



Policy Title:	Electronic Communication
HIPAA Policy Reference:	9.2
Effective Date:	September 1, 2011
Status:	Revision

1. Purpose

Special measures must be taken when using electronic communication that contains PHI to prevent access by unauthorized third parties.

2. Definitions

2.1. *Electronic Communication*: Any mechanism that transfers information electronically including but not limited to email, instant messaging and file transfer protocol.

3. Policy

- 3.1. All SMPH staff and students must use e-mail addresses provided by their employer or by UW-Madison for job-related communication. These email addresses always end in wisc.edu, uwhealth.org or va.gov. Use of personal or home email addresses for business purposes is prohibited
- 3.2. Messages may never be automatically forwarded to any external email provider outside of the wisc.edu domain such as Gmail or Hotmail.
- 3.3. All provider-patient email is subject to UW-Madison Policy 8.6: E-Mail Communication Between Providers And Patients Guidelines.
- 3.4. Messages containing PHI sent to locations outside of the Affiliated Covered Entity must be encrypted using a mechanism approved by your departmental IT group when possible.
- 3.5. Upon termination of any staff member, student or other email account holder's relationship with the SMPH, the corresponding email account must disabled with respect to transmitting messages. Auto-reply messages may be sent to indicate the new email address when available.

4. Departmental Procedures

- 4.1. Each department will develop a written procedure that includes inventory of email and Web servers and clients used by account holders and methods for encrypting PHI during transmission.

5. References

- 5.1. Related HIPAA Security Policies
 - Portable Devices
- 5.2. UWHC Policy 6.31: E-Mail Transmission of Protected Health Information
- 5.3. UWHC Policy 6.32: Provider-Patient E-mail

5.4. UWMF Policy MF013: E-Mail of PHI from Health Care Provider to Patient