

Complete Policy Title:  
**Guideline on Obtaining Consent *re*  
Personal Health Information to be  
Transmitted *via* Email**

Policy Number (if applicable):

Approved by:  
**President**

Date of Most Recent Approval:  
**July 1, 2017**

Date of Original Approval(s):  
**July 1, 2017**

Supersedes/Amends Policy dated:

Responsible Executive:  
**University Privacy Officer**

Enquiries:  
[University Secretariat](#)

**DISCLAIMER:** *If there is a Discrepancy between this electronic policy and the written copy held by the policy owner, the written copy prevails*

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### **Purpose:**

The purpose of this guideline is to outline clearly the conditions that must be met in order for a regulated health professional to communicate with a client through electronic mail (e-mail). Such a health professional may communicate with a client through electronic mail (e-mail) to support that individual's care, if specific conditions are met and consent is obtained. Regulated health professionals wishing to use e-mail to communicate with clients should identify in writing the types of transactions/communications (e.g. prescription refill, appointment scheduling) and sensitivity of the subject matter (e.g. HIV, mental health) permitted to be discussed via e-mail. Wherever possible, information should be provided via a secure link, or in a password-protected format. Care providers must obtain *Consent for E-Mail Correspondence* (see Appendix A) from each individual client prior to communicating via e-mail. Care providers must identify all designates and/or custodians who will be able to access client e-mails. Consent may be obtained in person at the time of a client's appointment, or through e-mail if the client expresses his/her consent via a response to an e-mail from the health professional that includes the following disclaimer:

*I, ( ) name and designation, am pleased to communicate with you through e-mail, at your request. However, you should know that e-mail messages are not a secure method of communication, and therefore McMaster University cannot guarantee the security of messages that you send to or receive from me or other regulated health professionals. For this reason, e-mail should not be used to communicate personal health information. You also need to be aware of the fact that all e-mail communication will be retained as part of your health record and becomes the property of McMaster University.*

*Please be aware that the Information and Privacy Commissioner (IPC), Ontario does not support the practice of communicating personal health information via e-mail.*

*Please confirm that you are aware of the above information and still wish to communicate by e-mail.*

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Where consent is obtained via e-mail, a signed copy of the *Consent for E-mail Correspondence* should be obtained at the next reasonable opportunity.

Once client consent has been obtained for e-mail communications, care providers or their designate must adhere to the requirements of the *Electronic Mail Protocol for Personal Information and Personal Health Information* and should respect the following McMaster University e-mail processes:

- inform clients that e-mail messages are considered personal health information, and that decisions about their treatment or care may be made on the basis of information contained in e-mail messages.
- maintain a mailing list of clients, but **never** send group mailings (e.g. when communicating information about an educational seminar) where recipient names are visible to each other. Use the blind copy feature in e-mail software to avoid displaying recipient addresses.
- instruct clients to put the category of transaction in the subject line of their e-mail message (e.g. prescription, appointment, medical advice, etc.)

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**APPENDIX A**

**Consent for Electronic Mail Correspondence**

**Information and Instructions for CLIENTS**

I, [name and designation], am pleased to communicate with you through electronic-mail (e-mail) at your request. However, you should know that e-mail messages are not a secure method of communication, and therefore McMaster University cannot guarantee the security of messages that you send to or receive from me or other regulated health professionals. For this reason, e-mail should not be used to communicate personal health information. You also need to be aware of the fact that all e-mail communication will be retained as part of your health record and becomes the property of McMaster University.

Please be aware that the Information and Privacy Commissioner (IPC), Ontario does not support the practice of communicating personal health information via e-mail.

Please confirm that you are aware of the above information and still wish to communicate by e-mail.

I, \_\_\_\_\_ (Name), whose e-mail address is

\_\_\_\_\_ request and authorize you,

\_\_\_\_\_ (health professional), McMaster University, and those staff members/designates listed below\*, to communicate with me about the following aspects of my health and medical care by means of electronic mail.

List of subjects that may be addressed via e-mail: (e.g. prescription re-fills; appointment scheduling; mental health issues):

By giving this authorisation I demonstrate an understanding of the following issues related to the use of electronic mail:

- I understand that electronic mail is not appropriate for communication about all health issues, particularly those of an urgent nature and healthcare providers can make no guarantee of response within a certain time frame.
- I understand that electronic mail is not encrypted and therefore not as confidential as mail or telephone communication.
- I understand that it is possible for a third party to intercept or read electronic mail without the knowledge of either the sender or recipient of the mail. Because of the ease and informality with which electronic mail can be used and because electronic mail may be easily forwarded to multiple addresses, the potential loss of confidentiality associated with its use may be of greater consequence than that suffered with written or telephone communication.
- Since McMaster University does not operate or control any service on the internet, I understand that McMaster University cannot and does not guarantee that use of this means of communication will be free from technological difficulties, including, but not limited to, loss of messages.
- I understand that information communicated by means of electronic mail will be incorporated and retained within my medical record. As a result, that information, including my electronic mail address, may be disseminated as part of an authorized release of a copy of my medical record.

My signature below denotes that I accept the risk of loss of privacy or confidential health information associated with communication by electronic mail and nonetheless agree to its use. I also agree that my regulated healthcare professional and/or McMaster University shall not be liable for any type of damage or liability arising from or associated with loss of confidentiality due to communication by electronic mail.

This authorization is valid until I notify you in writing that I no longer consent to the use of electronic mail to communicate information concerning my health care. McMaster University also retains the right to terminate electronic mail as a means of communication at any time if, in the healthcare provider's judgement, it becomes appropriate to do so.

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*Signature of client*

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*Date*

**\*The following staff member(s) may also have access to your e-mail correspondence:**

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