

Telephone and E-mail Communication: Securing Patient Privacy

While telephone and e-mail facilitate contact with patients, they also may jeopardize privacy. To safeguard patients' protected health information (PHI), it is necessary to develop and implement written policies addressing the appropriate and secure use of these basic communication tools. This edition of *inBrief*[®] presents a range of strategies to reduce liability exposure associated with patient interaction via telephone and e-mail.

Parameters of Use

Telephone and electronic communication is most suitable for brief exchanges involving minimally sensitive information, such as appointment reminders, benefit and billing inquiries, non-urgent medical advice, and normal laboratory results and follow-up.

The consent form presented at the initial patient visit should outline the expectations, risks and limitations of your organization's e-mail and telephone advice practices. Once signed, the authorization should be inserted in or attached to the patient care record. Patients must provide additional written authorization to receive and exchange PHI electronically and/or by telephone.

Security Guidelines

The two key risk management principles when communicating electronically or by telephone are to ensure *security of transmitted information* and *privacy of content*. The following measures can help staff members reduce e-mail risks:

- **Avoid patient identifiers in the subject heading**, such as the patient's name or medical record number.
- **Include a privacy notice with all e-mails** stating that the communication is confidential and contains information protected by the provider-patient privilege.
- **Limit unsecured messaging to notification of services**, such as educational programs and community health clinic offerings.
- **Never send blind copies or group e-mails** where other names are visible to recipients.
- **Rely on a centralized patient e-mail database** to prevent distribution errors and duplications, and do not use personal e-mail accounts.
- **Retain the original e-mail message in the electronic patient care record when replying**, and include a confirmation receipt request.
- **Transmit through an approved and secure server**, using tested encryption technology.

Security provisions when communicating by telephone include the following:

- **Designate a telephone conversation area** located away from patient care or waiting areas to ensure privacy.
- **Use landlines when possible**, and inform patients that cellular telephone messages may be intercepted.
- **Never leave sensitive information** – such as test results or medical advice – on an answering machine, in a voice-mail message or with an answering service.
- **Update patient telephone numbers** (as well as e-mail addresses) on a regular basis.

Security and privacy policies should adhere to the parameters of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Security Rule, which is available at http://www.cms.hhs.gov/SecurityStandard/02_Regulations.asp#TopOfPage.

Staff Training and Monitoring

Telephone and e-mail exchanges tend to be less systematic than face-to-face interviews, increasing the possibility of misdiagnosis. It is therefore necessary to train staff in interviewing techniques, as well as selecting and applying advice protocols. Training should focus on eliciting information to rule out potentially hidden conditions, especially those related to the head, chest and respiratory system.

By observing telephone and electronic interactions through your quality improvement program, you can ensure that staff members are routinely capturing the following minimum clinical data:

- aggravating/relieving factors
- allergies
- current medication use
- pregnancy status
- previous medical and surgical history
- recent injury, illness or infection
- psycho-social history
- symptoms of chief complaint and history of onset

All patient interactions involving description of symptoms should be conducted by clinical professionals, with physician supervision readily available.

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Advice Protocols

Most patient telephone calls – and an increasing number of e-mails – result in self-care treatment within the parameters of advice protocols. The goal of such protocols is to enhance clinicians' ability to gather accurate information and provide safe, effective and consistent treatment recommendations that incorporate current medical knowledge. The following safeguards can help limit liability linked to advice protocols:

- **Advise callers to seek medical attention if symptoms worsen** or fail to improve within 24 hours, and refer them to an emergency department when indicated.
- **Establish parameters for symptoms necessitating a return call** by the patient and/or healthcare provider.
- **Provide a physician for staff consultation** during any form of telephone or electronic assessment.
- **Require physicians to sign off on all protocols** before they are implemented.
- **Review protocols annually** and maintain discontinued ones in a secure location.
- **Securely fax or e-mail patients a health information sheet** following any protocol-based discussion.
- **Use a checklist format for protocols** to enable thorough, consistent documentation.

Documentation

Electronic patient communication is subject to the same documentation and retention requirements as other media. E-mails can easily be attached to an electronic medical record. If your facility relies upon paper records, print out e-mails and file them in the record as progress notes.

Unlike self-documented e-mails, telephone messages must be written down after the discussion and placed in the progress notes section of the patient care record. Preprinted telephone logs should be used to document

- date and time of correspondence
- patient's name and age
- identity of the caller/sender when different from the patient's
- chief complaint or concern
- brief history and assessment
- advice protocol used
- name and signature of responding staff member
- necessary follow-up, such as a required return call

In addition, develop a documentation format for telephone responses to e-mails and e-mail responses to telephone discussions.

Special Situations

Establish formal policies and procedures designed to prevent miscommunication and reduce risk in the following circumstances:

Prescription requests. Any request for prescriptions or refills must be approved by a physician or other provider with prescriptive authority and documented in the patient's healthcare record. Remind staff to document chronic conditions, recent surgeries, medications, allergies and pregnancy status. Record all fax or telephone contacts with retail pharmacies, as well as the amount of medication ordered and dispensed, and whether a physical examination is required before additional refills are approved.

Laboratory results. Many states prohibit use of e-mail to convey certain laboratory results, including sexually transmitted diseases, the presence of a malignancy, and mental health and drug abuse issues. If e-mail notification is appropriate, thoroughly document all transmissions, noting whether the patient was advised to seek medical attention or take specific action.

Urgent and non-urgent requests. Set realistic expectations among patients regarding response times for e-mail and telephone requests. Emergency situations, however communicated, are always highest priority. Non-urgent inquiries can be treated flexibly, e.g., by returning calls at the end of the day and responding to e-mails within one or more business days.

Out-of-office communication. Always alert patients to current and anticipated absences by utilizing your e-mail system's out-of-office function. When using an automatic call distribution system, state the hours of operation and advise patients to call 911 for any emergency. Also, provide an after-hours contact number.

Resources

- *E-mail as a Provider-Patient Electronic Communication Medium and Its Impact on the Electronic Record*, prepared by the American Health Information Management Association at www.ahima.org. (Click on HIM Resources, then Practice Briefs, then Privacy, Confidentiality, and Security.)
- "Risks and Strategies Related to Effective Telephone Communication," part of the *Physician Office Risk Management Tool Kit*. Available from the American Society for Healthcare Risk Management at www.ashrm.org.

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