

YONGE DAVISVILLE HEALTH CLINIC PATIENT CONSENT TO EMAIL COMMUNICATION

Please read the consent carefully and complete the form below.

Yonge Davisville Health Clinic (YDHC) communicates outside of the office with patients in several different ways: email, telephone and by post. YDHC will use email communication to share information we think may be helpful to you. Right now this includes appointment reminders, but in the future we hope to be able to notify you about changes to hours of operation, holiday hours, flu clinics, annual block registration, and some patient care topics.

While email communication has many advantages, it also comes with risks that we want to be sure you are aware of.

- Email communication is not considered to be private or secure
- Your employer may choose to monitor or store email 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
- Any email you receive could potentially introduce a virus into a computer system and damage or disrupt the computer.
- Emails can be forwarded, intercepted, circulated, stored or even changed without the knowledge or permission of the physician or patient.
- An email sender could misaddress an email, resulting in it being sent to an unintended and unknown recipient.
- 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

YDHC will use reasonable means to protect the security and confidentiality of email information sent and received. Emails are stored on our EMR platform which is password protected. Communication between all electronic devices used at the clinic and the clinic's server are encrypted using Secure Socket Layer protocols. Firewalls are also used on our systems to prevent unauthorized access to our networks and to stop spam, viruses and other unwanted content before they reach our infrastructure and users. However, as we do not yet use encrypted software to communicate with patients, and because of the risks outlined above, we cannot guarantee the security and confidentiality of email communication. Thus, patients must consent to the use of email. Consent to the use of email includes agreement with the following conditions:

- Emails between you and the clinic will be retained as part of your medical record.
- Although your doctor will endeavor to review and respond promptly to an email, she cannot guarantee that any particular email will be read and responded to within any particular period of time. **Patients should not use email for medical emergencies or other time-sensitive matters.**
- Email communication is not an appropriate substitute for clinical examinations. Your doctor will not advise, diagnose or prescribe based on email communication. You should call our clinic for consultation or an appointment.
- Your doctor is not responsible for information loss due to technical failures associated with your email software or internet service provider.

- If your email requires or invites a response from your doctor, and you have not received such within a reasonable time, it is your responsibility to follow up to determine whether we received the email and when we will respond.
- We will not open attachments.
- You must ensure that you are providing us with your email address that is private and not accessed by anyone other than yourself. It is your responsibility to update the clinic in writing should you change your email address.
- Withdrawal of consent can only be done by written communication to your doctor.

EXAMPLES OF APPROPRIATE USE

- Routine test results with interpretation and advice, at the sole discretion of the physician
- Contact information and appointment details of other facilities/providers to which you have been referred
- Instructions for taking medications
- Non urgent messages between you and the doctor
- Providing records of home blood pressure or glucose readings *if* requested by your doctor

EXAMPLES OF INAPPROPRIATE USE

- Urgent health matters
- Sensitive and highly confidential subject matter (ie: HIV results/drug and alcohol abuse/mental health)
- Matters with serious consequences or complicated explanations
- Requests for referrals/tests/investigations without a clinic appointment at the sole discretion of the doctor

Patient acknowledgement 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 physician and me, and consent to the conditions outlined herein, as well as any other instructions that YDHC may impose to communicate by email. I acknowledge that either I or the physician, upon the provision of written notice, may withdraw the option of communicating through email. Any questions I may have had were answered.

Patient Name: _____ **Patient Birthdate:** _____

Patient Email: _____

Date: _____ **Patient Signature:** _____

Yes, I consent to the use of email communication.

No, I do not consent to the use of email communication.

PLEASE RETURN THIS FORM BY MAIL OR IN PERSON, even if you have recently given us your email address, to:

Yonge Davisville Health Clinic
502-1881 Yonge Street, Toronto M4S 3C4