

Guidelines for electronic communications (email) with patients Neuro-ophthalmology of Texas – Dr. Rosa Tang

It is recommended that guidelines be developed for appropriate use and management of email. The Texas Medical Board (TMB) rules state, "Written policies and procedures must be maintained when using electronic mail for physician-patient communications." The following is Neuro-ophthalmology of Texas – Dr. Rosa Tang policy and procedures:

Policy

When requested, this office will communicate some forms of information via email. This medium will be used following medical and legal prudence recommendations. This "Guideline for electronic communications (email) with patients" is subject to change upon thirty (30) days written notice.

Procedure

1. Email communications will only be used with established patients.
2. Patients who elect to use email must be advised of this office's email policy and have signed an informed consent (see attached). Furthermore, patient will accept any changes to guidelines for electronic communications (email) or Neuro-ophthalmology of Texas – Dr. Rosa Tang's policy and procedures upon thirty (30) days written notice.
3. A copy of the signed patient consent will be given to the patient and a copy filed in the patient medical record.
4. Patient information in the email includes: patient name, identification number, and type of transaction.
5. Email communications are restricted to conditions and situations that do not require immediate attention (see consent).
6. We will attempt to process your request within one business day. If you need immediate assistance, please call the office at 713-942-2187.
7. Email communications are a permanent part of the patient medical record. They should be retained in the paper record and/or electronically, consistent with the Texas medical records retention rules.
8. Turnaround time. The email administrator is responsible for checking and routing incoming email on a daily basis.
9. When a patient request has been completed, the staff member responsible for completing that task will be responsible for sending a confirmation message to the patient.
10. As with any form of medical record documentation, unprofessional remarks or comments by either party in email communications are prohibited.
11. Confidentiality of patient information will be maintained at all times to protect the integrity of patient-identifiable information.
12. When sending patient information via email, the sender is expected to double-check all "To" fields before transmitting.
13. Outgoing messages will contain discreet subject headers and a banner at the top of each message stating, "This is confidential medical communication."
14. Each computer workstation in Neuro-ophthalmology of Texas – Dr. Rosa Tang office will have a password protected screen saver.
15. Email will be backed up daily onto a long-term storage medium.
16. The email administrator will activate the out-of-office assistant any time the email account will not be serviced by the staff or covering physicians during an absence that exceeds the established email response time.

Patient Consent for Use of Email Communications Neuro-ophthalmology of Texas, PLLC

To better serve our patients, this office has been forced to change its email policy to comply with the newly established rules and regulations set forth by the Health Insurance Portability and Accountability Act (HIPAA) and the Texas Medical Board (TMB). Neuro-ophthalmology of Texas PLLC has made arrangements with Secure Medical Exchange, LLC to facilitate, implement and manage all these new and future email polices and changes. Due to the complex nature keeping Neuro-ophthalmology of Texas PLLC compliant with the constantly changing rules and regulations relating to patient privacy and confidentiality, **an annual fee of \$120.00** will be required from each patient to continue using email service with Neuro-ophthalmology of Texas PLLC and appropriate staff members.

The turnaround time for routine patient communications is 24 to 48 hours. Your internet service provider or Secure Medical Exchange, LLC may delay message delivery. **Should you require urgent or immediate attention, this form of communication is not appropriate for use in an emergency.** You should call Neuro-ophthalmology of Texas PLLC at 713-942-2187.

When you now send emails to Neuro-ophthalmology of Texas PLLC please put the subject of your message in the subject line so we can process it more efficiently. Also, be sure to put your name, patient ID number and return telephone number in the body of the message. Neuro-ophthalmology of Texas PLLC also asks that you acknowledge receipt of emails coming from this office by using the auto reply feature

As part of Secure Medical Exchange, LLC's service you will be **given your own secure email account with login and password** to assure patient confidentiality and compliance with HIPAA and TMB. This email account will communicate directly with Neuro-ophthalmology of Texas PLLC email address and will further simplify many of the above mentioned patient requirements. Your assigned personalized email account is only designed for communication with you the patient and Neuro-ophthalmology of Texas PLLC. **You will no longer receive email correspondence from Neuro-ophthalmology of Texas PLLC doctors or staff, unless you have subscribed to our new email policy.**

Communications relating to diagnosis and treatment will be filed in your medical record.

This office is dedicated to keeping your medical record information confidential. Despite our best efforts, due to the nature of email, third parties may have access to messages. When communicating from work, you should be aware that some companies consider email corporate property and your messages may be monitored. Even when emailing from home, you may feel that access to your email is not well controlled, so you should take that into consideration. In addition, you should be aware that, although addressed to Neuro-ophthalmology of Texas PLLC, Dr. Rosa Tang, my staff and/or colleagues would have access to this information and will be held to Neuro-ophthalmology of Texas PLLC Guidelines for electronic communications (email) with patients (attached) to guard your privacy.

I understand that Neuro-ophthalmology of Texas PLLC will not be responsible for information loss or delay or breaches in confidentiality that are due to technical factors beyond Neuro-ophthalmology of Texas PLLC control.

I understand and agree to the Neuro-ophthalmology of Texas PLLC email policy.

By signing below, you are agreeing that Neuro-ophthalmology of Texas PLLC may send medical related correspondence to you via email, and that Neuro-ophthalmology of Texas PLLC may respond to your emails to Neuro-ophthalmology of Texas PLLC via email.

Patient signature

Date

Current Email Address