UNT SYSTEM POLICY TEMPLATE

(to be used by the UNT System and its component institutions)

Policies of the University of North Texas Health Science Center	**Chapter 04 - Administration**
04.307 Protected Health Information Electronic Communications	

Policy Statement.

The UNT Health Science Center complies with the Health Insurance Portability and Accountability Act (HIPAA) privacy and security standards regarding use and disclosure of Protected Health Information through electronic communications.

All supervisors, faculty, staff and students are responsible for complying with this policy. All supervisors are responsible for enforcing this policy. Individuals who violate this policy will be subject to the appropriate and applicable disciplinary process, up to and including termination or dismissal.

1.All electronic communications containing PHI must be in accordance with this policy.

2.Electronic communications containing PHI must be treated with the same degree of privacy and confidentiality as the patient's medical record.

3.External electronic communication messages containing PHI are only permitted to be sent to third parties when specifically authorized by the patient and if the electronic communication meets the other requirements of this policy.

4.Patient authorization is not required to exchange internal electronic communication that contains PHI as long as the internal electronic communication is for treatment, payment, or health care operations and complies with the other requirements of this policy.

5.In general, electronic communications should be used to address administrative issues, relay follow-up information, and answer questions following a face-to-face evaluation and consultation. Initial evaluation, diagnosis and matters of a sensitive nature are not appropriate topics to be communicated through electronic communications. The health care provider should use discretion in corresponding with the patient through electronic communication for treatment.

6.The following are examples of topics which are appropriate for electronic communication: Prescriptions/refills, general medical advice after an initial face-to-face visit, follow-up on patient status after an office visit and lab test results.

7.Examples of inappropriate topics include: Discussion of HIV status, mental health problems, substance abuse (drug and alcohol), and sexually-transmitted diseases. Any topic that contains "sensitive information", and urgent and emergent issues are not appropriate for electronic communication.

8.Texas State Board of Medical Examiners Rules Chapter 174.4(e) provides that:

a.Medical records must include copies of all patient-related electronic communications, including patient-physician e-mail, prescriptions, laboratory and test results, evaluations and consultations, records of past care and instructions.

b.Notice of privacy practices related to the use of e-mail must be filed in the medical records.

9. Ensure University-wide compliance with Human Resources policies and determines what training is required to ensure knowledge of appropriate policies.

10. Obtain feedback from University clients on use and application of Human Resources policies.

Determine any forms required to be created and/or maintained by the Human Resources Department to comply with Human Resources policies

Application of Policy.

This policy applies equally to all individuals granted access privileges to any University of North Texas Health Science Center at Fort Worth (UNTHSC) information resource with the capacity to send, receive, or store electronic communications.

Definitions.

1. Credentialed providers. "Credentialed providers" are any pPhysicians, nurse practitioners, physican assistants, and other credentialed health care providers.
2. Electronic Communications. "Electronic communications" means aAny form of email or facsimile communication as defined herein.
3. Electronic Mail System. Any "Electronic Mail System" means any computer software application that allows electronic mail to be communicated from one computing system to another.
4. Electronic Mail (email). A"Electronic Mail (email) means any message, image form, attachment, data, or other communication sent, received, or stored within an electronic email system.
5. External Email. **"**External Email" means any communications sent outside the UNTHSC network (i.e., email communications to an address other than one with hsc.unt.edu).
6. Internal Email. **"Internal** Email" means any email communications exchanged within the UNTHSC network (i.e., email communication to an address with hsc.unt.edu).
7. Facsimile (Fax). An "Facsimile (Fax)" means any image or document that is transmitted in digitized electronic form over telephone/computer lines and reproduced in its original form on the receiving end.
8. Protected Health Information (PHI). "Protected Health Information (PHI)" means any iIndividually identifiable health information transmitted or maintained in any form or medium, including oral, written, and electronic. Individually identifiable health information relates to an individual's health status or condition, furnishing health services to an individual or paying or administering health care benefits to an individual that is created or received by the health care provider. Information is considered PHI where there is a reasonable basis to believe the information can be used to identify an individual.
9. Treatment. **"**Treatment" means the provision, coordination, or management of health care related services by one or more health care providers, including the coordination or management of health care by a health care provider with a third party; consultation

between health care providers relating to a patient; or for the referral of a patient for health care from one health care provider to another.

10. Health Care Operations. R"Health Care Operations" refers to the following activities of the covered entity to the extent that the activities are related to covered functions, and any of the following activities of an organized health care arrangement in which the covered entity participates in conducting quality assessment and improvement activities, review of competence or qualifications of health care professionals, legal services, business planning, business management, customer service, and resolution of internal grievances.
11. Payment. T" Payment" refers to the activities undertaken by a health care provider to obtain reimbursement, billing, claims management, collection activities, review of health care services with respect to medical necessity, disclosure to consumer reporting agencies, and utilization review activities.
12. Provider. For purposes of this policy, the "Pprovider" is the health care provider allowed by this policy to exchange PHI via electronic mail within the parameters of this policy.

Procedures and Responsibilities.

Responsibility. All supervisors, faculty, staff and students are responsible for complying with this policy. All supervisors are responsible for enforcing this policy. Individuals who violate this policy will be subject to the appropriate and applicable disciplinary process, up to and including termination or dismissal.

11.All electronic communications containing PHI must be in accordance with this policy.

12.Electronic communications containing PHI must be treated with the same degree of privacy and confidentiality as the patient's medical record.

13.External electronic communication messages containing PHI are only permitted to be sent to third parties when specifically authorized by the patient and if the electronic communication meets the other requirements of this policy.

14.Patient authorization is not required to exchange internal electronic communication that contains PHI as long as the internal electronic communication is for treatment, payment, or health care operations and complies with the other requirements of this policy.

15.In general, electronic communications should be used to address administrative issues, relay follow-up information, and answer questions following a face-to-face evaluation and consultation. Initial evaluation, diagnosis and matters of a sensitive nature are not appropriate topics to be communicated through electronic communications. The health care provider should use discretion in corresponding with the patient through electronic communication for treatment.

16.The following are examples of topics which are appropriate for electronic communication: Prescriptions/refills, general medical advice after an initial face-to-face visit, follow-up on patient status after an office visit and lab test results.

17.Examples of inappropriate topics include: Discussion of HIV status, mental health problems, substance abuse (drug and alcohol), and sexually-transmitted diseases. Any topic that contains "sensitive information", and urgent and emergent issues are not appropriate for electronic communication.

18.Texas State Board of Medical Examiners Rules Chapter 174.4(e) provides that:

a.Medical records must include copies of all patient-related electronic communications, including patient-physician e-mail, prescriptions, laboratory and test results, evaluations and consultations, records of past care and instructions.

b.Notice of privacy practices related to the use of e-mail must be filed in the medical records.

Responsible Party: Associate Vice President of Human Resources.

19.Ensure University-wide compliance with Human Resources policies and determines what training is required to ensure knowledge of appropriate policies.

20.Obtain feedback from University clients on use and application of Human Resources policies.

21.Determine any forms required to be created and/or maintained by the Human Resources Department to comply with Human Resources policies.

Procedure/Duty.

1. Both the patient and the provider MUST agree to communicate via electronic communications on non-emergent and non-urgent matters. The patient or authorized representative should complete the University of North Texas Health Science Center at
Fort Worth Patient Electronic Communications Authorization Agreement before corresponding by electronic communication. If the University of North Texas Health Science Center at Fort Worth Patient Electronic Communications Authorization
Agreement has not been signed allowing correspondence via electronic communication, UNT Health personnel should have the patient sign an agreement before any electronic communication is initiated.

   Responsible Party: Patients, Patients' authorized representatives, Credentialed Providers, UNT Health Personnel

2. A copy of the signed University of
North Texas Health Science Center at Fort Worth Patient Electronic Communications Authorization Agreement should be given to the patient and the original should be forwarded to the appropriate medical records custodian for filing in the patient's
medical record. The staff member witnessing the patient's signed

   authorization should verify the patient's correct e-mail address as it is written on the release by verbally repeating it back to the patient.

   Responsible Party: Patients, Patients' authorized representatives, Credentialed providers, UNT Health Personnel

3. The authority to send external electronic communication which contains PHI to patients or outside health care providers is limited to credentialed providers, such as faculty members, nurse practitioners, physician assistants, etc. The credentialed

provider may appropriately delegate electronically communicated PHI to clinic or office staff, such as emailing or faxing a clinical report to an outside physician or an office appointment to a patient if other requirements of this policy are met. Other staff, such as billing staff, are allowed to email or fax PHI if authorized by the department administrator or chairman and if the other requirements of this policy are met.

Responsible Party: Credentialed providers

4. Students are not allowed to send external electronic communications containing PHI to patients or outside health care providers under any circumstances. Students are allowed to send internal electronic communications containing PHI under the

direction of the supervising faculty member and if the other requirements of this policy are met.

Responsible Party: Students, Faculty members

5. Electronic communications should be considered the same as a formal letter to the patient. In accordance with TSBME Rule 174.4(2) physicians who use the Internet must ensure prior to providing treatment, including the issuing of prescriptions, that a
proper physician-patient relationship is established that at a minimum includes the following:

a. establishing that the person requesting the treatment is in fact who the person claims to be;

b. establishing a diagnosis through the use of acceptable medical practices such as
patient history, mental status examination, physical examination, and appropriate diagnostic and laboratory testing to establish diagnoses and identify underlying conditions and/or contraindications to treatment recommended/provided;

c. discussing with the patient the diagnosis and the evidence for it, the risks and benefits of various treatment options; and
d. ensuring the availability of the physician or coverage of the patient for appropriate follow-up care.

Responsible Party: Physicians

6. All PHI exchanged via electronic communication should be maintained in a private and confidential manner. When using any PHI in electronic communication UNT Health personnel and students shall limit the information exchanged to the minimum necessary to meet the requestor's needs and use de-identified health information whenever possible.

Responsible Party: UNT Health Personnel, Students

7. All physicians that use telemedicine medical services in their practices shall adopt protocols to prevent fraud and abuse through the use of telemedicine medical services. These standards must be consistent with those established by the
Health and Human Services Commission pursuant to §531.02161 of the Government Code

and UNTHSC Computer Resources Security Policy.

Responsible Party: Physicians

8. Patients are free to e-mail their health care provider at any time. The health care provider or UNTHSC personnel should respond to a patient's electronic communication within two to three business days, unless the individual is on leave and not in the office or in the clinic, in which case an automated "out of office" response should be placed on providers email box and a designated clinic staff member should respond to faxes, as appropriate.

   Responsible Party: Patients, Health care providers, Clinic staff members

9. If an action is taken based upon an electronic communication from a patient, the health care provider or UNT Health personnel should respond to the patient's electronic communication notifying them of the action taken.

   Responsible Party: Health care providers, UNT health personnel

10. Health care providers should ensure that language used in electronic communications with patients is clear, concise and professional. The following are guidelines for electronic communications:

1. Include a clear and specific subject line starting with "CONFIDENTIAL" Example: "CONFIDENTIAL – prescription refill"
2. Edit any quoted text down to the minimum needed
3. Review the final draft before sending
4. Evaluate how the recipient might react to the message
5. Check spelling and grammar
6. Refrain from using ALL CAPS in electronic communication as it is normally perceived as direction, stern emphasis, or dictatorial
7. Use caution in the amount and type of information written in an electronic communication
8. Assume the electronic communication is not secure, and information in electronic communication is always at risk
9. When in doubt about the content of the electronic communication or the possible reaction of the recipient, call the patient rather than communicate by electronic means.

   Responsible Party: Health care providers

11. Health care providers should attach a header to every electronic communication exchanged stating the following: *"TO MY PATIENTS: You must provide me with written authorization before I can communicate with you via electronic communication.(e-mail or fax). If you have not signed an authorization form, please contact my office, and we will send you the form. Please note UNTHSC cannot and does not guarantee the privacy or security of any message being sent over the internet. Electronic communication is not necessarily confidential and should be used for routine matters only.* ***If you have an Urgent or Emergent issue, please go to your nearest emergency department for evaluation or call 911. Electronic communication may not be read in a timely manner if I am out of the office."***

Responsible Party: Health care providers, Patients

12. In addition, UNT Health providers and staff must include a standard confidentiality statement as a footer on all outgoing electronic Patient Health Information (PHI) communication, " **The information in this electronic communication (email and/or fax)**

may be confidential. This electronic communication is intended to be reviewed only by the individual or organization named above. If you are not the intended recipient or an authorized representative of the intended recipient, you are hereby notified that any review, dissemination, or copying of this electronic communication and its attachments, if any, or the information contained herein is prohibited. If you have
received this electronic communication in error, please immediately notify the sender by telephone or other appropriate means. If sent via computer, delete the communication from your system. Thank you."

Responsible Party: UNT Health Personnel

13. All All UNT Health Personnel will ensure that all UNTHSC- originated facsimile transmissions MUST have a cover sheet that includes the confidentiality statement.

Responsible Party: UNT Health Personnel

14. A provider who sends or receives electronic communication messages, concerning the treatment of or health education for a patient, is responsible for printing a copy of the electronic communication message and forwarding same to the medical record custodian to file in the patient's medical record.

Responsible Party: Credentialed providers

15. If UNT Health personnel receive unwanted electronic communication from a patient or a prospective patient and either does not have a UNTHSC Electronic Communications Authorization Agreement in place or does not wish to communicate with the patient by electronic communication, the individual should respond to the individual with the following statement as appropriate: ***"As a result of my concern for your well being,***

please contact my office to schedule an appointment to discuss any and all issues regarding the state of your health. Either I do not respond to electronic communications (email and/or fax) at this time or I believe an office visit is the appropriate method to address your concerns. You may reach my office at XXX-XXX-XXXX."

Responsible Party: UNT Health Personnel

16. All external disclosures of PHI should be in compliance with the UNT Health privacy practices and policies addressing use and disclosure of PHI, including accounting for disclosures. When disclosing PHI through electronic communication to a third party, all UNT Health Personnel
the release must be documented and accounted for the release as outlined in UNTHSC privacy practices and policies.

Responsible Party: UNT Health Personnel

17. UNT Health personnel shall not compile patient email addresses for marketing or fundraising purposes or supply patient email addresses to any third party for advertising, solicitations, or any other use.

Responsible Party: UNT Health Personnel

References and Cross-references.

Health Insurance Portability and Accountability Act (HIPAA)

Texas State Board of Medical Examiners Rules Chapter 174.4(e)
US Government Code §531.02161

UNTHSC Computer Resources Security Policy

Forms and Tools. (optional)

The University of North Texas Health Science Center at Fort Worth

Patient Electronic Communication Authorization Agreement

The University of North Texas Health Science Center at Fort Worth (UNTHSC) offers patients the ability to communicate with its health care providers via electronic communication (email and/or fax) for **NON-URGENT** matters. Both you, the patient, and your provider have to agree to this arrangement. **No information is ever sent electronically to you without the permission of you or your legally authorized representative.**

If you have an email address or fax number and would like to take advantage of this service, please discuss your wishes with your health care provider first. Some providers do not communicate with their patients electronically. Others may ask an associate such as a nurse or billing person to contact you, based on your electronic communication.

Electronic communication may be used to request information and ask non-urgent questions. It should NOT be used in emergencies. If you are experiencing a sudden or severe change in your health, or otherwise need an immediate response, please go to your nearest emergency department for evaluation.

Electronic communication may be appropriately used to send protected personal health information to: (1) You, for your personal use, (2) consulting physicians involved in your care, (3) assisted living centers, home health agencies, or nursing homes involved in your care, (4) pharmacies to refill prescriptions, (5) hospitals providing you care and services, (6) physical therapists and other allied health personnel involved in your care, or (7) family members involved in your care and approved by you to receive this information.

UNTHSC may forward electronic communication as appropriate for diagnosis, treatment, and other related reasons. As such, UNTHSC staff, other than your provider, may have access to electronic communication you send. Such access will only be permitted in order to provide service to you. Otherwise UNTHSC will not forward electronic communication to any independent third parties without your prior written authorization, except as authorized or required by law. Electronic communication will be documented in your medical record by filing a paper copy in your medical record.

If a provider agrees to exchange electronic communication with you, please observe the following:

1. When sending electronic communication to your provider please be sure to include your full name and your date of birth in every electronic communication message that you send to your provider. The subject line should include the purpose of the electronic communication, for example: "***CONFIDENTIAL - Prescription Refill Request***."

2. When you receive a message from your provider containing medical advice, please acknowledge the message by sending a brief reply to the provider. If an email message is returned because of a "bad address" please make sure that you entered the complete address as it was given to you. If you are sure that you entered the address the provider gave you, please call the provider's office and make sure you have the correct email address and the computer system is functioning properly. If a health care provider does not answer your electronic communication within two-to-three business days, contact the office by telephone.

3. Do not use electronic communication to send or request very sensitive information. This includes personal information you do not want other people to know about.

D. <u>UNTHSC cannot and does not guarantee the privacy or security of any messages being sent</u>

<u>over the Internet</u>.

Any email messages sent between UNTHSC and anyone outside is exchanged over the Internet. There is potential that email sent over the Internet can be intercepted, and read by others. If this is of concern to you, you should**not** communicate with your health care provider by email.

E. UNTHSC may choose to stop electronic communication at any time

Authorization to use Electronic Communication:

1. **I have been informed of and understand the risks, benefits, and procedures involved with using electronic communication (email and/or fax) to communicate with my provider.**

2. **I agree to the terms listed on this form and hereby voluntarily request, consent to, and authorize the use of electronic communication (email and/or fax) as one form of communication with my physician and his/her associates.**

3. **I also agree that the UNTHSC and its faculty and staff shall not be liable for any type of damage or liability arising from or associated with the loss of confidentiality due to electronic communication (email and/or fax).**

4. **I understand that UNTHSC cannot and does not guarantee the use of this means of communication will be free from technological difficulties including, but not limited to, loss of messages.**

Patient/Representative Signature: Date:

Print Name/Relationship:

Witness: Date:

Provider email address: Office Number: ( )

Print Patient email address:

You will be given a copy of this signed form to keep for your records.

Approved: August 2005

Effective: August 2005

Revised: