

Our practice is mindful that even if patients have provided electronic contact details, they may not be proficient in communicating via electronic means and patient consent needs to be obtained before engaging in electronic communication. Communication with patients via electronic means is conducted with appropriate regard to privacy.

Our practice's primary reason for communicating electronically to patients is to issue appointment reminders and we verify the correct contact details of the patient at the time of patient check-in.

Whilst not encouraged, our practice allows patients an opportunity to obtain advice or information related to their care by electronic means, but only where the general practitioner determines that a face-to-face consultation is unnecessary and that communication by electronic means is suitable. Our practice will only provide information that is of a general, non-urgent nature and will not initiate electronic communication (other than SMS appointment reminders) with patients. Any electronic communication received from patients is also used as a method to verify the contact details we have recorded on file are correct and up-to-date.

Communication with patients via electronic means is conducted with appropriate regard to privacy. Before obtaining and documenting the patient's consent, patients are informed of the risks associated with electronic communication in that the information could be intercepted or read by someone other than the intended recipient.

Our practice conducts appropriate patient authorised contact by electronic means for health management purposes. Form of electronic communication used includes:

- Short Message Service (SMS)
- Email
- Facsimile

Short Message Service (SMS)

Patient authorisation for SMS contact requires:

- Patient signature in the appropriate section of our New Patient Registration form (scanned to patient file) or electronic via HotDoc
- Confirmation of mobile number at each visit to the practice
- The message not to include sensitive health information
- The message to include practice name and how to contact the practice
- Inclusion of the message within the patient's record

Considerations when using the SMS reminder systems:

- The SMS reminder to the patient is to be recorded within the patient's file
- The practice sees a record of the patient SMS reminders being sent
- There is a register accessible by the practice to view the patient responses to the SMS reminders
- The practice is able to identify a SMS reminder sent to a patient for a flagged recall or reminder and the response from the patient in order to ensure appropriate action to nil or no responses from the patient
- Understand what the SMS software does when the patient provides a nil or no response

Electronic Communication Confidentiality

Communication with patients via SMS must be conducted with appropriate regard to the privacy and confidentiality of the patient's health information. Patient appointment reminders and recalls are only to be sent via SMS after consent has been gained from the patient.

The practice provides the team with regular updates and training on privacy and confidentiality, as well as part of the new staff induction program. Ongoing education and training on confidentiality must be provided to all staff and be included as part of the new staff induction program.

Resources: Avant Learning Centre Fact Sheet - [Recommendations when using SMS messaging](#)

Email

When an email message is sent or received in the course of a person's duties, that message is a business communication and therefore constitutes an official record. Patients are informed of any costs to be incurred as a result of the electronic advice or information being provided (if appropriate) and all electronic contact with patients is recorded within their health record.

All members of the practice team are made aware of our policy regarding electronic communication with patients during induction and are reminded of this policy on an ongoing basis. They are made aware that electronic communications could be forwarded, intercepted, printed and stored by others. Each member of the practice team holds full accountability for emails sent in their name or held in their mailbox and they are expected to utilise this communication tool in an acceptable manner. This includes, but is not limited to:

- Limiting the exchange of personal emails
- Refraining from responding to unsolicited or unwanted emails
- Deleting hoaxes or chain emails
- Not opening email attachments from unknown senders
- Virus checking all email attachments
- Maintaining appropriate language within electronic communications
- Ensuring any personal opinions are clearly indicated as such, and

Our practice reserves the right to check individual's email accounts as a precaution to fraud, viruses, workplace harassment or breaches of confidence by members of the practice team. Inappropriate use of the email facility will be fully investigated.

We have an email disclaimer notice on outgoing emails that are affiliated with the practice stating:

This email contains confidential information intended only for the person named above and may be subject to legal privilege. If you are not the intended recipient, any disclosure, copying or use of this information is prohibited. If you have received this email in error or have any other concerns regarding its transmission, please inform by return email and destroy this communication. The contents of this email are the opinions of the author and do not necessarily represent the views of the Practice.

Email can be used by a practice to transmit information outside the practice. Ideally communication should be via secure messaging or encryption but this is generally not possible when emailing patients.

We have an obligation to take reasonable steps to protect the privacy and security of information it holds including when it is transmitted or disclosed outside the organisation. The practice follows the Rural Australian College of General Practitioners (RACGP) recommendations to reduce the risk of interception of data and sending emails to incorrect addresses, including:

- use of passwords for sensitive information
- verification of the patient's email address
- obtaining patient consent
- use of secure messaging facilities between practices where available

Request for information to be sent via email

If a patient requests information to be sent by email, the practice is to:

- Explain to the patient that email is not a secure form of communication
- Seek the patient's consent to use email and ask the patient to provide the email address they would like the practice to use (in the same manner the practice asks for a contact phone number)

We must document the patient consent and maintain a record of information sent via email to the patient.

Due to the ever-changing climate, there is the need for electronic contact with patients (Certificates, referrals, prescriptions, etc.). Directive will be given to reception staff and/or the Practice Manager to email patients to 'PLEASE CONFIRM' their email address.

Format to be used:

Please confirm the email address for documentation by replying to the patient:

Full Name

Address

Date of Birth

Once patient has replied and confirmed, the documentation is to be sent as 'PRIVATE & CONFIDENTIAL'.

No documentation is to be sent unless all three (3) identifiers have been confirmed by the patient first. This is to reduce the risk of a privacy breach, inadvertently sending private information to an incorrect email address. The refusal of patients to provide this information will result in documentation unable to be emailed.

Telephone

An incoming telephone call is the principal method for initial and subsequent communication by a patient and most other persons to this practice. As such, the telephone is recognised as a vital vehicle for creating a positive first impression, displaying a caring, confident attitude and acting as a reassuring resource for our patients and others. Our reception team are the first point of contact for patients and as such how they deal with phone enquiries forms an important part of a patient's impression of our practice, and our quality of care.

Some patients may be anxious, in pain or distracted by their own or a family member or friend's medical condition. At all times, our practice team members must provide a professional, courteous and empathetic service whilst attempting to obtain adequate information from the caller.

Courtesy should be shown to all callers and allow them to be heard; every call should be considered important. Our practice team members are trained not to argue with, interrupt or patronise callers. We pride ourselves on the high calibre of customer service we provide, especially in the area of patient security, confidentiality and right to privacy, dignity and respect. Team members are mindful of confidentiality requirements to ensure patient names or clinical discussions about patients are not openly stated over the telephone when within earshot of other patients or visitors.

It is important for patients telephoning our practice to have the urgency of their needs determined promptly. Our practice team try to obtain adequate information from the patient to assess whether the call is an emergency before placing the caller 'on hold'. Our team members are trained during induction, and on an ongoing basis, to recognise urgent medical matters and the procedures for obtaining urgent medical attention, and when to escalate a telephone call to a member of the medical or clinical team. Reception staff are to remain up-to-date with our [Triage Support Guide](#) ensuring they correctly assess each patient's needs and concerns.

Receptionists must never offer medical advice to anyone unless specifically directed to do so by one of the general practitioners or clinical team.

When relaying medical information via a doctor to a patient, receptionist staff are only to repeat exactly what the doctor has said. If the patient continues to ask questions the receptionist is not trained to answer, they must transfer the call to the nurse. **All emergencies must be dealt with immediately.**

To facilitate effective handling, reception staff are to be trained in the following practices:

- Always gain permission from callers before placing them on hold. This gives the caller a chance to advise if they have an emergency situation
- Rate the urgency of a call and when it is necessary to transfer calls to other clinical staff
- Understand the preference of each general practitioner on returning patient phone calls and communicate this to the patient (if appropriate)
- Identify situations where it is necessary to interrupt patient consultations to put a phone call through to a general practitioner

Clear communication is critical to providing optimal healthcare. For hearing impaired or non-English speaking background (NESB) patients, our practice may engage the following services:

- [National Relay Service](#) (NRS) for deaf and hearing-impaired patients
- [Translation and Interpreter Service](#) for non-English speaking background (NESB) patients