

## Electronic Communication – Patient Policy

## Telephone calls, Emails and SMS

Our practices preferred method of contacting (for results recalls and reminders, among other non-urgent communications) is via email and/or SMS. Patients are given the option of being contacted by electronic means when they complete their initial New Patient Form including Signed Consent.

The signed consent on the registration form will be scanned and recorded in the patient electronic record.

It is acknowledged by the practice that consent is implied if the patient initiates electronic communication with the practice.

The consent form states that the practice may use this mode of communication:

- to send reminders/confirmation/details of a scheduled appointment.
- when the patient needs to make an appointment to review a test result.
- as a reminder that a generic preventative screening test (for example, flu vaccine, skin-check, cervical screening) is due.

Further information available on our website will state that the practice:

- cannot guarantee confidentiality of information transferred via email (verbal consent is gained for non-encrypted emails, otherwise encryption is used)
- will comply with the Australian Privacy Principles and the Privacy Act 1988.
- communications will not contain sensitive information, due to the risk of confidential information being accessed inadvertently or intentionally by a third party.
- communications will not contain results that only the general practitioner should be divulging in a follow-up appointment, i.e. abnormal results, education concerning a new diagnosis, etc.
- communication will not entail promotion of any product and/or ad-hoc preventative health care (as some patients can interpret this as an advertisement)
- When recalling a patient for a test result, the extent to which patients are followed up
  will depend on the level of urgency and the clinical significance of their test results. The
  clinical significance is decided by the treating doctor. If the patient has not responded to
  the SMS in 7 working days, a second SMS is sent, then registered mail letter is sent
  after another 7 days.
- SMS between the practice and the patient will form part of the medical record and need to be included, as must any actions taken in response to the message. Our medical software records SMS records and we document when an email is sent.

## **Email**

Our practice email account for patients and stakeholders for non-urgent communication with our practice is <a href="mailto:reception.paulhopkins@gmail.com">reception.paulhopkins@gmail.com</a> (Brisbane Street) or <a href="mailto:reception.paulhopkinseast@gmail.com">reception.paulhopkinseast@gmail.com</a> (Shakespeare Street).

This email account will be routinely checked throughout the business day by the reception staff member working that day. If we are short staffed or unexpectedly busier then normal, the emails may not be checked until 2pm the following day (business day).

The email message will then be actioned or forwarded to the appropriate team member for

response. Communication conducted with a patient via electronic means will be added to the patient's medical record by the team member resolving the enquiry.

- emails may not be actioned until 2pm the following business day (as described in the automatic email response).
- patients should not use email to contact the practice in an emergency (also included in the automatic email response).

## Return calls

An incoming telephone call is the principal method for initial and subsequent communication by a patient and most other persons in this practice. As such the telephone is recognised as a vital way to create a positive first impression; displaying a caring, confident attitude and acting as a reassuring resource for our patients and all others.

Staff are aware of alternative modes of communication used by patients with a disability or language barrier. (See Translating & Interpreting Information on our website).

Staff are mindful of confidentiality and respect the patient's right to privacy. Patient's full names are not openly stated over the telephone within earshot of other patients or visitors.

This practice prides itself on the high quality of customer service we provide, especially in the area of patient security, confidentiality, and right to privacy, dignity and respect.

It is important for patients telephoning our practice to have the urgency of their needs determined promptly. Staff are to obtain adequate information from the patient to assess whether the call is an emergency before placing the call on hold.

Staff are trained initially, and on an ongoing basis, to recognise urgent medical matters and the procedures for obtaining urgent medical attention. Reception staff have been informed of when calls should be put through to nursing or medical staff for clarification.

Patients at our practice are able to access a doctor by telephone to discuss their clinical care. Staff are aware of each doctor's policy on accepting or returning calls. Please check with reception staff on your particular doctors policy on accepting and returning phone calls.

Messages taken for later follow-up are documented for the doctor's action and attention through internal messaging in our management software.

Administration staff do not give treatment or advice over the telephone, unless having been specifically instructed to do so by a doctor (and on a non-clinical basis). Results of tests are not given out over the phone, receptionists can only advise the patient if the doctor has checked the result and what they have marked it as/commented on it for advising to patient.

A phone answering machine is maintained and activated to advise patients of how to access medical care outside normal opening hours. We do not allow the ability to leave messages as this may give the impression of a return phone call for the patient.