines:

- If patient shares an email account with other family members, there is a risk of revealing confidential information
- If allowed to receive provider e-mail at work, patient should check with employer as to the security/ownership/privacy of that e-mail
- Patient will acknowledge receipt of provider e-mail, either with an automatic reply feature of e-mail (if applicable) or by sending a new message to provider with subject line “Received”
- Patients are requested to telephone office and/or schedule an appointment by telephone if they feel that

the e-mail response is insufficient or they have not received a response in 5 days and the matter is urgent

- In the body of the e-mail, patients will include their full name and birthdate
- Patient will categorize their message by indicating the nature of the e-mail in the Subject line (see above, "Subject Line of Message Should Contain Category of Message")

Provider specific guidelines:

- Never forward patient-identifiable information to a third party without the patient's expressed permission
- Do not share professional e-mail accounts with family members
- Provider must ensure that all messages, including those processed off-site, are included in the patient's medical record
- Double check all "To:", "CC:" and "BC:" fields prior to sending messages
- Use discreet subject headers for replying to messages or use the Reply feature of e-mail which retains the sender's original subject heading
- When a patient's request has been processed, a confirming message reply will be sent to the patient indicating that the requested action has been taken (prescription refill called in to "X" pharmacy; records transferred to requested party, etc.).
- Provider may need to discourage the use of e-mail as a substitute for clinical examination

I have read and have had the opportunity to discuss these guidelines with my provider. I choose to send and receive non-urgent medical communications via my e-mail address. If I want to discontinue this method of communication, I understand that I need to notify my provider. The provider may choose to discontinue e-mail as a means of communication with the patient and would notify the patient of such.

At this time, no email encryption is implemented from the provider. There is a risk of messages being intercepted on the Internet. Patient is responsible for security at their end.

Print Patient Full Name and Date of Birth

Print Patient's E-Mail Address

Patient's Signature

Date

Print Provider's E-mail Address

Provider's Signature

Date

Revised and approved by DFM Clinical Care Committee, 5/22/2007
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