

Family Medical Practice

Email Policy and Procedures

RACGP Standards for General Practices – 5th Edition (C6.4)

Practice details	
Practice Name	Family Medical Practice
Approved Practice Email	fmp@gpnorthrocks.com.au
GP	Dr Jancy George
Practice Manager	Mr Leji Abraham
Number of Employees	2
Document control	
Approval Date	10/11/2025
Review Date	One Year

1. Purpose

This policy defines how email is used securely at Family Medical Practice to protect patient information, maintain confidentiality, and comply with RACGP Standard C6.4 – Information security.

It also ensures that any email containing clinical information is incorporated into the patient's clinical record in MedicalDirector Clinical.

2. Scope

This policy applies to all staff and all practice-related email communications, including messages and attachments sent to or received from patients, carers, third parties and other healthcare providers.

3. Approved Email Account

Family Medical Practice uses only one official email address for all practice communication: fmp@gpnorthrocks.com.au. No other email accounts are authorised for practice business.

Personal email accounts must never be used for practice communication or to transmit patient information, and practice emails must not be forwarded to personal accounts.

4. Governance and Responsibility

Dr Jancy George provides clinical governance. Mr Leji Abraham oversees email security, access control, compliance, and incident management.

All staff are responsible for following this policy and reporting any suspected privacy or security incident immediately.

5. Appropriate Use of Email

Email may be used for administrative communication, appointment administration where applicable, correspondence with healthcare providers, and transmission of non-sensitive information when suitable.

Email is not used for urgent or time-critical communication. Where an email indicates an urgent medical issue, staff will instruct the patient to call the practice or call 000 (as appropriate) and will document the action taken.

6. Patient Communication via Email (C6.4)

Email is not the preferred channel for clinical care. Patients are informed that email is not suitable for urgent matters and are encouraged to contact the practice by phone or make an appointment for clinical concerns.

6.1 When clinical information is received by email

Clinical emails include symptoms, photos, medication questions, results enquiries, or any request requiring clinical decision-making.

Mandatory actions:

- Patients are not encouraged to send clinical information via emails.
- Any emails sent may take up to 10 business days to respond.
- For urgent matters patients are encouraged to phone the clinic for an appointment or phone consultation.
- In the event of a medical emergency please contact 000.

If a reply is required:

- Verify identity using two patient identifiers before including any clinical information.
- Keep content minimal and use the minimum necessary information.
- If any clinical information is sent by email, document patient consent to email communication and acknowledgement of email security limitations (unencrypted transmission risk) in the patient record.

7. Confidentiality and Accuracy

Staff must verify recipient email addresses before sending messages and confirm attachments are correct before sending, and ensure email content is factual, professional, and minimal.

Where practicable, avoid including patient identifiers in subject lines.

8. Information Security Controls

Practice email is password-protected, accessed only by authorised staff, and accessed only on approved devices with screen lock enabled. Strong passwords are used and multi-factor authentication (MFA) is enabled where available.

Devices used to access practice email are maintained with security updates and antivirus protections. Attachments are checked before opening and before sending.

Mr Leji Abraham maintains an access list and oversees periodic review of access and settings.

9. Personal Email Accounts

Personal email accounts must never be used for practice communication or to transmit patient information. No patient information is to be stored on personal email systems or devices.

10. Record Keeping and Retention

10.1 Mandatory documentation rule

Any email that contains clinical information or contributes to clinical decision-making must be incorporated into the patient's clinical record in MedicalDirector Clinical. Clinical content must not be stored only in the email inbox.

10.2 Required method used at Family Medical Practice

- Save the email as a PDF (including relevant attachments where possible).
- Attach/import the PDF to the patient record in MedicalDirector Clinical under Documents.
- Enter a Progress Note summarising the email and actions taken.

10.3 Progress note template (minimum content)

- Email received: DD/MM/YYYY HH:MM
- From: patient/representative (email)
- Clinical summary: (1–3 lines)
- Triage: urgent / non-urgent
- Action taken: (call made / appointment booked / GP review / advice / referral / scripts process)
- Clinician responsible:
- Follow-up plan/date:

- Document stored: MD Clinical → Documents → “Email received – clinical” (PDF)
- Consent: (if clinical info emailed out) Y/N + note

10.4 Retention

Clinical email content is retained within the patient clinical record in line with legal and professional record retention requirements. Administrative emails are retained according to business and legal needs and disposed of securely when no longer required.

11. Email Errors and Breaches

Any email sent in error (e.g., wrong recipient or incorrect attachment) or suspected privacy/security breach is reported immediately, investigated, documented, and managed appropriately.

Steps:

- 1) Notify the Practice Manager immediately.
- 2) Attempt recall (if available) and request the recipient delete the email and attachments.
- 3) Document the incident (date/time, what occurred, whose information, mitigation steps taken).
- 4) Assess risk and manage according to the practice’s privacy/breach response process.
- 5) Implement corrective actions (process changes, training, access restrictions) and document completion.

12. Training and Awareness

Staff receive email security training during induction and through ongoing communication. Evidence of staff awareness is maintained via meeting minutes and/or staff sign-off.

For accreditation purposes, the practice maintains 2–3 de-identified examples demonstrating clinical email saved to MD Clinical → Documents and a progress note documenting content and action taken.

13. Monitoring and Review

Email usage and compliance with this policy is monitored through quarterly spot checks of a small sample of clinical email events to confirm the email PDF is saved under MD Clinical → Documents and a progress note exists with actions and follow-up.

This policy is reviewed annually or earlier if systems, software, staffing or processes change.

14. Practice Declaration

Family Medical Practice uses email conservatively and securely. The practice relies on fmp@gpnorthrocks.com.au as its sole authorised email address and does not use email for urgent communication.

Disclaimer Notice

The practice uses an email disclaimer notice on outgoing emails that are affiliated with the practice stating:

PRIVATE AND CONFIDENTIAL

This email is intended only for the addressee(s) and is subject to copyright. If you have received this email in error, please notify the sender immediately, do not use or disclose the contents and delete the message and any attachments to this email. We cannot accept any liability for any loss or damage caused by software viruses.

For urgent medical matters call 000. Email is monitored during business hours and is not suitable for urgent clinical advice.