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Email Communication Consent Form, June 2013 Version

Dear Patient:

Please carefully read the following consent form about email communication from this office. Once you have read the information please sign the form to indicate that you agree to the conditions in this consent form. If a signed consent is not present in your chart, we will not use emails to communicate with you and any email address we have for you will be removed from your file.

Risks of using email

While the opportunity to communicate by email enhances your care, transmitting patient information poses several risks of which you should be aware. You should not agree to communicate with the physician 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 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.

Conditions of using email

The physician will use reasonable means to protect the security and confidentiality of email information sent and received. However, because of the risks outlined above, the physician cannot guarantee the security and confidentiality of email communication. Therefore your consent is required to use email for transfer of 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.
- Emails may be forwarded internally to the physician's staff and to those involved, as necessary, for diagnosis, treatment, reimbursement, healthcare operations, and other handling. The physician will not, however, forward emails to independent third parties without the patient's prior written consent, except as authorized or required by law.
- Although the physician will endeavor to read and respond promptly to an email from the patient, **the physician cannot guarantee that any particular email will be read and responded to within any particular period of time. Thus, you should not use email for medical emergencies or other time-sensitive matters.**
- Email communication is not an appropriate substitute for clinical examinations. You are responsible for following up on the physician's email and for scheduling appointments where warranted.



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- If your email requires or invites a response from the physician and you have not received a response within a reasonable time period it is your responsibility to follow up to determine whether the intended recipient received the email and when the recipient will respond.
- You should not use email for communication regarding medical information that you deem sensitive. **Specifically, positive test results for sexually transmitted diseases including HIV will not be released by email.** Negative test results for sexually transmitted diseases **will** be sent by email. **The physician will use his discretion with regard to other sensitive matters and their appropriateness for email communication.**
- If you have any concerns about medical information being sent by email you should not consent to email communication.
- The physician is not responsible for information loss due to technical failures associated with the patient's email software or internet service provider

Instructions for communication by email

To communicate by email, you shall:

- Limit or avoid using an employer's or other third party's computer.
- Inform the physician of any changes in your email address
- Include in the email the category of the communication in the email's subject line, for routing purposes (e.g., "blood pressure readings") and include your name in the body of the email when it is not obvious from the email address itself.
- Review the email to make sure it is clear and concise and that all relevant information is provided before sending to the physician.
- Inform the physician when you receive an email when directed by the physician or his staff.
- Take precaution to preserve the confidentiality of emails, such as using screen savers and safeguarding computer passwords.
- Withdraw consent of email communication in writing to the physician.
- **Do not use email when you require immediate assistance, or if your condition appears serious or rapidly worsens. Rather you should call the office or take other measures as appropriate.**

Patient acknowledgment 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 the physician and me, and consent to the conditions outlined herein, as well as any other instructions that the physician may impose to communicate with patients by email. I acknowledge the physician's right to, upon the provision of written notice, withdraw the option of communicating through email. Any questions I may have had were answered.

Patient name:

Patient address:

Patient email:

Patient signature:

Date:

Witness signature:

Date: