Computer networking has greatly expanded our ability to access and exchange information, requiring more vigilant efforts and more secure safeguards to protect confidential information. When corresponding with each other via e-mail, dissemination may well negate any legal protection such documents might have, even if they were sent to an attorney, and may arguably constitute a breach of patient confidentiality.

We advise that you refrain from addressing quality review, confidential medical and/or claim or lawsuit related issues via e-mail. When there are such issues to be addressed, we ask that you do so through your division administrator, department head, and others in the chain of command.

**Patient/Family Communication by E-Mail**

Many patients and physicians are interested in using e-mail as a two-way communication or tool for information regarding their healthcare. There are privacy limitations. The physician has a duty to maintain confidentiality and therefore take precautions to unauthorized viewers. E-mails from patients should not be misdirected, forwarded to a third party, or used in any marketing project.

E-mails create a record of consultation and are part of the medical record. They are discoverable, even if deleted. The wording should be objective and accurate. E-mails can facilitate decision making in that they provide effective use of pharmaceutical intervention, and assist in determining the emotional state of the patient.

Prior to using e-mail with a patient, you should discuss e-mail and obtain their written consent. The consent should contain the following information:

- Types of transactions available by e-mail (i.e. patient education, prescription refills, appointment scheduling.)
- Privacy and technology issues. Identify who in the physician’s office will have access to the e-mail. If the patient is using their employer’s e-mail address, their employer will have access to the e-mail. The patient and physician should exchange e-mail addresses.
- Response time and emergencies. Explain an expected turnaround time (how often you review) to respond to an e-mail. Tell the patient under which circumstances they should call the office or go to an emergency department. Neither of you should use e-mail for urgent matters. Remind the patient of other forms of communication, including telephone, voice mail, facsimile and postal service.
- E-mail storage. How long the e-mail will be kept and the location.

**Miscellaneous**

Physician should send an auto message when out of town. Patients need to give permission for you to share e-mails with family members. Place a header, “This is a confidential communication.”

Many patients and physicians find e-mail communication to be an efficient and effective means of communication. Both parties have an opportunity to articulate questions and responses.

**Physician Web Site**

Same considerations as above and in addition need to consider state licensing, malpractice, standard setting, disclaimer statements, and limited knowledge and history of unknown patient.

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