

## **PATIENT CONSENT FOR ONLINE COMMUNICATIONS**

Dear Patient:

The Southlake Academic Family Health Team supports the use of electronic and online communication with our patients. E-mail, Health Myself Portal, online messaging and/or other online platforms are collectively referred to as “online communications” herein. This form constitutes an agreement between you (“you,” ”patient”) and The Southlake Academic Family Health Team (“clinic,” ”our,” “us”). Both the provider and patient may agree to communicate using online communications, but neither party is obligated to do so. Online communications is an additional option for communication, not a replacement of traditional means of contact such as telephone, mail or in person.

If you choose to use online communications with our clinic, signing this consent form provides the clinic with your permission to communicate with us using our online platforms. Signing this consent form is required before any form of online communication can be mediated from our clinic. This consent can be withdrawn at any time by contacting the clinic in person or in writing.

### **APPROPRIATE USES OF ONLINE COMMUNICATION:**

Online communication is a convenient way to exchange information. The information you receive from our clinic via online communications is for general or administrative purposes and should not be perceived as medical advice from a physician. Examples of information you may receive from our clinic, include (but are not limited to):

- Reminding you of your appointments;
- Invitations to Health Myself (online booking) for participating physicians;
- Upcoming programs, health promotion material, educational resources and notices for workshops or clinics (e.g. flu shot clinic);

### **REPLIES:**

**You will not be able to reply back** to inquiries sent in reply to the account *FHTReminders@southlakeregional.org*. You are responsible for scheduling any necessary appointments and for following up if you believe an online communication was unanswered or not received. For this reason, if you use online communications to relay any information, including personal health information, to the clinic, you are hereby accepting the inherent risk of this information being compromised. Should you have any additional questions or comments regarding online communications or an online message, please call our clinic at 905-853-3103.

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*Created: April 7, 2016*

*Approved: October 11, 2016*

*Revised: April 28, 2016, May 5, 2016, October 7, 2016*

## **RISKS:**

All medical communications inherently carry some degree of risk. The risks associated with the use of online communications are real and should be understood. These risk may increase further with the use of personal email accounts.

These risks include, but are not limited to:

- Messages from your care provider may be seen by others using the Internet. Online communication is easy to forge, may be accidentally forwarded, and may exist indefinitely on the internet.
- Online communication messages may exist as an electronic or paper record within the clinic indefinitely.
- The clinic cannot guarantee that messages generated by online communication will be received, read or responded to within any particular period of time. **DO NOT USE ONLINE COMMUNICATIONS FOR MEDICAL EMERGENCIES AND/OR OTHER TIME-SENSITIVE MATTERS.**

## **TERMS OF USE:**

- I understand that it is my responsibility to monitor email received at the indicated email address(es) and to advise the clinic if any email address changes or should no longer be used by the clinic for online communications with myself. I understand that only the email address specified below will be used by the clinic for communication to me.
- If I am signing on behalf of my minor child, I understand that when he/she turns 16, the child will have the option of signing his/her own consent for ongoing online communication with the clinic.
- I understand that the clinic cannot guarantee the security of email and online messages that I send to or receive from the clinic.
- I agree not to use online communications to relay any emergency or urgent information about myself and understand that the clinic does not guarantee the receipt or review of any online messages that I may send to the clinic.
- I understand and agree that individual care providers may make decisions about my treatment based on information I provide through online communication and that this information may form part of my health record.
- I understand that I may stop using online communications for clinical purposes at any time, at which point I will directly notify the clinic in person or in writing, of my decision to stop using online communication for these purposes. I understand that this consent remains effective unless and until it is withdrawn.
- I understand that individual care providers may stop using online communications for clinical purposes at any time, at which point s/he will inform me about this decision within a reasonable timeframe.

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This consent form lets us know when we may use online communications with you. If at any time you decide that you no longer want us to communicate to you through online communications, please contact our clinic in person or in writing. Your care provider will do the same.

- I agree to the Patient Consent for Online Communications and fully understand the Terms of Use

By clicking "I agree" or similar electronic acceptance, you are agreeing to have read and fully understand this consent form and everything described herein. You agree that online communications with our clinic will only be used for the approved purposes specified above. You understand the risks associated with the communication of online communications between the physicians and patient, and consent to the conditions outlined herein. You acknowledge that if you are signing on behalf of a child, he/she will be eligible to sign their own consent form when they are 16 years old. You acknowledge that The Southlake Family Health Team reserves the right to revise these terms at any time. Revised terms will be made available to the patient via online or paper copy. Use of the online communication services after such changes are posted will signify your acceptance of the revised terms.

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Email Address: \_\_\_\_\_

Confirm Address: \_\_\_\_\_