

# Emailing Policy

## 1. Introduction

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### 1.1. Description

When used appropriately, [email](#) can be a valuable, fast, and convenient communication tool used to support Vancouver Coastal Health (VCH) and Providence Health Care (PHC) business and activities. This policy provides guidance about acceptable use of email by [staff](#) and physicians in communicating with [clients](#), [patients](#), [residents](#), [family members](#), [representatives](#), [care providers](#) and other staff.

### 1.2. Scope

This is a joint policy between VCH and PHC.

This policy applies to all staff, including physicians, and is applicable to all [personal information](#) and [confidential information](#) transmitted through email, including through Outlook Web Access and mobile [devices](#) such as tablets and smart phones.

## 2. Policy

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### 2.1. Email Use

Staff may use email for conducting both clinical and corporate activities in accordance with this policy.

Email is a record as defined under the [British Columbia Freedom of Information and Protection of Privacy Act \(FIPPA\)](#) and, therefore, may be subject to disclosure under freedom of information requests (FOI).

Where available, staff must use a VCH or PHC email address to conduct VCH or PHC business. Email addresses issued by another health organization or trusted institution may also be used, based on where the staff member primarily works.

Email must not be used for the following, as per the [Acceptable Use of Information Technology](#) policy:

- Commercial solicitation.
- Distribution of offensive material or harassing messages.
- Subscriptions to non-work related services.

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## **2.2. Authenticating the Recipient and Minimizing Amount of Personal Information**

Email may be used to communicate personal and confidential information so long as staff take appropriate measures to reduce the related risks, including ensuring they have the correct recipient and minimizing the amount of personal information contained in each email message.

Authenticating the identity of intended email recipients is paramount. Ways of authenticating include:

- If you are sending the initial email: confirm the right person is being contacted before sending any personal or confidential information.
- If the client, patient or resident initiates the email: ask the sender to verify, by text or phone, their birthdate, personal health number (PHN) or other piece of information that only the individual would know.
- Confirm the correct email address in person or over the phone.

Authentication must be done on communication with any recipient who has not been previously authenticated. Subsequent email communications do not require recipient authentication. Until measures have been taken to authenticate the recipient's identity, staff must avoid emailing personal or confidential information.

Emails containing personal information about more than one individual (per message) should be done by capturing the information in an encrypted attachment, unless it is a small amount of personal information in total (considering both the number of individuals it pertains to and the amount and sensitivity of personal information about each individual, e.g. less than 10 individuals with minimal health information about each individual) (see [resources pertaining to encryption and password protection](#)).

For transmitting large or more sensitive data sets e.g. for secondary use of health information such as quality improvement or research, email (even encrypted) should not be used. Consult with [VCH Data Release Management](#) or the [PHC Information Access and Privacy Office](#) for more secure and effective methods of transmission.

## **2.3. Emailing Care Providers and Other Staff for Care Purposes**

Staff must follow the [VCH/PHC Emailing Guidelines](#) that accompany this policy.

VCH and PHC are not permitted to store personal information outside of Canada without consent. Therefore, staff must not use personal email accounts such as Gmail, Yahoo, or Hotmail to send emails containing personal information when conducting VCH or PHC business.

## **2.4. Communicating the Risks of Emailing**

Staff must communicate to clients, patients, residents, family members or representatives the common risks associated with email, including that:

- Email messages can include personal information, which will be at risk if an email account is compromised.
- Email should not be relied upon in urgent or emergency situations.
- Detailed clinical discussions, counseling or crisis-related support will not be provided by VCH or PHC staff or physicians through email.

Staff can inform recipients of these risks by providing them with a link to the information online at [Emailing or Texting your Health Care Provider](#), or by printing and distributing the information as a handout (see [Appendix A: Notice Regarding Emailing or Texting your Health Care Provider](#)).

## **2.5. Email Signature**

When emailing with clients, patients, residents, family members or representatives, this language must be used in staff email signatures:

*Clients/patients/residents: please visit [www.vch.ca/emailtext](http://www.vch.ca/emailtext) or [www.providencehealth.bc.ca/](http://www.providencehealth.bc.ca/) [URL address TBD] for the common risks and limitations you should be aware of when communicating health information through email or text.*

It is recommended that all staff email signatures contain the following information:

*The content of this e-mail, including any files attached, is confidential and may be privileged. Any unauthorized copying or distribution is strictly prohibited. If you receive this email in error, please contact the sender immediately and delete this email.*

## **2.6. Risks around Replying All/Forwarding**

Staff must only use the “Reply All” function if everyone in the distribution list needs to know the information. If an email message has been received in error, staff must reply only to the sender versus the entire distribution list via “Reply All”.

During short leaves or absences, staff members are not permitted to auto-forward email from a VCH or PHC email account to a personal email account unless an exception has been provided by Information Management/Information Technology Services (IMITS), in consultation with the VCH Information Privacy Office or PHC Information Access and Privacy Office (“VCH or PHC Information Privacy Office”).

Prior to sending the email, the staff member must check that the content of the email being forwarded, including previous content sent from others, is appropriate to send.

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## **2.7. Distribution/Mailing Lists**

Email sent using distribution or mailing lists must be of significant importance and relevant to all the staff in the list.

The [blind carbon copy \(BCC\)](#) feature in Outlook must be used to avoid displaying the recipients' email addresses.

Personal information must not be sent in a mass email communication, except as reasonably necessary for communications supporting the proper management of VCH or PHC business.

## **2.8. Broadcast Emails**

[Broadcast emails](#) must relate to VCH or PHC business and operations, and be relevant to all staff. [Communications & Public Affairs](#) can be consulted regarding broadcast emails prior to their distribution.

## **2.9. Record Keeping**

Email communications relating to care that are of clinical significance must be retained as part of or documented in the client's, patient's or resident's chart (either electronically or on paper) in accordance with [Health Information Management policies and standards](#).

If email content and/or attachments of clinical significance cannot be captured in the chart, they should be saved in a secure network folder and deleted from all email folders at the earliest opportunity.

For further information on retention of electronic records of a clinical nature, including emails, refer to the Health Information Management policy on [Records Retention & Disposal - Health Records](#).

For retention of corporate and business emails, refer to [VCH and PHC policies and/or guidance on records retention](#).

## **2.10. Phishing Emails**

Staff may occasionally receive spam or scam ([phishing](#)) emails at their VCH or PHC email accounts. When phishing or suspected phishing emails are received, staff must NOT reply or click on any links contained in the email, and must delete these emails promptly. Spam or phishing attempts may also be reported by forwarding such emails to [spam@hssbc.ca](mailto:spam@hssbc.ca). If a link in a phishing email has been clicked, call the [VCH or PHC Service Desk](#) immediately for further instruction.

## **2.11. Privacy and Policy Considerations**

### **2.11.1. Misdirected Emails**

For misdirected emails sent containing personal or confidential information, staff must immediately try to recall the message and contact the recipient to request deletion of the email both from their inbox and then deleted folder box.

If you are in receipt of a misdirected email, respond only to the sender advising of the error and delete the email.

Misdirected emails containing personal or confidential information must be reported to the VCH or PHC Information Privacy Office.

### **2.11.2. Actual or Potential Privacy Breaches Involving Email**

Unauthorized attempts to access or use an email account other than the account assigned to staff is considered a breach of policy.

Staff or their manager must report all actual or potential [privacy breaches](#) or breaches of this policy to the VCH or PHC Information Privacy Office. Staff will cooperate with the VCH or PHC Information Privacy Office in responding to any privacy breaches associated with emailing as per [VCH and PHC policies addressing privacy breaches](#).

### **2.11.3. Compromised Email Accounts**

Staff members are accountable for the content of all emails sent under their name.

Any staff member who believes there has been unauthorized access to their email account, including victims of a phishing attack, malware, etc. or otherwise compromised must immediately notify his/her manager and the [VCH or PHC Service Desk](#).

### **2.11.4. Existing Policies**

Emailing must also be done in compliance with other existing policies, including:

- [Acceptable Use of Information Technology](#) which provides details about what staff can and cannot do with VCH and PHC technology, including legal, ethical and responsible use of devices, and VCH/PHC's right to monitor and audit use of VCH or PHC technology;
- [Information Privacy and Confidentiality](#) which governs collection, use, disclosure and safeguards to be used in the protection of personal and confidential information;

- [Remote Access](#) which details permitted use of remote access to confidential information;
- [Standards of Conduct](#) and [Respect at Work/Respectful Workplace & Human Rights](#) policies, which provide guidance on appropriate conduct and behavioural expectations, in addition to any other professional code of ethics or standards of practice;
- [User Identification and Passwords](#) which details standards and rules governing the use of user IDs and passwords; and
- Consent forms governing restrictions and the permissible use and distribution of photography and video recordings.

Regarding the involvement of and client, patient or resident consent for personal information to be shared with family members, staff can refer to the [Information Privacy and Confidentiality](#) and [Family Involvement with Mental Health & Addiction Services](#) policies and guidelines for guidance.

## **2.12. Responsibilities**

### **2.12.1. Staff**

Staff members will:

- Comply with this policy and its related policies and legislation.
- Notify clients, patients, residents, family members and representatives to not use email for urgent or emergency situations and of the risks to personal information should their email account be compromised.
- Immediately report all actual or potential privacy breaches or breaches of this policy to their manager and the VCH or PHC Information Privacy Office.
- Consult with their manager and/or the VCH or PHC Information Privacy Office if they are unsure if their use of email is acceptable and/or appropriate.
- Consult the VCH or PHC Information Privacy Office if considering creating further guidelines relating to this policy.

### **2.12.2. Management**

Management will:

- Authorize email accounts for their staff members requiring a VCH or PHC email account.
- Ensure that staff is aware of and abide by this policy.

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- Assist staff and the VCH or PHC Information Privacy Office if there is a privacy breach per existing [policies regarding management of privacy breaches](#).

#### 2.12.3. Information Privacy Office

The VCH and PHC Information Privacy Offices will:

- Investigate, coordinate, and document all privacy breaches.
- Respond to staff questions about acceptable and/or appropriate email use.
- Be responsible for updating, implementing and monitoring compliance with this policy and the associated [Emailing Guidelines](#).

#### 2.13. Compliance

The VCH and PHC Information Privacy Offices will:

- Have primary responsibility for the administration and maintenance of this policy.
- Respond to staff questions about compliance with this policy.
- Perform audits of email during an investigation or as otherwise necessary to administer this policy.

Failure by staff to comply with this policy may result in disciplinary action up to and including the loss or termination of employment, services or privileges.

### 3. Supporting Documents and References

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#### 3.1. Related Policies and Guidelines

- Acceptable Use of Information Technology ([VCH](#) and [PHC CPN1301](#))
- British Columbia [Freedom of Information and Protection of Privacy Act](#) (FIPPA)
- Cellular Phone and Blackberry Devices ([VCH](#) and [PHC CPN0405](#))
- Family Involvement with Mental Health & Addiction Services ([VCH](#) and [PHC IDG1141](#))
- [Emailing Guidelines](#) (VCH/PHC)
- Family Presence (Visitation) ([PHC CPT3100](#))
- Information Privacy and Confidentiality ([VCH](#) and [PHC CPF0300](#))
- Internet Access ([VCH](#) and [PHC CPN1305](#))
- Records Retention & Disposal - Health Records ([Health Information Management](#))
- Record Retention/Destruction ([VCH](#); [PHC CPF0900 \(Clinical Records\)](#); [PHC CPF1000 \(Non-Clinical Records\)](#))

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- Remote Access ([VCH IM 1003](#) and [PHC CPN1003](#))
- Reporting and Management of Information Privacy Breaches ([VCH IM 342](#) and [PHC CPF1600](#))
- Respect at Work ([PHC CPL1700](#))
- Respectful Workplace & Human Rights ([VCH](#))
- Standards of Conduct ([VCH](#) and [PHC CPL1400](#))
- Texting ([VCH](#) and [PHC CPN0900](#))

### 3.2. Tools/Forms/Other Resources

- Communications & Public Affairs ([VCH](#) or [PHC](#))
- [Consent for Photography, Audio-Visual Recording and Interviews](#) (VCH)
- Emailing or Texting your Health Care Provider ([Appendix A](#) and [online](#))
- [Emailing Retention Decision Diagram \(VCH/PHC\)](#) (Appendix B)
- [Emailing Patient Information](#) (College of Physicians and Surgeons of British Columbia)
- Emailing Guidelines for Researchers
- [Password Recommendations](#) (IMITs)
- [Steps for Encrypting Common Electronic Files](#) (IMITs)
- [IMIT Computers, Phones & Technology](#) (VCH and PHC Service Desk)
- [Media Consent](#) i.e. use of name, image, photograph, voice, statements (VCH)

### 3.3. Definitions

**“Blind Carbon Copy” or “BCC”** allows the sender of an email to conceal the person entered in the BCC field from all other recipients.

**“Broadcast Email”** is defined as email distributed to all staff members across VCH or PHC.

**“Care Provider”** means any person who is involved in providing healthcare services to a client, patient or resident.

**“Client”, “Patient” and “Resident”** means anyone receiving care or services from VCH or PHC, including Assisted Living tenants.

**“Confidential Information”** means all information, other than personal information, that is specifically identified as confidential or is reasonably understood to be of a confidential nature, that staff receive or have access to through VCH, PHC or other Lower Mainland Consolidation parties, including vendor contracts and other proprietary information that a Lower Mainland Consolidation party may have received from a third party.

**“Device”** means an asset that remotely connects to and accesses corporate information and resources. This includes, but is not limited to, smartphones (i.e. BlackBerrys, Android devices, iPhones), tablets, laptops, computers, or PDAs.

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**“Email” or “Electronic Mail”** means messages sent and received electronically using VCH or PHC IT facilities. Attachments to emails are considered part of the email.

**“Family” or “Family Member”** is defined by the patient/resident. When the patient/resident is unable to define family, the patient/resident’s next of kin or substitute decision maker provides the definition. Family members are the people who provide the primary physical, psychological, or emotional support for the patient or resident. Family is not necessarily blood relatives.

**“Personal Information”** means any information about an identifiable individual including, but not limited to: clients, patients, residents, volunteers, students, staff, physicians, or members of the public. Personal information does not include business contact information, such as a person's title, business telephone number, business address, email or facsimile number. Personal information can include financial identifying information, such as a credit card, social insurance, bank account numbers or similar information that identifies an individual's financial account or record.

**“Phishing”** is the general term for e-mails, text messages and websites fabricated and sent by criminals and designed to look like they come from well-known and trusted businesses, financial institutions and government agencies in an attempt to collect personal, financial and sensitive information. It's also known as brand spoofing.

**“Privacy Breach” or “Breach”** means unauthorized access to or unauthorized collection, use, disclosure or disposal of personal information. Such activity is ‘unauthorized’ if it occurs contrary to Part 3 of FIPPA or VCH or PHC policies and procedures. The most common privacy breaches happen when personal information of clients, patients, residents or staff is inappropriately accessed, stolen, lost or mistakenly disclosed.

**“Representative”** means a person who has been verified by staff to provide assistance to the client, patient or resident outside of VCH or PHC. A representative could also be a substitute decision maker i.e. committee of person, representative or temporary substitute decision maker for the client (a copy of legal document or representation agreement must be provided).

**“Staff”** means all employees (including management and leadership), medical staff (including physicians, midwives, dentists and nurse practitioners), residents, fellows and trainees, health care professionals, students, volunteers, contractors, researchers and other service providers engaged by VCH or PHC.

### **3.4. Keywords**

data release, device, confidential, corporate, electronic mail, email, emailing, encryption, information, misdirected, personal information, privacy, sensitive

### **3.5. Questions**

Contact: [VCH Information Privacy Office](#) or [PHC Information Access and Privacy Office](#)

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## **Appendix A: Notice Regarding Emailing or Texting your Health Care Provider**



### **Emailing or Texting your Health Care Provider**

Vancouver Coastal Health (VCH) and Providence Health Care (PHC) staff and physicians are committed to communicating with you about your care while protecting your privacy and personal information. Email and text communication however, comes with risks and limitations that you should be aware of.

#### **What you need to know:**

- Detailed clinical discussions, counselling or crisis-related support will not be provided by VCH or PHC staff or physicians through email or text messages.
- Emails and texts are not an appropriate substitute for in-person or over-the-telephone communication, clinical examinations or for attending the Emergency Department when needed.
- Personal information that you send in email or text messages could be at risk if an email account and/or device is compromised. It is your responsibility to protect your accounts and devices from inappropriate access and/or loss.
- There is no guarantee that VCH or PHC will receive or be able to respond to emails or texts in a timely manner; therefore, email and text messaging should not be relied upon in urgent or emergency situations.

If you send an email or text to a VCH or PHC staff member or physician expecting a reply and do not hear back within a reasonable time period, it is your responsibility to follow up with that person regarding your care and/or appointments.

#### **Contact Information**

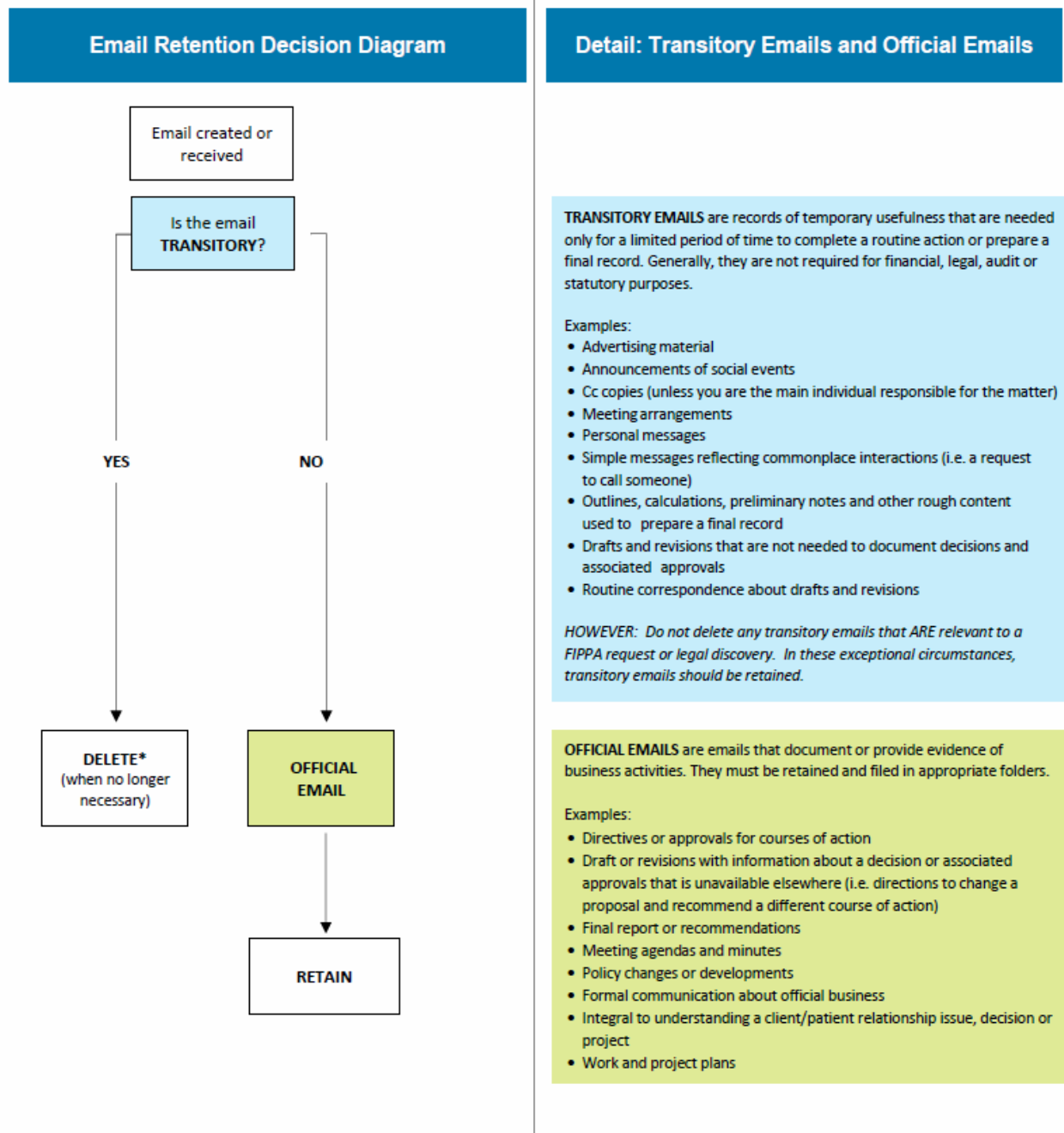
We welcome your comments and questions regarding emailing and texting between patients and VCH and PHC care providers. If you have questions, please contact us at the following:

VCH Information Privacy Office  
Phone: (604) 875-5568  
Email: [privacy@vch.ca](mailto:privacy@vch.ca)

PHC Information Access and Privacy Office  
Phone: (604) 806-8336  
Email: [privacy@providencehealth.bc.ca](mailto:privacy@providencehealth.bc.ca)

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## Appendix B: VCH Emailing Retention Decision Diagram



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