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Local Medical Committees

TEMPLATE EMAILING PATIENTS POLICY

INTRODUCTION

Electronic communications can be a very effective form of communication for patients. However, there are safeguards that must be in put in place if information is being sent electronically, especially where patient identifiable or sensitive information is being communicated.

Due to the risks associated with using electronic communications, limits have to be placed on the type and extent of communications that will be used within the practice.

The practice's policy regarding email communications is as follows:

EMAILS GENERATED BY THE PRACTICE

Generic

If you have agreed to share your personal email address with the practice, we may send out generic emails from time to time. These emails will not contain any specific clinical information about you. For example, we may send out practice newsletters, information about flu campaigns, details of practice opening times or events that the practice is running. If you do not wish to receive these emails, please notify the Practice *(include details of how e.g. email address)*

Specific

These are emails that contain information about the person to whom the email is addressed. For example: invitations to asthma clinics or appointment scheduling. In order for us to send you personal emails, we need your written consent. You can withdraw your consent at any time by notifying the practice.

It is our policy not to send specific emails to any patient under 18 years old.

All specific emails (both sent and replies received) will be included as part of the medical record.

EMAILS GENERATED BY PATIENTS

It is the practice's policy not to accept emails from patients regarding clinical matters. We do not believe that is appropriate to discuss more complex matters (such as queries regarding medical symptoms, treatments etc.) over email as we may not be in a position to respond quickly and we do not feel it is clinical best practice.

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Should a patient have a general, non-clinical query, it should be sent to *(add email address)*. The patient will then receive an automated response from the Practice acknowledging their email and confirming when they can expect a response. If the matter is urgent, the Practice should be contacted directly as we cannot guarantee as emails will be monitored daily.

SIGNING UP TO THE EMAIL SERVICE

To sign up to the email service, we require:

- A signed consent form from the patient
- Details of the patient's personal email address (we do not accept work email addresses)
- One email address per patient – the Practice cannot accept a shared email address
- Patients will be issued with a unique identifier which will be the subject header for any email correspondence

All consent forms will be scanned into the medical record of the patient.

PATIENT RESPONSIBILITIES

- Patients should use their unique identifier when responding to any emails.
- Patients must inform the Practice of a change in email address immediately.
- Emails received from the Practice must not be forwarded on to another person.
- Patients are responsible to checking their email accounts regularly to ensure any information from the Practice is not missed.
- Patients are responsible for the security of messages, once received.
- All attachments will be in Word or pdf format.
- If the Practice receives emails that are inappropriate (such as continual requests for an urgent response, excessive numbers of emails, abusive or vexatious emails), then the Practice reserves the right to block the patient's email address and revert to contacting the patient by telephone or letter only.

EMAIL SECURITY

Emails are sent over the Internet and are not secure. All patient identifiable data will be removed from any attachments and replaced with the unique identifier.

All emails sent or received by the Practice are subject to monitoring.

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XYZ PRACTICE

PATIENT CONSENT FOR EMAIL COMMUNICATION

Patient Name:

Date of birth:

NHS number:

Address:

I understand that I choose to make use of the email communication service with XYZ Practice.

I confirm that I have been given a copy of the emailing patient's policy, which I have read and understood. I confirm that I will comply with the patient requirements and wish to be contacted by the Practice by email. I understand that my emails could be read and intercepted by a third party as emails are not secure.

I understand that it is my responsibility to check my emails and notify the Practice of any changes.

I understand that if any matter is urgent or if I need clinical advice, I will contact the Practice by telephone.

My email address is:

Patient signature: Date:

Accepted on behalf of the Practice:

Name: Date:

Position: Signature: