

Communications via email

The Dental Council's [Code of Practice: Professional Behaviour and Ethical Conduct](#) ("the Code of Practice") available on the [Dental Council website](#), at paragraph 10 provides that "All dental healthcare workers and staff within your dental practice must respect patient confidentiality". The Code of Practice provides clear guidelines in relation to maintaining patient confidentiality, (including after a patient has died), and this should always be observed when communicating with patients. A dentist should protect a patient's privacy and ensure that patient information in their control is protected against improper disclosure, access, or loss.

Medisec advises caution when emailing patients. Although email is an attractive way for patients to communicate with the practice, there are associated risks for healthcare providers to consider, such as confidentiality and security, professional boundaries, and duty of care.

IT Safeguards

It is important to ensure appropriate safeguards and levels of email encryption are in place to preserve patient confidentiality. Medisec advises that you consult your IT provider to ensure that proper safeguards are in place so that clinical system information remains as secure as possible. Personal health information should not be transmitted by dentists to hospitals and other healthcare providers by email, unless it is encrypted or sent through a secure electronic pathway, such as *Healthmail*.

Healthmail

Healthmail is a secure means of transmitting confidential patient information between health care clinicians, which commenced in 2014. *Healthmail* is for all primary healthcare providers other than those with a HSE or voluntary hospital email address. It is funded by the HSE and there is no cost to GPs to register or use an account. Further information is also available via the ICGP website.

Risks of email communication

Notwithstanding the measures being taken to protect the security and confidentiality of information sent and received through email, email communication remains subject to risks which include:

- Email can be forwarded, printed and stored in numerous paper and electronic forms and can be received by many intended and unintended recipients, without the sender's knowledge or agreement;
- Copies of email correspondence may exist even after the sender or receiver has deleted their copy;
- Email can be inappropriately accessed or intercepted during transmission, without detection or authorisation;
- Emails are more easily forged than handwritten signed correspondence;
- Email service providers have a right to archive and inspect emails through their systems;
- Work email systems are the property of the employer and subject to inspection by them;
- Email communication can spread computer viruses.

Email communications policy

If using email communication with patients, the practice should have an email communications policy which incorporates safeguards in order to preserve patient confidentiality and ensure that the patient has given consent to receive email communication. All communication by email should be included in the patient's dental chart. Email correspondence should not be used to respond to complicated problems or engage in

an exchange of emails if another method of consultation would be more appropriate, e.g. phone, video or face-to-face.

If the practice accepts email communication from patients, a system should be in place so that emails are replied to in a timely manner. Medisec also advises that email correspondence is monitored at regular intervals and brought to the attention of the relevant person as promptly as possible. It is recommended that an automated response is set up to indicate that the email has been received by the practice and specify a timeframe for when the patient may expect to receive a reply. The automated reply should also include direct contact details recommending how the patient should contact the practice for urgent matters.

Please do not hesitate to contact Medisec for further advice on communication by email.

The contents of this publication are indicative of current developments and contain guidance on general medico legal queries. It does not constitute and should not be relied upon as definitive legal, clinical or other advice and if you have any specific queries, please contact Medisec for advice.

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