

## TITLE

**EMAILING PERSONAL IDENTIFIABLE HEALTH INFORMATION**SCOPE

Provincial

## DOCUMENT #

1113-01

## APPROVAL AUTHORITY

Corporate Services Executive Committee

## INITIAL EFFECTIVE DATE

July 8, 2016

## SPONSOR

Information &amp; Privacy / Information Technology / Health Information Management / Health Professions Strategy &amp; Practice

## REVISION EFFECTIVE DATE

October 16, 2019

## PARENT DOCUMENT TITLE, TYPE AND NUMBER

Transmission of Information by Facsimile and Electronic Mail Policy (#1113)

## SCHEDULED REVIEW DATE

October 16, 2022

**NOTE:** The first appearance of terms in bold in the body of this document (except titles) are defined terms – please refer to the Definitions section.

If you have any questions or comments regarding the information in this document, please contact the Policy & Forms Department at [policy@ahs.ca](mailto:policy@ahs.ca). The Policy & Forms website is the official source of current approved policies, procedures, directives, standards, protocols and guidelines.

**OBJECTIVES**

- To outline the appropriate use of email for transmitting personal identifiable **health information** to/from **patients**, and between **health care providers** with either an **internal** or **external email account**.
- To support the expected InfoCare behaviours of **AHS people** when handling information and to meet AHS' legal obligations as a public body holding personal information and as a custodian of health information.

**APPLICABILITY**

Compliance with this document is required by all Alberta Health Services employees, members of the medical and midwifery staffs, Students, Volunteers, and other persons acting on behalf of Alberta Health Services (including contracted service providers as necessary).

**ELEMENTS****1. Transmission of Health Information by Email**

- 1.1 **Transmission** of personal identifiable health information by email must be in accordance with the *Health Information Act* (Alberta) (HIA), professional standards and rules, the *Transmission of Information by Facsimile and Electronic Mail* Policy, this Procedure, and other applicable AHS policies and procedures.

- 1.2 Email transmission of personal identifiable health information being initiated by AHS people must originate from an AHS email address unless otherwise authorized by Information Risk Management.
- 1.3 AHS people shall use email encryption and Information Technology (IT) security processes before transmitting personal identifiable health information to an external email account.
- 1.4 AHS people who send health information to the wrong recipient shall:
  - a) contact the recipient and ask that they delete the email immediately (including from their deleted email folder);
  - b) record any corrective action taken; and
  - c) immediately report the event to the AHS Information & Privacy Department as a potential privacy **breach** using the *Privacy Breach Notification Form*.

## 2. Requirements for Emails Containing Health Information

- 2.1 Transferring personal identifiable health information by email carries significant risks including but not limited to breach of privacy, authentication of the recipient, delay delivering the information to the recipient, or delay with the recipient receiving the information, and delays in documenting the content on the **health record**.
- 2.2 Transferring personal identifiable health information by email may be acceptable in some circumstances, but since there are considerable risks as outlined in this Procedure, other means of the recipient obtaining this information must be considered first, including but not limited to, phoning, faxing, mailing or handing the information in person. Examples of acceptable circumstances may include situations where a patient can only be contacted by email because there is no phone number or permanent address, or where a health care provider is not on site to provide continuation of care in a timeframe that would otherwise jeopardize patient care and safety and where conventional emergency methods such as telephone contact or fax is not available or convenient. The added risk of using email must be weighed against convenience and preference. In addition, email can only be used once the patient has given permission in accordance with Section 3 or where the health care providers have agreed to use email for the specific patient (Section 5).
- 2.3 Only the least amount of information necessary shall be transferred by email.
- 2.4 The email subject line may provide general detail regarding the purpose of the email, but must not disclose any personal identifiable health information (including the patient's name or personal health number). Personal identifiable health information shall be placed in the body of the email, or as part of an attachment. Information required to positively identify a patient, including the

patient's first and last name, and personal health number (PHN), must be placed in the email body and/or attachment (if applicable).

- 2.5 AHS people must identify themselves in all emails containing personal identifiable health information, including replies, by attaching their email **signature block**.
- 2.6 Email communication containing personal identifiable health information shall be related to the need to transmit the health information and is to be limited to the one patient the email was intended for or about.
- 2.7 AHS people shall, when appropriate in the circumstances, ensure that the recipient of an email containing personal identifiable health information has read and received the message by asking for confirmation of receipt and if the message was understood (see Leading Practice User Guide Section 3.2.3).
- 2.8 Forwarding and replying to emails containing personal identifiable health information must adhere to the same requirement set out in this Procedure.

### 3. Emailing Health Information to a Patient

- 3.1 For the purposes of Section 3, email transmission of personal identifiable health information to a patient's **alternate decision-maker** may occur in the same manner as direct email transmission with a patient.
- 3.2 The AHS person sending the personal identifiable health information must have an existing professional relationship with the patient before email communication may occur except when the email communication is strictly for access and disclosure purposes (see Section 4) or for the escalation of a patient concern in accordance with the *Patient Concerns Resolution Process* Policy and procedure. This Procedure does not cover communication with prospective patients (no prior relationship exists) or virtual patients (only online relationship exists).
- 3.3 Email transmission of personal identifiable health information to a patient shall only occur with the patient's permission. The patient's permission shall be obtained and documented in the health record. The AHS person shall periodically make sure that the patient still wishes to receive health information and the type of health information agreed upon through email.
  - a) If the patient's email is shared with or accessible by other individuals (e.g., family members, employers), the patient is to be made aware of the risks associated with others viewing the email.
  - b) Patients shall be made aware that email communication with health professionals must never be used for emergency health care or advice or whenever an immediate response is required.
- 3.4 The patient shall be made aware of the benefits and risks of transmitting health information by email.

- 3.5 Email communication with patients does not replace the need for in-person consultation, communication, or treatment (including teleconference and TeleHealth) when standards of practice or standards of care reflect that this should be done in person. Patient care shall not be adversely affected because of a patient's refusal to communicate by email.
- 3.6 Email communication to patients may be used for:
- a) administrative activities (e.g. appointment booking/confirmation, billing, form distribution);
  - b) addressing patient concerns in accordance with the *Patient Concerns Resolution Process Policy* and procedure;
  - c) education and health promotion;
  - d) patient care information or instructions that do not require direct interaction, such as in-person or by phone but could be reasonably shared indirectly; and
  - e) research purposes in accordance with the *Research Information Management* policy.
- 3.7 Prior to the first email transmission, the AHS person transmitting the personal identifiable health information must make sure that they have the correct patient and email address for the patient by sending a verification email to the email address provided by the patient.

#### 4. Access and Disclosure

- 4.1 Requests for access to personal identifiable health information that are requested to be sent by email are to be managed by the access and disclosure processes under the HIA, *Collection, Access, Use, and Disclosure of Information Policy*, and applicable Health Information Management governance documentation.
- 4.2 Email communication with patient's family and/or legal representative must be in accordance with the *Collection, Access, Use, and Disclosure of Information Policy*.

#### 5. Emailing Health Information to another Health Care Provider

- 5.1 Generally, email transmission of personal identifiable health information between health care providers should only occur as a last resort and only with prior permission and agreement between the health care providers with respect to the use of email for health information. All health care providers' permissions should be obtained and documented on the health record. A valid secure email address needs to be obtained and verified before personal identifiable health information is transmitted externally. All confidentiality, privacy & security as well as documentation standards and email lifecycle processes must be adhered to.

Health care providers must decide, considering the risks associated with transmission of personal identifiable health information by email, if email is an appropriate way to transmit the intended personal identifiable health information.

5.2 **Orders** shall not be transmitted by email to health care providers.

**Exception:** Hand-signed, scanned medication orders/**prescriptions** (new, refills, or changes) may be transmitted from an **internal email account** to health care providers with an internal email account. All requirements of the *Medication Orders Policy* and associated procedures shall be met.

## 6. Documenting Emailed Health Information

6.1 Documentation of the email transmission of health information is to be documented, stored, managed, and disposed of in accordance with the *Records Management Policy* the *Records Retention Schedule* and its associated procedures.

6.2 Personal identifiable health information transmitted by email that would normally be included in the health record if delivered by another written or verbal medium is to be included in the health record by either including a printout of the email and associated attachments whenever possible, or, if not possible, transcribing the relevant information as a narrative summary into the health record. If the printed email is filed on the health record, the provider indicates date/time of filing and signs the notation as per standard process. The printed email is appropriately identified by placing an addressograph/identification label.

6.3 **Transitory records** and information not relevant to the patient's care are not to be filed in the health record.

6.4 An email containing personal identifiable health information shall be deleted from an AHS representative's email account (including the "Deleted Items" folder), in accordance with the *Records Management Policy* after the email's contents have been added to the health record.

## DEFINITIONS

**AHS people** means Alberta Health Services employees, members of the medical and midwifery staffs, Students, Volunteers, and other persons acting on behalf of AHS (including contracted service providers as necessary).

**Alternate decision-maker** means a person who is authorized to make decisions with or on behalf of the patient. These may include, specific decision-maker, a minor's legal representative, a guardian, a 'nearest relative' in accordance with the *Mental Health Act* (Alberta), an agent in accordance with a Personal Directive, or a person designated in accordance with the *Human Tissue and Organ Donation Act* (Alberta).

**Breach** means a failure to observe security or privacy processes, procedures or policies, whether deliberate or accidental, which results in the information being viewed, or having the potential to be, accessed, used, transmitted or held by unauthorized persons.

**External email account** means an email account without an AHS email address or not verified as secure by the Information Risk Management in accordance with the *Transmission of Information by Facsimile and Electronic Mail Policy*.

**Health care provider** means any person who provides goods or services to a patient, inclusive of health care professionals, staff, Students, Volunteers, and other persons acting on behalf of or in conjunction with AHS.

**Health information** means one or both of the following:

- a) diagnostic, treatment and care information; and
- b) registration information (e.g., demographics, residency, health services eligibility, or billing).

**Health record** means the collection of all records documenting individually identifying health information in relation to a single person.

**Internal email account** means an email account with an AHS email address or an email account that has been verified as secure by the Information Risk Management in accordance with the *Transmission of Information by Facsimile and Electronic Mail Policy*.

**Order** means a direction given by a regulated health care professional to carry out specific activity(-ies) as part of the diagnostic and/or therapeutic care and treatment to the benefit of a patient. An order may be written (including handwritten and or electronic), verbal, by telephone or facsimile.

**Patient** means all persons, inclusive of residents and clients, who receive or have requested health care or services from Alberta Health Services and its health care providers. Patient also means, where applicable:

- a) a co-decision-maker with the person; or
- b) an alternate decision-maker on behalf of the person.

**Prescription** means an order, given to the patient by an authorized prescriber, directing that a stated amount of medication, or mixture of medications, or medical device or service specified therein be dispensed or provided for use by the patient named in the order.

**Signature block** means an individual's name, title, credentials, and contact information that is added to the end of an email. A signature block is not an electronic/digital signature.

**Transitory Record** means records that do not need to be retained to meet operational, legal, regulatory, fiscal or other requirements. Transitory records do not document client care, document a decision or transaction, support business activities, provide evidence of compliance

with legislative requirement, nor have future business, financial, legal, research or archival value to AHS (See the *Transitory Records Procedure*).

**Transmission** means the sending of information (including files and images) using electronic means such as fax, email, or other technologies.

**REFERENCES**

- Appendix A: *Transmission of Health Information by Email*
- Appendix B: *Requirements for Emails Containing Health Information*
- Alberta Health Services Governance Documents:
  - *Collection, Access, Use, and Disclosure of Information Policy* (#1112)
  - *Individually Identifying Information Policy* (#1174)
  - *Information Classification Policy* (#1142)
  - *Legal Hold Procedure* (#1133-04)
  - *Medication Orders Policy* (#PS-93)
  - *Official Records Destruction Procedure* (#1133-02)
  - *Patient Concerns Resolution Process Policy* (#PRR-02)
  - *Privacy Protection and Information Access Policy* (#1177)
  - *Records Management Policy* (#1133)
  - *Records Retention Schedule* (#1133-01)
  - *Research Information Management Policy* (#1146)
  - *Transitory Records Procedure* (#1133-03)
  - *Transmission of Information by Facsimile or Electronic Mail Policy* (#1113)
- Alberta Health Services Forms:
  - *Privacy Breach Notification Form* (#09579)
- Alberta Health Services Resources:
  - Access & Disclosure (Health Information Management): [disclosure@ahs.ca](mailto:disclosure@ahs.ca)
  - *Emailing Personal Identifiable Health Information Leading Practice User Guide*
  - *Guide to Email Encryption*
  - Information and Privacy: [privacy@ahs.ca](mailto:privacy@ahs.ca)
  - Whistleblower Line (Confidential): 1-800-661-9675
- Non-Alberta Health Services Documents:
  - *Communicating with patients via email: Know the risks* (Office of the Information and Privacy Commissioner of Alberta)
  - *Health Information Act* (Alberta)

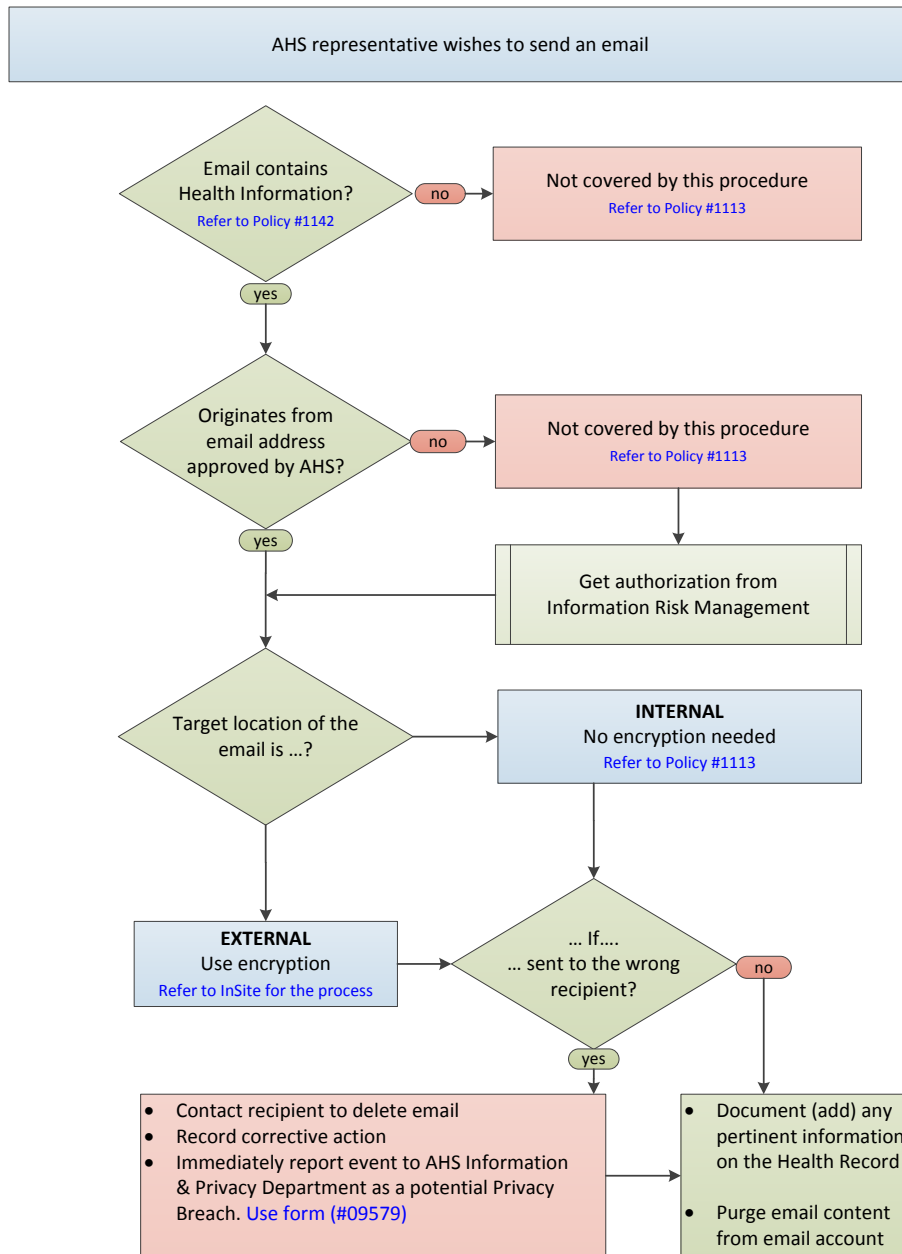
**VERSION HISTORY**

Date	Action Taken
October 16, 2019	Revised
<a href="#">Click here to enter a date</a>	Optional: Choose an item

**APPENDIX A**



**Procedure – Emailing Health Information**  
 Transmission of Health Information by Email



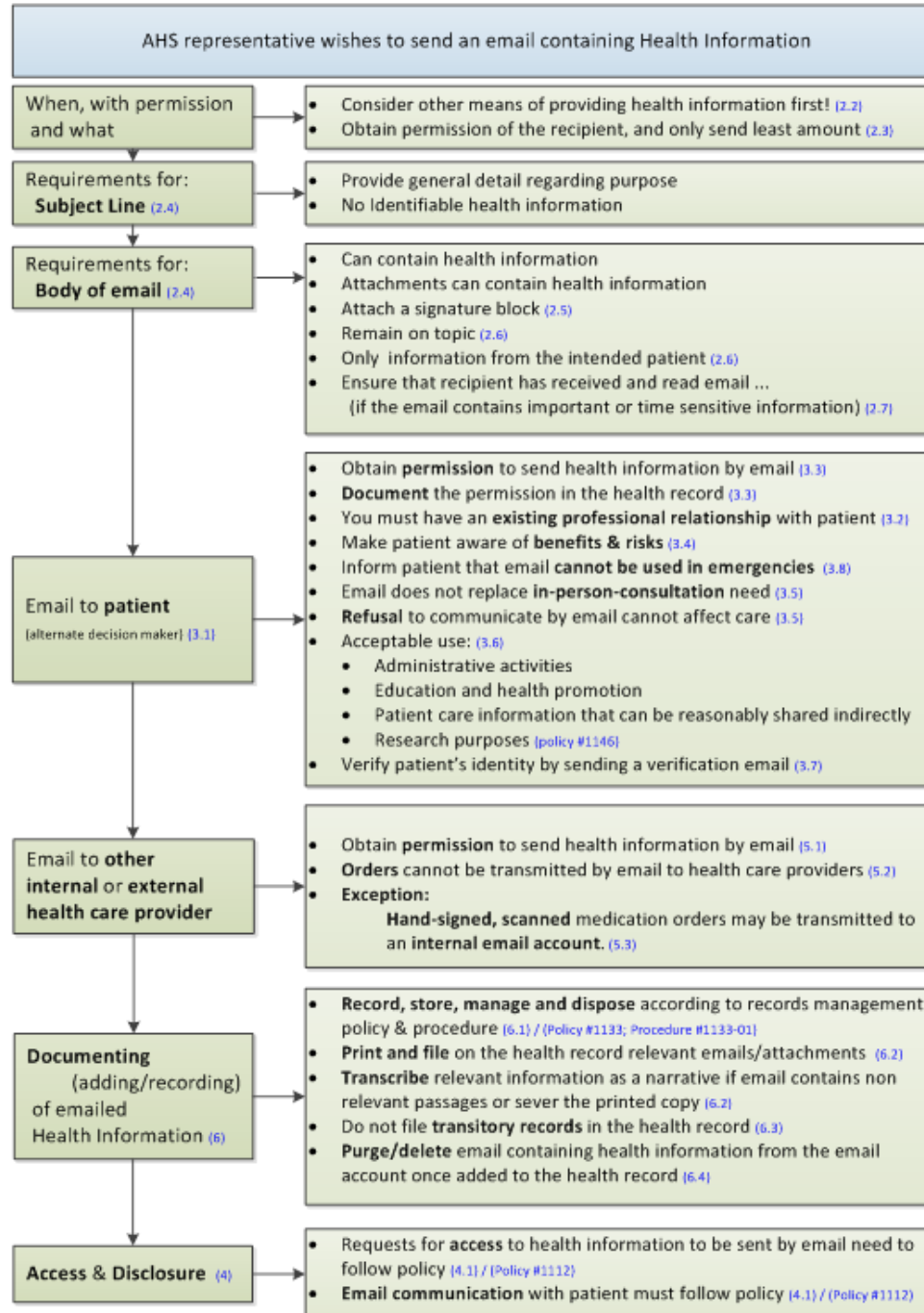
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APPENDIX B



Procedure – Emailing Health Information  
Requirements for Emails containing Health Information



Last updated 27 Nov 2015