Health Insurance Portability and Accountability Act (HIPAA)

Provider/Patient email Communication Working Procedure

Providers may use email to communicate with their patients only after the patient has been notified of the risk associated with communicating via email and has agreed to use email after considering these risks.

Before communicating with a patient by email, a provider must confirm that the patient has consented to communicate via email. If the provider knows the patient has previously agreed to communicate using email, the provider may use email to communicate with the patient.

If the provider does not know whether the patient has previously consented, the provider may confirm consent by responding to the patient’s email with the following:

You have requested that we communicate with you by e-mail in regard to your private health information. Due to the risk that electronic messages can be misdirected or intercepted by unintended parties, the University of Minnesota cannot and does not guarantee the confidentiality of messages sent over the Internet. In addition, messages sent to or received from work e-mail accounts also may be monitored or viewed by your employer. We do not believe that we should communicate private health information with you via e-mail unless you agree to do so, after you have considered these risks.

If you wish to communicate by e-mail, please respond to this e-mail with “I agree”. In order that we can properly record your agreement, please include your full name and date of birth.

Consent is confirmed by receipt of the patient’s response. The provider may also confirm consent by checking the medical record for a previous consent by the patient to communicate via email.

If consent is confirmed in any of the preceding ways, the provider may use email to communicate with the patient. A copy of the patient’s email indicating agreement to use email should be sent to be included in the medical record. This email should contain information that sufficiently identifies the patient (e.g., patient name and birth date) so that the email can be filed in the appropriate patient’s medical record.

All correspondence with patients must include the appropriate medical records office or personnel in the cc line of the email so that the correspondence may be included in the patient’s medical record.

Medical records personnel will file copies of all provider-patient email correspondence in the medical record.

If possible emails of PHI between providers about a patient should not contain individual patient identifiers.
The following message should be included with email communications that contain patient health information:

Electronic messages can be misdirected or intercepted by unintended parties. The University of Minnesota cannot and does not guarantee the confidentiality of messages sent over the Internet. Messages sent to or received from work e-mail accounts also may be monitored or viewed by your employer. If you have received this communication in error, please notify the sender immediately and delete the information.