



## CONSENT TO ELECTRONIC COMMUNICATION

Your provider can offer you the opportunity to engage in electronic communication. Electronic communication may include email, video conference, text and other forms of electronic communication.

### **1. Risks of using electronic communication**

While the provider will use reasonable means to protect the security and confidentiality of information sent and received using electronic communications, because of the risks outlined below, the provider cannot guarantee the security and confidentiality of electronic communications.

- Use of electronic communications to discuss sensitive information can increase the risk of such information being disclosed to third parties. Despite the reasonable efforts to protect the privacy and security of electronic communication, it is not possible to completely secure the information.
- Employers and other online services may have a legal right to inspect and keep electronic communication that pass through their system.
- Electronic communications introduce malware into a computer system, and potentially damage or disrupt the computer, networks and security settings. Electronic communications can be subject to disruptions beyond the providers control which may prevent the provider from being able to provide services.
- Electronic communications can be forwarded, intercepted, circulated, stored, or even changed without the knowledge or permissions of the provider or the patient.
- Back up copies may still exist on the computer system, even after the sender and recipient have deleted electronic communications.
- Electronic communications may be disclosed in accordance with a duty to report or a court order.
- There may be limitations in the services that can be provided through electronic communications.
- Email can more easily be misdirected, resulting in increased risk of being received by unintended and unknown recipients. Email can be easier to falsify than handwriting or signed hard copies. It is not feasible to verify the identity of the sender, or to ensure that only the recipient can read the message once it has been sent.

### **2. Conditions of using Electronic Communications**

- While the staff and the provider will attempt to review electronic communications in a timely manner, the staff and provider cannot provide a timeline as to when communications will be reviewed and responded to. Electronic communications will not and should not be used as a means for medical emergencies or other time-sensitive matters.
- Electronic communication may not be an appropriate substitute for some services that providers offer.

- Electronic communications may be copied or recorded in full or in part and be made part of your clinical chart. Other individuals authorized to access your clinical chart may have access to those communications.
- The provider may forward electronic communications to staff and those involved in the delivery and administration of your care. The provider will not forward electronic communications to third parties, including family members, without your prior written consent, except as authorized or required by law.
- The patient will inform the staff and/or provider of any changes in the patient email address, mobile phone number, or other account information necessary to communicate electronically.
- The patient will take precautions to preserve the confidentiality of electronic communications, such as screen savers and safeguarding computer passwords.
- If the patient no longer consents to the use of electronic communications by provider or medical staff, then the patient will provide notice of the withdrawal of consent by email or written communication.
- The patient may not video or record videoconference or phone health sessions.

### 3. Acknowledgement and Agreement

I acknowledge that I have read and fully understand the risks, limitations, conditions of use, and instructions for use of the selected electronic communications as described above.

I understand and accept the risks outlined above on this consent form, associated with the use of the electronic communications with the provider and their staff.

I consent to the conditions and will follow the instructions outlined above, as well as any other conditions that the provider may impose regarding electronic communications with patients.

I acknowledge and agree to communicate with the provider and staff using these electronic communications with a full understanding of the risks in doing so.

I confirm that any question that I had regarding the provision of health services through electronic communications have been answered.

Name of Provider: \_\_\_\_\_

Name of Patient: \_\_\_\_\_

Patient E-mail: \_\_\_\_\_

Patient Preferred Phone Number: \_\_\_\_\_

Patient DOB: \_\_\_\_\_

Patient HSN: \_\_\_\_\_

Signature of Patient: \_\_\_\_\_ Date Signed: \_\_\_\_\_