

## **Southlake Academic FHT and affiliated Physician Patient Consent and Release for Electronic Communication**

**We are now able to offer electronic communication with our Family Health Team for the following:**

- Appointment reminders, including specialist and diagnostic appointments
- Sharing routine test results
- Sending you our policies
- Upcoming program/education events and resources
- Reminders for tests that are due
- Scheduling of appointments with some members of our team
- Sending you forms for tests (labs, x-ray, ultrasound etc.)
- Patient experience surveys
- Verifying your contact information
- Asking for health card information
- Questionnaires in preparation for appointment
- Invitations to Health Myself (online booking) for participating clinicians

Please note, by completing this consent, you may not have access to all the types of communication noted above. This access will be provided at the sole discretion of your rostering physician and/or the Southlake Academic FHT.

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

If you would like to receive our electronic communication, please update your address book to accept emails from the Southlake Academic Family Health Team and don't forget to check your junk/spam folder.

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

- Electronic communication is not a substitute for meeting with your health care provider. Although technology is changing. The best way to share information with your health care provider is in person.
- Please tell us which email address you wish us to use. You must keep this up-to-date and tell us of any changes to your email address.
- Electronic communication 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 or health care provider immediately.**
- Electronic communication should never be used for urgent problems (where you need a response from us by a certain time). If you have an urgent issue, you should make an appointment to see your Southlake Academic Family Health Team health care provider.
- We do not read our electronic messages 24 hours per day 7 days per week. We cannot guarantee any particular response time for an electronic communication. If you require a response to an electronic communication message, please call the Southlake Academic Family Health Team office.

**There are some privacy risks in communicating electronically:**

- Electronic communication may not be secure. While we try to protect our electronic communication, we cannot guarantee the security and confidentiality of any electronic communication you send to or receive from us. As the message leaves Southlake Academic Family Health Team it is sent across the internet and it could be intercepted and read.

- More than just your health care provider may need to read your electronic communication. Administrative staff supporting your health care provider and people providing coverage for your health care provider (like a locum doctor) may also read any electronic communication you send.
- Electronic communication may be filed on your health record depending on the content of the electronic communication message and can become a permanent part of your health record. As part of your record, electronic communication may be shared within the Southlake Academic Family Health 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).
- Electronic communication is easy to forge, easy to forward (sometimes accidentally and to many people) and may exist forever.
- 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, you should know that other people may also receive or read electronic communication we send to you. If you use a work email address, your employer may have a right to archive and look at emails sent from their systems. We recommend you avoid using a work email address.
- Southlake Academic Family Health Team is not responsible for information loss due to technical failures.

The Southlake Academic Family Health Team may choose not to deal with you by electronic communication if you are not able to follow our electronic communication rules.

**Patient Agreement and Liability Release**

I have read and fully understand this consent and release form. I understand the risks associated with using electronic communication with my health care provider and others at the Southlake Academic Family Health Team and I accept those risks. I understand the limits for using electronic communication and I agree to follow those limits.

I understand if I no longer wish to communicate with Southlake Academic Family Health Team electronically, I will let my clinic know by withdrawing my consent in writing.

**I agree that Southlake Academic Family Health Team ( which for this agreement and release of liability includes its affiliated physicians, and staff, agents and officers of the physicians or the Southlake Academic Family Health Team) shall not be responsible for any personal injury including death, or privacy breach outside the control of Southlake Academic Family Health Team or other damages as a result of my choice to communicate with Southlake Academic Family Health Team electronically and I release and hold harmless the Southlake Academic Family Health Team from any liability relating to communicating with me electronically.**

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

Signature:

Email:

Date: