

Original Draft Date: January 13, 2003
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SUBJECT: Electronic Communications from Patients and Electronic Signatures

HIPAA CITES: 45 C.F.R. § 142.310

DEPARTMENT: All Departments of Kewaunee County

POLICY NUMBER: 117

I. POLICY:

A. Acceptance of E-mail from Patients

It is the policy of Kewaunee County to accept e-mail communications from patients, provided that the patient has agreed in writing (using an original ink signature) to abide by the Kewaunee County's *Agreement on the Use of Electronic Mail for Patient Communications* (the "Agreement") and the e-mail received is in compliance with the Agreement

B. Electronic Signatures

Kewaunee County **WILL NOT ACCEPT** e-mail communications in lieu of an ink signature in connection with any form, consent or authorization that requires a signature. Similarly, Kewaunee County **WILL NOT ACCEPT** digital signatures evidencing a patient's authorization (as described in Policy #112).

II. PROCEDURES:

A. Receipt of e-mail communications from Patients who have not signed the Agreement.

If an employee of Kewaunee County or member of Kewaunee County's professional staff receives via Kewaunee County computers an e-mail from a patient relating to that patient's health care, payment or other matters involving private health information, it shall be that employee or professional staff member's responsibility to first confirm that the sender has on file with Kewaunee County's Department Privacy Office a signed *Agreement on the Use of Electronic Mail for Patient Communications*. If such *Agreement* is not on file, it shall be Kewaunee County's policy to reply to the sender with the following message:

For the protection of your own privacy, Kewaunee County has a policy of not communicating with patients about potentially confidential health or financial matters until Kewaunee County has received a signed Agreement on the Use of

Electronic Mail for Patient Communications. We have attached a form of this Agreement that we would ask you to review and sign and return to us by U.S. mail at the address listed on the form. By signing the Agreement, in the future, we will accept certain communications from you via e-mail about certain matters.

We regret this inconvenience to you. Should you have any questions about our policy or the Agreement, please call our Department Privacy Office at _____.

B. Receipt of e-mail communications from Patient with a signed Agreement on file with the Privacy Office.

1. If an employee or member of the professional staff of Kewaunee County receives an e-mail communication from a patient that conforms to the requirements of the patient's signed Agreement, the employee or member of the professional staff shall:
 - a. place a copy of the communication in the patient's medical record;
 - b. act reasonably and responsibly to obtain and prepare an appropriate response to the patient's communication; and
 - c. to the extent necessary, deliver the e-mail communication to the appropriate person within Kewaunee County and then indicate to the patient the process and timing for when Kewaunee County will provide a more complete response.
2. Every response from an employee or member of the professional staff shall contain:
 - a. the full name of the employee or professional staff member;
 - b. the employee's or professional staff member's telephone number and fax number; and
 - c. the following statements:

Although Kewaunee County makes reasonable efforts to protect the confidentiality of e-mail from patients, communications regarding highly confidential medical matters should be reserved for other forms of communication, such as telephone or personal visits. In addition, you should not use e-mail for emergencies or other time-sensitive matters.

All e-mail communications between you and Kewaunee County are governed by the terms of the Agreement on the Use of Electronic Mail for Patient Communications. Should you have any questions about our policies regarding e-mail communications the Agreement, or if you would like an additional copy of the signed Agreement, please contact our Department Privacy Office at _____.

3. If an employee or member of the professional staff who receives an e-mail communication from a patient determines in his or her reasonable professional judgment that a response by e-mail is inappropriate or impractical, the employee or the member of the professional staff may request that the patient either speak with either an employee or member of the professional staff of Kewaunee County by telephone or make an appointment for an in-office visit. Such a decision should be documented.

C. Failure to Comply with the Agreement.

If a patient fails to comply with the Agreement, the Department Privacy Officer shall inform the patient of such a failure to comply, and remind the patient of his or her obligations to comply with the Agreement. If a patient has repeatedly failed to comply with the terms of the Agreement, the Department Privacy Officer may inform the patient that, as a result of the patient's failure to comply with the terms of the Agreement, Kewaunee County will no longer respond to e-mail communications from the patient.