

## Patient Consent and Release for Email Communication

We are collecting patients e-mail addresses with a view towards possible e-mail communication with our patients in the future.

**Please read to the bottom of this page and the next page to submit your consent for e-mail communication.**

If you would like to receive our emails, please update your address book to accept emails from [no-reply@cognisantmd.com](mailto:reply@cognisantmd.com) and don't forget to check your junk/spam folder.

There are some limits on what and when we will be able to e-mail when or if that time comes.

- E-mail communication is not a substitute for meeting with your health care provider. Although technology has changed, the best way to share information with your health care provider is in person.
- Please tell us which e-mail address you wish to use. You must keep this up to date and tell us of any changes to your e-mail address.
- E-mail should never be used in an emergency. **IF YOU HAVE A MEDICAL EMERGENCY YOU SHOULD CALL 9-1-1 OR GO TO YOUR NEAREST EMERGENCY ROOM.**
- E-mail should never be used for urgent problems (where you need a response from us by a certain time). If you have an urgent issue, you should make an appointment to see your health care provider.
- We do not read our e-mail 24 hours a day, 7 days a week. We cannot guarantee any particular response time for an e-mail. If you require a response to an e-mail message please call the office.
- E-mails should be short. If you have a problem that is complex, please call the office instead.

**You should not use e-mail to tell us about sensitive health information.** Please tell us if there are certain issues or types of information that you do not wish to discuss by email.

### **THERE ARE SOME PRIVACY RISKS IN COMMUNICATING BY E-MAIL:**

- E-mail may not be secure. While we try to protect our e-mails we cannot guarantee the security and confidentiality of any e-mail you send to or receive from us. As the message leaves our system it is sent across the internet and it could be intercepted and read.
- More than just your health care provider may need to read your e-mail. Administrative staff supporting your health care provider and people providing coverage for your health care provider like a locum doctor or resident may also read any e-mail you have sent. Your family physician will also have access to your messages.
- Your e-mail address will be added to your electronic medical record. E-mails may be filed on your health record depending on the content of the e-mail message and can become a permanent part of your health record. As part of your record, e-mails may be shared with your family physician's office or third parties as required by law, including other health care



providers and insurance companies.

- E-mail addresses will be provided to other health care professionals your health care provider may be referring you to.
- An error could be made and your information could be sent to the wrong e-mail address.
- E-mail can introduce viruses into a computer system and potentially damage or disrupt your computer.
- E-mail is easy to forge, easy to forward accidentally and to many people and may exist forever.
- We recommend you give us a personal e-mail address that only you read. We recommend that you use an e-mail address and system that is password protected. If you give us a family e-mail address or share your e-mail address with anyone else, you should know that other people may also receive or read e-mails we send to you. If you use a work e-mail address your employer may have the right to archive and look at e-mails sent to/from their system. We recommend you avoid using work e-mail addresses.
- E-mails may be used as evidence in court.

**The Upper Grand Family Health Team, its affiliated physicians and their staff are not responsible for any information loss due to technology failures.**

**The Upper Grand Family Health Team, its affiliated physicians and their staff may choose not to communicate with you by e-mail if you are not able to follow e-mail limits as set out.**

**Patient Agreement and Release**

I have read and fully understand this consent and release form. I understand the risks associated with using email communication with Upper Grand Family Health Team and I accept those risks. I understand the limits set out for using email and I agree to follow those limits.

I understand if I no longer wish to communicate with Upper Grand Family Health Team or my physician's office by email, I will tell my health care provider.

**I agree that Upper Grand Family Health Team (which for this agreement and release includes its affiliated physicians, staff, agents and officers) shall not be responsible for any personal injury including death, or privacy breach (outside the control of Upper Grand Family Health Team, its affiliated physicians, staff, agents and officers) or other damages as a result of my choice to communicate with Upper Grand Family Health Team by email and I release and hold harmless the Upper Grand Family Health Team and its affiliated physicians, their staff, agents and officers from any liability relating to communicating with me by email.**

If I had any questions about this form, I asked those questions and agree that my questions have been answered.

I understand I have the right to have legal advice about signing this form and what it means to me and have either sought that advice or have chosen not to seek such advice.

Patient Name (and if Substitute Decision Maker – please add your name too) (please print):

E-mail address:

Date of Birth:

Health Card Number:

Signature:

Date: