

EMAIL CONSENT FORM

Name:

DOB:

Address:

Email Address:

Health Plus offers patients the option of having results sent to them by email if requested.

PLEASE NOTE:

- We are unable to enter into further email conversation regarding these results. Further communication must be via face to face or telephone consultation.
- Transmission of results by email may not be secure. Please ensure you have read the full terms and conditions before signing.
- It is the patient's responsibility to ensure that an up to date email address is provided to the surgery.
- Please inform the surgery if you wish to stop this service – it is assumed it will run indefinitely.

I have read the full Terms and Conditions

Signed: _____

Print Name: _____

Date: _____

EMAIL OF RESULTS

RISKS

Transmitting patient information by email has a number of risks that patients should consider before using email. These include, but are not limited to, the following risks:

1. Email can be circulated, forwarded and stored in numerous paper and electronic files.
2. Email can be immediately broadcast worldwide and be received by many intended and unintended recipients.
3. Email senders can easily misaddress an email.
4. Email is easier to falsify than handwritten or signed documents.
5. Backup copies of email may exist even after the sender or the recipient has deleted his or her copy.
6. Employers and online services have a right to archive and inspect emails transmitted through their systems.
7. Email can be intercepted, altered, forwarded or used without authorisation or detection.
8. Email can be used to introduce viruses into computer systems.
9. Email can be used as evidence in court.

CONDITIONS FOR THE USE OF EMAIL

Provider will use reasonable means to protect the security and confidentiality of email information sent and received. However, because of the risks outlined above, Provider cannot guarantee the security and confidentiality of email communication and will not be liable for improper disclosure of confidential information that is not caused by Provider's intentional misconduct. Thus, the patients must consent to the use of email for patient information. Consent to the use of email includes agreement with the following conditions:

- i) All emails to or from the patient concerning diagnosis or treatment will be printed out and made part of the patient's medical record. Because they are part of the medical record, other individuals authorised to access the medical record, such as staff and billing personnel, will have access to those emails.
- ii) Provider may forward emails internally to Provider's staff and agent necessary for diagnosis, treatment reimbursement and other handling. Provider will not however, forward emails to independent third parties without the patient's prior written consent, except as authorised or required by law.
- iii) Although Provider will endeavour to read and respond promptly to an email from the patient, Provider cannot guarantee that any particular email will be read and responded to within any particular period of time. Thus, the patient shall not use email for medical emergencies or other time sensitive matters.
- iv) If the patient's email requires or invites a response from Provider and the patient has not received a response within a reasonable time, it is the patient's responsibility to follow up to determine

whether the intended recipient received the email and when the recipient will respond.

- v) The patient should not use email for communication regarding sensitive medical information, such as information regarding sexually transmitted diseases, AIDS/HIV, mental health, developmental disability or substance abuse.
- vi) The patient is responsible for informing Provider of any types of information the patient does not want to be sent by email, in addition to those set out in 2 (v) above.
- vii) The patient is responsible for protecting his/her password or other means of access to email. Provider is not liable for breaches of confidentiality caused by the patient or any third party.
- viii) It is the patient's responsibility to follow up and/or schedule an appointment if warranted.

INSTRUCTIONS

To communicate by email the patient shall:

- i) Limit or avoid use of his/her employer's computer.
- ii) Inform Provider of changes in his/her email address.
- iii) Put the patient's name in the body of the email.
- iv) Include the category of the communication in the email's subject line for routing purposes (eg – billing question).
- v) Review the email to make sure it is clear and that all relevant information is provided before sending to Provider.
- vi) Inform Provider that the patient received an email from Provider.
- vii) Take precautions to preserve the confidentiality of email such as using screen-savers and safeguarding his/her computer password.
- viii) Withdraw consent only by email or written communication to Provider.

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 Provider and me and consent to the conditions herein. In addition, I agree to the instructions outlined herein, as well as any other instructions that Provider may impose to communicate with patients by email. Any questions I may have had were answered.