



You've Got Mail!

What Family Physicians Should Know Before Hitting “Send”

- 1) **Q. What legal risks could family physicians face when emailing their patients?**
A. Physicians could face liability around confidentiality, privacy and security, timeliness of responses, and clarity of communication.¹
- 2) **Q. What resources/tools are available to family physicians?**
A. Information and templates are available by visiting the [Canadian Medical Protective Association \(CMPA\)](#), your provincial [statutory](#) and [regulatory](#) authorities.
- 3) **Q. What can family physicians do to ensure privacy and security?**
A. Let your patients know what information will or could be emailed, to whom, and by what system (open vs secure, etc). Advise them how emails will be handled by your practice and who may be contacting them. When forwarding emails, assure your patients that no independent third parties will be involved without their written consent. Make sure the names and email addresses in the address lines are accurate and use the Bcc field for addressing messages to ensure confidentiality. Always remember, when using third-party emails in hospitals, clinics, and other organizations, you are at risk of these parties accessing your email communications. If using free email and other Internet services (public forums), make sure they have secure online protection. When emailing sensitive information using mobile electronic devices (laptops), consider encrypting your emails. Ensure that patients realize that no email is secure, unless sent through a secured or encrypted process. Develop a policy outlining what type of information is appropriate to communicate via email and what is not.¹
- 4) **Q. Is email a good method of exchanging time-sensitive information?**
A. No, not always. Emails can arrive hours or even days after the message is sent¹ and the receiving party may not review incoming messages in a timely manner.
- 5) **Q. What can family physicians do about timeliness issues of email communication?**
A. Let your patients and other health care providers know your turnaround time for received messages and what to do in the event that symptoms worsen or there is a delay in email responses. Inform patients it is their responsibility to follow up on all email communications. Triage your emails and designate turnaround times; alternatively, you could use an automatic reply feature to acknowledge receipt of all emails received.¹
- 6) **Q. Do emails clearly convey intended messages?**
A. No, not always. Emails are text-based and rely on the writing skills of the sender.¹
- 7) **Q. What precautions should family physicians consider to ensure clarity of communication with email?**
A. Your patients will likely not know acronyms or medical terms and might not understand that common terms could have medical meaning. If possible, avoid using these terms altogether or take the time to elaborate on their meaning. Try to reduce the chance of comments being taken out of context by wording your emails carefully; avoid angry and sarcastic comments, harsh criticism, gratuitous comments, and libelous references. Patients should be aware that their emails will be part of their medical charts.¹



- 8) **Q. Should family physicians obtain written consent from patients to take part in email communication?**
A. Yes. Encourage patients to sign [consent forms](#) indicating that they have reviewed and accept the risks associated with email communication.¹
- 9) **Q. What should family physicians include in a protocol that outlines online communication with patients?**
A. According to *Guidelines for online communication with patients approved by the CMA*,² protocol should cover the following:
- Purposes for which the office uses online communications
 - The online physician–patient relationship
 - Responses to patient enquiries, managing expectations
 - Conditions for patient use of online communications
 - Who has access to patient enquiries
 - Rules for retention and organization of these communications
 - Type and quality of information provided to patients
 - Rules for privacy, confidentiality, and security
 - Specific jurisdictional provisions and requirements

Tools from AAFP

The American Academy of Family Physicians (AAFP) has various [tools](#) to help physicians determine whether their practice is ready to communicate with patients via email from assessing readiness to developing email policies.

Remuneration

Remuneration for email communications will vary by provincial jurisdiction, payment model, and condition (eg, certain fees in the chronic disease management [CDM] payment models in British Columbia include pay options for email communication).

References:

1. The Canadian Medical Protective Association. Using email communication with your patients: legal risks. Ottawa, ON: The Canadian Medical Protective Association; 2009. Available from: http://www.cmpa-acpm.ca/cmpapd04/docs/resource_files/infosheets/2005/com_is0586-e.cfm. Accessed 2011 May 17.
2. Rich P. Guidelines for online communication with patients approved by the CMA . Ottawa, ON: Canadian Medical Association; 2005. Available from : http://www.cma.ca/index.php?ci_id=10018561&la_id=1. Accessed 2011 May 17.