

# Yamhill County Health and Human Services Policies and Procedures Manual

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**Program** Admin  AMH  Abacus  CD  DD  F&Y  PH  All   
**Written By:** Paul Kushner, Lindsey Manfrin, David Manitsas, Marie McDaniel-Bellisario **Original Date:** 8/1/2011  
**Revised By:** Craig Hinrichs **Last Revised Date:** 6/21/2016  
**Approved By:** Silas Halloran-Steiner **Approved Date:** 6/27/2016  
**OAR/ORS:** Chapter 309, Division 19; Guidelines Note 65-January 2016 Prioritized List; Policy on Use of County Telephones – Landlines & Wireless

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**SUBJECT: Electronic Communication With or About Clients**

**NUMBER: 016-79-03-02**

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## **PURPOSE:**

To establish a policy regarding the use of electronic communication when at work and to ensure the protection of a Client's Protected Health Information (PHI), and/or information used or maintained by the County. This policy is intended to cover any stationary or portable computing device, whether or not the devices are owned or provided by the County. Communication with clients, the public or agencies, must meet confidentiality and HIPAA standards. This policy recognizes the limitations to guarantee the privacy of electronic communication and our commitment to ensure a client's voluntary consent before any communication is sent.

Electronic communication can be a valuable tool in serving clients. It is not intended as a substitute for face-to-face communication, but may prove to be an important alternative in circumstances where the client is ill and unable to travel, for clients who are deaf, for brief communications with clients, or communications related to communicable disease investigations. Electronic communication with clients carries the same requirement for documentation as face to face visits.

This policy is applicable to all HHS Divisions, employees, contractors, subcontractors, volunteers and other staff who use portable computing devices in support of County business.

## **DEFINITIONS:**

1. Electronic communication devices include, but are not limited to: computers, laptops, cell phones, smart phones, PDA's, and utilize methods such as emails, texting, messages sent via social networking (also see policy on Communicating and Social Networking #016-79-05-15 and other similar forms).
2. Required documentation means the requirements set forth in Oregon Administrative Rules.
3. E-Visit is a communication between staff and client where PHI is communicated electronically.
4. **Contacts to notify a client of an appointment do not constitute an E-Visit, but do require the Electronic Consent Form.**

## **POLICY:**

1. The HHS Department limits the use of electronic communication to clients where an established relationship exists, and where an **Electronic Consent Form** has been signed by the client, the provider, and supervisor (*See Attachment A*).

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2. Under certain circumstances, with supervisor approval, electronic communications may be used with individuals that are not enrolled in our system of care—examples are outreach and engagement activity or communications related to communicable disease investigations.
3. Email from a County electronic communication device that contains PHI must utilize the County Secure Email system. Unless the [marked for secure delivery] function is used in the “Subject Line:”, *emailing a client from an electronic computing device does not meet the required security standard.* This feature is not currently available for texting.
4. Electronic communication from non-county computers cell phones or other electronic communicating devices is not allowed unless approved by your supervisor and the county Information Technology program has approved the device for appropriate level of encryption and/or physical safeguards. In addition, use of personal cell phones for electronic communication with or about a client is not allowed unless the employee is participating in the County payment plan—meaning “the Department Head has authorized reimbursement of up to \$40 per month to the employee to offset data connection charges attributable to the conduct of County business on the personal wireless device” (Policy on Use of County Telephones - Landline & Wireless).
5. Documentation:
  - a. Brief communication attempting to set or change appointments or send reminders do not need to be documented. They do need to be deleted daily from unsecure phones.
  - b. Staff will document all other communication via email, texting or other electronic forms of communication the same as if face to face.
  - c. Should the contact not qualify as a billable event, staff should document the encounter in the Electronic Health Record using the appropriate Note Type and checking the “No Billable Services” box on the service ticket or as a Chart Note.
6. Behavioral Health Programs only:
  - a. Prior to communicating electronically with a client, employees will ensure that a current assessment and service plan are in place and that it includes electronic communication as part of the planned interventions.
  - b. Staff may not provide routine treatment / intervention if the required assessment and service plan documentation are not complete. (Note: complete includes all necessary signatures). If not specifically listed in the service plan, the service plan should be updated.
  - c. Complies with current standards of the Oregon Health Authority (OHA) (see sample attachment B, NOTE: OHA updates this periodically)
7. E-visit messages created and transmitted on County computers are the property of the County. Yamhill HHS reserves the right to monitor all e-mail transmitted via the computer system.
8. Supervisor may deny electronic communication with individuals and/or families if E-Visits are not clinically indicated.
9. The Director or Designee reserves the right to make decisions on the use of electronic communications with or about clients.

### **PROCEDURES:**

1. Have client review **Electronic Consent Form** and obtain all signatures.
2. Add electronic communication to Service Plan for Behavioral Health.
3. Document all E-Visits in the Electronic Health Record.
4. Delete electronic messages daily if texting or communicating with a cell phone that does not have a “strong password” protected feature to access phone mail or texting.

**POLICY REVIEW:** This policy will be reviewed at minimum every two years and as needed.

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## ATTACHMENT A

### HHS Division Electronic Communication Consent Form

## Yamhill County HHS ELECTRONIC COMMUNICATION USE & CONSENT FORM

Yamhill County Health and Human Services supports your right to have services remain confidential. We maintain file information according to state regulations governing your health records. Some clients have requested that we communicate with them electronically via *e-mail* or *texting*. We understand that information contained in *e-mail* or *texting* cannot be guaranteed to remain confidential due to the limitations inherent in the Internet and other electronic media. To that end, we have developed this consent form in the event you would like YCHHS staff to correspond with you by *email* or *texting*.

Our staff may only use electronic communication (*email* or *texting*) as an in-between-session method of correspondence. It is not meant as a substitute for face-to-face services. Copies or summaries of the communication between you and HHS staff will be maintained in your clinical record. Use of electronic communication as a method of correspondence must be indicated in your service plan, and approved by a program supervisor. All of these rules about the use of *email* and *texting* for electronic communication are meant to guarantee the highest level of protection possible to maintain your confidentiality.

The granting of your permission is entirely voluntary and will not affect the services you receive.

Please note, for your safety and well-being, electronic communication should not be used for reporting a mental health crisis. If you are experiencing a crisis during normal business hours, please call a HHS office. For after-hours, please call the crisis hotline at 1-800-560-5535.

I understand the information above and grant Yamhill County HHS staff permission to correspond with me electronically as listed below: (client initials all that apply):

\_\_\_\_\_ Email communication                      Individual's Email Address: \_\_\_\_\_

\_\_\_\_\_ Phone Texting                              Individual's Cell Phone #: \_\_\_\_\_

Client Name: \_\_\_\_\_

Print

Signatures:

\_\_\_\_\_  
Client

\_\_\_\_\_  
Date

\_\_\_\_\_  
Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Provider

\_\_\_\_\_  
Date

\_\_\_\_\_  
Yamhill County HHS Supervisor

\_\_\_\_\_  
Date

**A signed copy of the Consent Form must be retained in the clinical record**

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## Attachment B

**Note: check OHA website for current language for note 65.**  
<http://www.oregon.gov/oha/herc/Pages/PrioritizedList.aspx>

### **DMAP GUIDELINE NOTE 65, TELEPHONE AND EMAIL CONSULTATIONS**

*Included on all lines with evaluation & management (E&M) codes*

Telephone and email consultations must meet the following criteria:

1. Patient must have a pre-existing relationship with the provider as demonstrated by at least one prior office visit within the past 12 months.
2. E-visits must be provided by a physician or licensed provider within their scope of practice.
3. Documentation should model SOAP charting; must include patient history, provider assessment, and treatment plan; follow up instructions; be adequate so that the information provided supports the assessment and plan; must be retained in the patient's medical record and be retrievable.
4. Telephone and email consultations must involve permanent storage (electronic or hard copy) of the encounter.
5. Telephone and email consultations must meet HIPAA standards for privacy.
6. There needs to be a patient-clinician agreement of informed consent for E-visits by email. This should be discussed with and signed by the patient and documented in the medical record.

Examples of reimbursable telephone and email consultations include but are not limited to:

1. Extended counseling when person-to-person contact would involve an unwise delay.
2. Treatment of relapses that require significant investment of provider time and judgment.
3. Counseling and education for patients with complex chronic conditions.

Examples of non-reimbursable telephone and email consultations include but are not limited to:

1. Prescription renewal.
2. Scheduling a test.
3. Scheduling an appointment.
4. Reporting normal test results.
5. Requesting a referral.
6. Follow up of medical procedure to confirm stable condition, without indication of complication or new condition.
7. Brief discussion to confirm stability of chronic problem and continuity of present