



CLINICIAN-PATIENT EMAIL COMMUNICATION CONSENT FORM

CLINICIAN INFORMATION

Name: _____ Location: _____

Email: _____

RISKS OF USING EMAIL

The clinician offers patients the opportunity to communicate by email. Transmitting patient information poses several risks of which the patient should be aware. The patient should not agree to communicate with the clinician via email without understanding and accepting these risks. The risks include, but are not limited to, the following:

- The privacy and security of email communication cannot be guaranteed.
- Employers and online services may have a legal right to inspect and keep emails that pass through their system.
- Email is easier to falsify than handwritten or signed hard copies. In addition, it is impossible to verify the true identity of the sender, or to ensure that only the recipient can read the email once it has been sent.
- Emails can introduce viruses into a computer system, and potentially damage or disrupt the computer.
- Email can be forwarded, intercepted, circulated, stored or even changed without the knowledge or permission of the clinician or the patient. Email senders can easily misaddress an email, resulting in it being sent to many unintended and unknown recipients.
- Email is indelible. Even after the sender and recipient have deleted their copies of the email, back-up copies may exist on a computer or in cyberspace.
- Use of email to discuss sensitive information can increase the risk of such information being disclosed to third parties.
- Email can be used as evidence in court.

CONDITIONS OF USING EMAIL

The clinician will use reasonable means to protect the security and confidentiality of email information sent and received. However, because of the risks outlined above, the clinician cannot guarantee the security and confidentiality of email communication, and will not be liable for improper disclosure of confidential information that is not the direct result of intentional misconduct of the clinician. Thus, patients must consent to the use of email for patient information.

Consent to the use of email includes agreement with the following conditions:

- Emails to or from the patient concerning diagnosis or treatment may be printed in full and made part of the patient's medical record. Because they are part of the medical record, other individuals authorized to access the medical record, such as staff and billing personnel, will have access to those emails.
- The clinician may forward emails internally to the clinician's staff and to those involved, as necessary, for diagnosis, treatment, reimbursement, health care operations, and other handling.
- The clinician will not, however, forward emails to independent third parties without the patient's prior written consent, except as authorized or required by law.
- Although the clinician will endeavour to read and respond promptly to an email from the patient, **the clinician cannot guarantee that any particular email will be read and responded to within any particular period of time. Thus, the patient should not use email for medical emergencies or other time-sensitive matters.**

- Email communication is not an appropriate substitute for clinical examinations. The patient is responsible for following up on the clinician’s email and for scheduling appointments where warranted.
- If the patient’s email requires or invites a response from the clinician and the patient has not received a response within a reasonable time period it is the patient’s responsibility to follow up to determine whether the intended recipient received the email and when the recipient will respond.
- The patient should not use email for communication regarding sensitive medical information, such as sexually transmitted disease, AIDS/HIV, mental health, developmental disability, or substance abuse. Similarly, the clinician will not discuss such matters over email.
- The patient is responsible for informing the clinician of any types of information the patient does not want to be sent by email, in addition to those set out in the bullet above. Such information that the patient does not want communicated over email includes:

The patient can add to or modify this list at any time by notifying the clinician in writing.

- The clinician is not responsible for information loss due to technical failures.

INSTRUCTIONS FOR COMMUNICATION BY EMAIL

To communicate by email, the patient shall:

- Limit or avoid using an employer’s computer.
- Inform the clinician of any changes in patient’s email address.
- Include in the email: the category of the communication in the email’s subject line, for routing purposes (e.g., ‘prescription renewal’); and the name of the patient in the body of the email.
- Review the email to make sure it is clear and that all relevant information is provided before sending to the clinician.
- Inform the clinician that the patient received the email.
- Take precautions to preserve the confidentiality of emails, such as using screen savers and safeguarding computer passwords.
- Withdraw consent only by email or written communication to the clinician.
- **Should the patient require immediate assistance, or if the patient’s condition appears serious or rapidly worsens, the patient should not rely on email.** Rather, the patient should call the clinician’s office for consultation or an appointment, visit the clinician’s office or take other measures as appropriate.

PATIENT ACKNOWLEDGMENT AND AGREEMENT

I acknowledge that I have read and fully understand this consent form. I understand the risks associated with the communication of email between the clinician and me, and consent to the conditions outline herein, as well as any other instructions that the clinician may impose to communicate with patients by email. I acknowledge the clinician’s right to, upon the provision of written notice, withdraw the option of communicating through email. Any questions I may have had were answered.

Patient name: _____ Patient D.O.B. : _____

Patient address: _____

Patient email: _____

Patient signature _____ Date _____

Witness signature _____ Date _____