

- Never attempt to diagnose or recommend treatment over the telephone,
- Encourage the caller to write down any instructions resulting from the telephone call,
- Have the caller repeat any instructions given to assess their understanding of what was said, and
- Ensure the caller's consent is obtained prior to placing them on hold in case the call is an emergency.

A computer entry is used to record all significant and important telephone conversations, including after-hours contact, medical emergencies and urgent queries. The log records the:

- Name and contact telephone number of the patient/caller,
- Date and time of the call,
- Urgent or non-urgent nature of the call,
- Important facts concerning the patient's condition,
- Advice or information received from the general practitioner or other healthcare team member (e.g. nurse), and
- Details of any follow up actions necessary.

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.

Calls 'on hold'

It is important to try to obtain adequate information from the patient/caller to assess whether the call is an emergency before placing the call on hold. If another incoming call registers and no other practice team members are available to answer the incoming call, ask to put the caller on hold or seek to terminate the call with an offer to call them back to continue the discussion.

Do not leave the caller on hold for long periods. Return to the caller periodically if there is a significant delay in managing their call (e.g. waiting to transfer the call to another member of the practice team who is not immediately available) to re-confirm the caller remains satisfied to wait or if they would rather a message for a return call be taken.

Our practice 'on hold' message provides the advice to call '000' in case of an emergency.

5.5. Communication with patients by electronic means

5.5.1. Policy

We are 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 email, facsimile and Short Message Service (SMS).

Communication with patients via electronic means is conducted with appropriate regard to privacy.

5.5.2. Procedure

Our primary reason for communicating electronically to patients is to issue appointment reminders and we verify the correct contact details of the patient at the time of the appointment being made.

Whilst not encouraged, our practice allows patients an opportunity to obtain advice or information related to their care by electronic means, but only where the general practitioner determines that a face-to-face consultation is unnecessary and that communication by electronic means is suitable. Our practice will only provide information that is of a general, non-urgent nature and will not initiate electronic communication (other than SMS appointment reminders) with patients. Any electronic communication received from patients is also used as a method to verify the contact details we have recorded on file are correct and up to date. Requests must ONLY be from the patient, or someone authorised to make the request on behalf of the patient (e.g. parent if under 15 years of age, carer, medical power of attorney, authorised third party with patient consent).

If the request cannot be verified as coming from the patient or an authorised person a standard response will be issued. The standard response reads:

[Thank-you for your email.](#)

[Please note that requests can only be made directly by the patient or an authorised person, or third party with patient consent.](#)

[If you are acting on behalf of the patient, we kindly ask that you provide the appropriate authorisation.](#)

Communication with patients via electronic means is conducted with appropriate regard to privacy. Before obtaining and documenting the patient's consent, patients are fully informed through information contained in the email signature of the risks associated with electronic communication in that the information could be intercepted or read by someone other than the intended recipient. Our practice also has an automatic email response system set up so that whenever an email is received into the practice, the sender receives an automated message reinforcing information regarding these risks.

When an email message is sent or received in the course of a person's duties, that message is a business communication and therefore constitutes an official record. Patients are informed of any costs to be incurred as a result of the electronic advice or information being provided, and all electronic contact with patients is recorded in their health record. Patients receive an auto response when they send an email to the practice. The auto response states:

Thank you for contacting < Practices Name>.

We have received your enquiry. Please know you can expect to receive a reply from us within 48 hours from receiving this email.

If your enquiry is urgent, please call us at <Practice Contact number>

Alternatively, if you wish to book an appointment you can do so online at www.geelongmedicalgroup.com.au or via HotDoc

All members of the team are made aware of our policy regarding electronic communication with patients during induction and are reminded of this policy on an ongoing basis. They are made aware that electronic communications could be forwarded, intercepted, printed and stored by others. Each member of the practice team holds full accountability for emails sent in their name or held in their mailbox, and they are expected to utilise this communication tool in an acceptable manner. This includes, but is not limited to:

- Verifying the sender is legitimate.
- Limiting the exchange of personal emails,
- Refraining from responding to unsolicited or unwanted emails,
- Deleting hoaxes or chain emails,
- Not opening email attachments from unknown senders,
- Virus checking all email attachments,
- Maintaining appropriate language within electronic communications,
- Ensuring any personal opinions are clearly indicated as such, and
- Confidential information (e.g. patient information) must be encrypted.

We reserve the right to check an individual's email accounts as a precaution to fraud, viruses, workplace harassment or breaches of confidence by members of the practice team. Inappropriate use of the email facility will be fully investigated and may be grounds for dismissal.

We use an email disclaimer notice on outgoing emails that are affiliated with the practice stating:

This email and any files transmitted with it are confidential and intended solely for the use of the individual or entity to whom they are addressed. If you have received this email in error, please notify us immediately. This message contains confidential information and is intended only for the individual named. If you are not the named addressee you should not disseminate, distribute or copy this e-mail. Please notify the sender immediately by e-mail if you have received this e-mail by mistake and delete this e-mail from your system. If you are not the intended recipient you are notified that disclosing, copying, distributing or taking any action in reliance on the contents of this information is strictly prohibited.

5.6. Using social media in our practice

5.6.1. Policy

Document title: Geelong Medical & Health Group Policy and Procedure Manual

Reviewed by: Tori Edmonds and Gemma McEwin

Version: RACGP 5th Edition V3 Effective Date: 11/09/2025

Next Review Date: 11/09/2026