

## PATIENT CONSENT AND RELEASE FOR EMAIL

<b>Section</b> Privacy Policies	<b>Initial Approval Date:</b> 5-Jul-2019	<b>Policy Number</b> ADM-001-003-001
<b>Subsection</b> Safeguarding	<b>Current Revision Date:</b> 15-Dec-21	<b>Revision Number</b> 05

These guidelines are part of the SCFHT's Privacy Policy.

The Sunset Country Family Health Team (SCFHT) and the affiliated Sunset Country Family Health Network (SCFHN) physicians (Keewatin Clinic, DocSide Clinic and Kenora Medical Associates) may use email for the following (but not limited to):

- Appointment reminders
- Sharing routine test results
- Sending forms to you for tests (labs, x-ray, ultrasound etc.)
- Verifying your contact information
- Sending you our policies
- E-referral
- Clinic Newsletters
- Patient satisfaction surveys
- Giving you educational and health promotion resources
- Asking for health card information
- Online Booking

**Please read to the bottom of this page and the next page to submit your consent.**

If you would like to receive emails from the Sunset Country Family Health Team, please update your address book to accept emails from @scfht.ca. Check your junk/spam folder to make sure the messages aren't being sent there.

**There are some limits on what and when we can email you, which we will explain here.**

- Email is not a substitute for meeting with your health care provider.
- Please tell us which email address you wish to use and tell us if it changes.
- Email should never be used in an emergency. **If you have a medical emergency, you should call 9-1-1 or go to your nearest hospital emergency room.**
- Email should never be used for urgent problems (where you need a response from us by a certain time) you should call your healthcare provider's office.
- We do not read our email messages 24 hours per day, 7 days per week. We cannot guarantee any particular response time for an email.
- Emails should be short. If you have a problem that is complex, please call the office instead.
- You should not use email to tell us about sensitive health information.

**There are some privacy risks in communicating by email.**

- Email may not be secure. While we try to protect our emails, we cannot guarantee the security and confidentiality of any email you send to or receive from us. As the message leaves the Organization it is sent across the internet and it could be intercepted and read.
- Administrative staff supporting your health care provider and people providing coverage for your health care provider (like a locum doctor) may also read any email you send.

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- Emails may be filed on your health record and could become a permanent part of your health record. As part of your record, emails may be shared within our team or third parties, with your consent or if we are permitted or required by law (including with other health care providers and insurance companies).
- Email is easy to forge, easy to forward (sometimes accidentally and to many people), and may exist forever.
- The Sunset Country Family Health Team is not responsible for information loss due to technical failures.

### **Use of shared or work email accounts**

- We recommend you give us a personal email address that only you read.
- We recommend that you use an email address and system that is password protected.
- If you give us a family email address or share your email address with anyone else, other people may also receive or read emails we send to you.
- If you use a work email address, your employer may have a right to access email sent to and from their systems. We recommend you avoid using a work email address.

We may choose not to communicate with you by email if you are not able to follow our email rules.

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### Patient Agreement and Release

I have read and fully understand this consent and release form. I understand the risks associated with using email with these Organizations 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 these Organizations by email, I will tell my health care provider or the front desk staff person.

**I agree that the Sunset Country Family Health Team (which for this agreement and release includes the Sunset Country Family Health Team staff, agents, directors and officers and any affiliated physician and their staff, agents, directors and officers shall not be responsible for any personal injury including death, or privacy breach outside the control of the Sunset Country Family Health Team or other damages as a result of my choice to communicate with the Sunset Country Family Health Team by email, and I release and hold harmless the Sunset Country Family Health Team 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 Email Address:

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

Date of Birth:

Health card #:

Patient or Substitute Decision Maker Signature:

Date:

**VERBAL CONSENT RECEIVED** – I have reviewed the above policy with the patient and have obtained verbal consent

Provider/Admin Name:

Provider/Admin Signature:

**\*Please document the verbal consent in the patient chart by scanning and attaching this document.**