



# CACHET FAMILY PHYSICIANS

DR. Z. ABBA DR. W. CHRYSOJA DR. A. DHARAMSHI DR. C. GUPTA DR. D. MAI  
DR. P. MCLEAN DR. Y. ZHANG

## PHYSICIAN/STAFF/PATIENT E-MAIL COMMUNICATION CONSENT FORM FOR BOOKING NON- URGENT APPOINTMENTS

### RISKS OF USING E-MAIL

The patient should not agree to communicate with the physician or the physician's office via e-mail without understanding and accepting these risks. The risks include, but are not limited to the following:

- The privacy and security of e-mail cannot be guaranteed.
- Employers and online services may have a legal right to inspect and keep e-mails that pass through their system.
- E-mail 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 e-mail once it has been sent.
- E-mails can introduce viruses into a computer system and potentially damage or disrupt the computer.
- E-mail can be forwarded, intercepted, circulated, stored, or even changed without the knowledge or permission of the physician, staff or patient. E-mail senders can easily misaddress an e-mail, resulting in it being sent to many unintended and unknown recipients.
- E-mail is indelible. Even after the sender and recipient have deleted their copies of the e-mail, back-up copies may exist on a computer or in cyberspace.
- Use of e-mail can increase the risk of such information being disclosed to third parties.
- E-mail can be used as evidence in court.

### CONDITIONS OF USING E-MAIL

The physician or staff will use reasonable means to protect the security and confidentiality of e-mail information sent and received. However, because of the risks outlined above, the physician or staff cannot guarantee the security and confidentiality of e-mail communication, and will not be liable for improper disclosure of confidential information that is not the direct result of intentional misconduct of the physician or staff. Thus patients must consent to the use of e-mail for booking non-urgent appointments. Consent to the use of e-mail includes agreement with the following conditions:

- E-mails to or from the patient will become a part of the patient's electronic medical record.
- The physician or staff will not forward e-mail to independent third parties without the patient's prior written consent.
- The physician or staff will endeavour to read and respond promptly to an e-mail from the patient, **the physician or staff cannot guarantee that any particular e-mail will be read and responded to within any particular period of time. Thus, the patient should not use e-mail to request urgent appointments.**
- If the patient has not received a response from an e-mail within a reasonable period of time, it is the patient's responsibility to follow up by phone 905-887-2222 to get his or her appointment.
- The patient should not use this e-mail for communication regarding sensitive medical information, such as STI, AIDS/HIV, mental health, developmental disability, or substance abuse or for anything else other than to book a non-urgent appointment. Patient will not receive a response to any request, other than non-urgent appointment requests.
- The physician or staff is not responsible for information loss due to technical failures.

Continued...>

## PHYSICIAN/STAFF/PATIENT E-MAIL COMMUNICATION CONSENT FORM continued

### INSTRUCTIONS FOR COMMUNICATION BY E-MAIL

To communicate by e-mail the patient shall:

- Limit or avoid using an employer's computer.
- Inform the physician or staff of any changes in patient's e-mail address.
- Include in the e-mail: the category of the communication in the e-mail's subject line and the name of the patient in the body of the e-mail.
- Review the email to make sure it is clear and all relevant information is provided to the physician or staff.
- Withdraw consent only by e-mail or written communication to the physician or staff.
- **The patient should not rely on e-mail when seeking immediate assistance. Rather the patient should call the physician's office for an appointment.**

### PATIENT ACKNOWLEDGEMENT AND AGREEMENT

I acknowledge that I have read and fully understand this consent form. I understand that the risks associated with the communication of e-mail between the physician, staff and me, and consent to the conditions outlined herein, as well as any other instructions that the physician or staff may impose to communicate with patients by e-mail. I acknowledge the physician's right to, upon the provision of written notice; withdraw the option of communicating through e-mail.

PATIENT NAME: \_\_\_\_\_

PATIENT ADDRESS: \_\_\_\_\_

PATIENT E-MAIL: \_\_\_\_\_

PATIENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

WITNESS SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_