

Rideau Family Health Team utilizes email communication with its patients and clients to improve the convenience and efficiency of your visits and care.

Ensure that you read this policy thoroughly prior to signing the consent form.

Risks of Using Email

Rideau Family Health Team, consisting of the Riverside Court Medical Clinic, Lancaster Medical Clinic, Dr. Chopra's Office, and the Allied Health Professional Clinic, offers patients the opportunity to communicate by email. Transmitting patient information poses several risks of which the patient should be aware. Patients should **not** agree to communicate with Rideau Family Health Team 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 physician 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.
- Email communication is not an appropriate substitute for clinical examinations. The patient is responsible for following up and scheduling appointments where warranted.
- If the patient's email requires or invites a response from Rideau Family Health Team 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, Rideau Family Health Team will not discuss such matters over email.
- Rideau Family Health Team is not responsible for information loss due to technical failures associated with the patient's email software or internet service provider.

The Patient

- Agrees to and will comply with the use of encryption software.
- Chooses not to use encryption software when communicating with the physician, with the full understanding that this increases the risk of violation of the patient's privacy.

Conditions of Using Email

Rideau Family Health Team will use reasonable means to protect the security and confidentiality of email information sent and received. However, because of the risks outlined above, Rideau Family Health Team cannot guarantee the security and confidentiality of email communication. 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.
- Rideau Family Health Team may forward emails internally to the physician's staff and to those involved, as necessary, for diagnosis, treatment, reimbursement, healthcare operations, and other handling. Rideau Family Health Team will not, however, forward emails to independent third parties without the patient's prior written consent, except as authorized or required by law.
- It is up to the Physicians' discretion as to whether email is an appropriate vehicle for communication, and Rideau Family Health Team cannot guarantee an email response.
- Although Rideau Family Health Team will endeavor to read and respond promptly to an email from the patient, **Rideau Family Health Team 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.**

Instructions for Communication by Email

To communicate by email, the patient shall:

- Limit or avoid using an employer's or other third party's computer.
- Inform Rideau Family Health Team of any changes in the 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 Rideau Family Health Team.
- 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 Rideau Family Health Team.
- 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 Rideau Family Health Team for consultation or an appointment, or take other measures as appropriate.

Patient Acknowledgment and Agreement

"I acknowledge that I have read and fully understand Rideau Family Health Team Email Communication Policy & Consent Form. I am aware of the conditions of use, risks, limitations, and instructions for use of email communication services as explained by Rideau Family Health Team. I fully acknowledge that sending information via electronic communication is not secure and I fully accept the risks and responsibility involved with this. I hereby waive any and all claimed against physicians and staff at Rideau Family Health Team in connection with the disclosure of personal information via email.

I consent to the conditions and will follow the instructions outlined, as well as any other conditions that Rideau Family Health Team may impose on communications with patients using email services.

I acknowledge the permitted purposes of online communications and agree to use email communications only for those purposes.

I acknowledge that either the clinic staff or I may, at any time, withdraw the option of communicating electronically upon providing written notice. Any questions had have been answered."

Email Address

_____ *(***PLEASE PRINT CLEARLY***)*

Patient Name

_____ *(Print Name)*

Date of Birth (dd/mm/yyyy)

Signature

_____ Date _____

If signing on behalf of patient please print your name and relationship to patient below:

_____ *(Please Print Name Clearly)*

_____ *(Relationship To Patient)*

***** Parent/Guardian signature is required for children under 16 years of age. *****