This newsletter is one in a series that provides general information on key components of the HIPAA Security Regulation. In this newsletter, we’ll cover some important information for you regarding transmitting Electronic Protected Health Information (EPHI) electronically via e-mail that you need to be aware of. This newsletter consists of excerpts from the HIPAA Security Policy and Procedure, 2.09 Transmitting and Storing Health Information - E-mails.

When EPHI is transmitted electronically it must be protected in such a manner as to minimize the risk that e-mail messages are intercepted, altered and/or forwarded to unintended recipients, distributed to the wrong person, or not delivered at all.

Internal e-mail communication of EPHI is electronic communication between MCW employees and others behind the same campus firewall, while external e-mail communication is outside the campus firewall. E-mails sent behind the campus firewall do not travel over the internet and are subsequently less susceptible to interception. The distinction between an internal e-mail address versus an external e-mail address is based on the domain name. The internal e-mail address domain names for MCW consist of mcw.edu, fmlh.edu and chw.org. The following domain names are examples of external e-mail addresses: aol.com, wi.rr.com and hotmail.com.

The following are guidelines that should be used for all (internal and external) e-mail communication of EPHI:

1. E-mail communication of EPHI should be performed with the use of an MCW assigned e-mail account that is accessed through a unique username and password.

2. E-mails containing EPHI should include a confidentiality statement indicating that the information is and that unauthorized review, distribution or disclosure is prohibited. The notice should include the following language:

   "Confidentiality Notice: This e-mail message, including any attachments, is for the sole use of the intended recipient and may contain confidential and privileged information. Any unauthorized review, use, disclosure or distribution is prohibited. If you are not the intended recipient, please contact the sender by reply e-mail and destroy all copies of the original message."

3. Extra attention should be given when typing in the e-mail address or selecting the recipient from the electronic address list to ensure that the correct address is entered or selected.

4. Use additional caution when e-mailing files containing EPHI for multiple patients.

External E-mail Communication of EPHI - MCW to Other Outside Professionals

MCW must make reasonable efforts to limit EPHI to the minimum information necessary to accomplish its purpose. Practitioners and staff need to only include information that is essential. Additionally, health information should be de-identified when possible.

External E-mail Communication of EPHI – MCW Practitioners to Patients

1. Practitioners should obtain a Patient – Practitioner E-mail Agreement for the informed consent for the use of e-mail. This form should be discussed with and signed by the patient and filed within the legal medical record. The practitioner or staff should provide the patient with a copy of the agreement. This document may be found on the HIPAA Security Policies and Procedures website.

2. The following topics should not be discussed in e-mail transactions: HIV status, mental health, Alcohol and Other Drug Abuse (AODA), workers’ compensation injuries and disabilities, and urgent health conditions.

3. Instruct patients to put the category of transaction in the subject line of the message for filtering purposes, e.g., prescription, appointment, medical advice or billing question. Additionally, patients should put their name and patient identification information in the body of the message, not the subject line.

4. Configure the automatic reply function during vacation or illness to inform patients of who to contact throughout the absence.

5. File the original e-mail, with reply, in the electronic health record or a printed version for the paper record. Date and initial the paper version for the paper record.

6. Do not share patient e-mail addresses with other individuals or organizations without patient authorization.

**COMPUTER SECURITY TIP:**

*WHENEVER FEASIBLE, COPY AND PASTE E-MAIL ADDRESSES OR USE THE E-MAIL REPLY BUTTON TO LIMIT MISDIRECTED E-MAIL.*

YOU CAN REFERENCE ADDITIONAL INFORMATION ON COMPUTER SECURITY AT:

The MCW HIPAA Security website: [http://infoscope.mcw.edu/display/router.asp?docid=8598](http://infoscope.mcw.edu/display/router.asp?docid=8598)
The MCW Information Services website: [http://infoscope.mcw.edu/display/router.asp?docid=7798](http://infoscope.mcw.edu/display/router.asp?docid=7798)