

# **Patient Communication Policy**

Our aim is to facilitate optimal communication opportunities with our patients. Our general practitioners and other team members are aware of the various modes of communication used by patients and health providers, including those with a disability or a language barrier.

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. Electronic communication includes telephone, fax, email and mobile SMS.

Communication with patients via electronic means is conducted with appropriate regard to privacy, adhering to the adhere to the Australian Privacy Principles (APPs), the Privacy Act 1988.

# **Telephone communications**

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 practice team members provide a professional and empathetic service whilst attempting to obtain adequate information from the patient or caller. Staff ensure a patient is correctly identified by obtaining at least three patient identifiers to maintain the patient confidentiality, these include:

- Family names and given names
- Date of birth
- Telephone number
- Address
- Individual healthcare identifier

It is important for patients to have the urgency of their needs determined promptly. Our team members are provided triage process training during induction, and on an ongoing basis, to recognise urgent medical matters and the procedures for obtaining urgent medical attention, including when to escalate a telephone call to a member of the medical or clinical team.

Messages left for all staff members, will endeavour to be returned within the following 48-72 hours, not including weekends.

Team members are mindful of confidentiality requirements to ensure patient full names or clinical discussions about patients are not openly stated over the telephone when within earshot of other patients or visitors.

Staff use internal messaging within the practice software to record and communicate all significant and important telephone conversations and messages as relevant to the intended recipient.

The general practitioner may also then record all relevant information and outcomes in the patient's daily records.



Details of telephone or attempted telephone contact with a patient (whether initiated by our practice team or the patient) is recorded in their health record, including the:

- Reason for the contact
- Advice and information given, and
- Details of the outcome of that attempt (e.g. message left on answering machine) where team members have attempted to contact the patient.

#### **Facsimile**

Facsimile (fax), printers and other electronic communication devices in the practice are located in areas that are only accessible to authorised team members. Faxing is point to point and will, therefore, usually only be transmitted to one location.

Details of patient related information sent by fax are recorded in the patient's health records.

A copy of the transmission report produced by the fax is checked to ensure that the document was successfully transmitted, and as evidence the information was sent to the correct facsimile number.

The words 'Confidential' recorded on the header of the fax coversheet and disclaimer notice at the bottom of all outgoing faxes affiliated with the practice. The disclaimer notice is as follows: "This fax contains confidential medical information. If you are not the intended recipient listed below, please destroy without reading the contents and immediately advise the sender at (08) 9282 3334."

## **Email**

The use of email is a useful tool for communication purposes. The practice email is intended for efficient communication with third party health providers and is not intended for general communication with patients. Patients should not use email in an emergency, to make an appointment or general enquiries.

It is preferred for all patient communication to be made via telephone.

All emails sent from the practice will include a templated email disclaimer inserted into the signature of all practice emails as follows;

'The content of this email is confidential and intended for the recipient specified in message only. It is strictly forbidden to share any part of this message with any third party, without a written consent of the sender. If you received this message by mistake, please reply to this message and follow with its deletion, so that we can ensure such a mistake does not occur in the future.'

Patient information will only be sent via e-mail if the patient has consented to this mode of communication.

Patients are requested to provide consent to their health information being sent via email when registering as new patient. It is acknowledged by the practice that consent is implied if the patient initiates electronic communication with the practice. Consent can also be provided either during consultation with their medical practitioner or by HotDoc when they complete New Patient Form.



All methods of consent are documented in the patient health record.

There are risks associated with email communication, the information could be intercepted or read by someone other than the intended recipient. Consent should be given for email communication with the understanding that the practice;

- cannot guarantee confidentiality of information transferred via email
- will comply with the Australian Privacy Principles and the Privacy Act 1988.
- communications will not contain results that only the doctor should be divulging in a followup appointment, i.e. abnormal results, education concerning a new diagnosis, etc.
- communication of a particularly sensitive nature will not be transferred by email, this
  may include results, specialist reports. Exceptions to the rule will be where a patient
  explicitly consents and understands the risks.
- communication will not entail promotion of any product and/or preventative health care (as some patients can interpret this as an advertisement)

On receipt of an email from an external provider regarding a patient, a copy of the email or attached documentation will be added to the doctor's inbox and patient records, similarly to other forms of correspondence.

## Protection against spam and theft of information

The practice utilises Office Solutions IT's Anti-Spam managing system, which reduces both nuisance mail reaching our users and devices but also reduces email attacks, that fool users into entering their passwords or opening malware and other types of threats. *Our Cyber Security defence will intercept suspicious emails prior to their receipt into the practice inboxes*.

Staff will need to exercise caution in email communication and are advised to:

- Not open any email attachments or click on a link where the sender is not known.
- Not reply to spam mail.
- Not to share email passwords.
- Never try to unsubscribe from spam sites.
- Remain vigilant: do not provide confidential information to an email (especially by return email) no matter how credible the sender's email seems (for example, apparent emails from your bank).
- Be aware of phishing scams requesting logon or personal information (these may be via email or telephone).

### **SMS**

Patients are to be given the option of being contacted by SMS, with details provided on the patient registration form. All new and existing patients in the practice given the opportunity to provide consent. Reception staff will routinely check and update these details and record this in the practice software.

Consent to SMS includes:

- appointment reminders
- clinical communications (results and clinical messages)



- clinical reminders
- health awareness and other reasons

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. If the patient has not responded to the action requested by SMS in a timely manner, then other forms of communication (phone call, registered mail) will be considered depending on urgency of the matter.

In all circumstances, where a communicative action has taken place regarding a patient whether successful or unsuccessful, a record will be made within the health record and will form part of that health record. Clinical staff will also document any actions taken in response to the message.

# How can you lodge a privacy-related complaint, and how will the complaint be handled at our practice?

We take complaints and concerns regarding privacy seriously. You should express any privacy concerns you may have in writing to the Practice Manager, St Francis Subiaco, 14 Sheen Street Subiaco WA 6008. We will then attempt to resolve it in accordance with our resolution procedure. To speak directly to our Practice Manager, call (08) 9382 3334 or fax your written complaint to (08) 9382 3336. We will endeavour to respond within 30 days from receipt of complaint.

You may also contact the OAIC. Generally, the OAIC will require you to give them time to respond before they will investigate. For further information visit <a href="www.oaic.gov.au">www.oaic.gov.au</a> or call the OAIC on 1300 363 992.