



# PATIENT CONSENT FOR E-MAIL COMMUNICATIONS

Addressograph

Dear Patient:

Your care provider can communicate with you or others (named below) using e-mail but you need to understand the risks of using e-mail:

- The security of e-mail messages is not guaranteed. Messages sent to, or from, your care provider may be seen by others using the Internet. E-mail is easy to forge, may be accidentally forwarded, and may exist indefinitely. For this reason, it is recommended that you do not use e-mail to discuss information you think is sensitive. If you decide to use e-mail, please tell you care provider if there are certain types of information that you do not want to discuss by e-mail.
- Do not use e-mail in an emergency because e-mail can be delayed or your care provider may not be able to read it soon enough.

Please Note:

- Your provider will talk to you about which types of conversations you are both comfortable having over e-mail (e.g. scheduling appointments). Your care provider may not feel comfortable discussing some topics by e-mail (e.g. to give test results) and will tell you if another way will be used.
- Your care provider may make decisions about your care based on information you provide in e-mail.
- If an e-mail has information that is important to your clinical care it will be copied or summarized into your medical record – much like a phone conversation.
- E-mail may be forwarded or read by other UHN staff who need the information to provide you with care. Your care provider will tell you if another person will read or reply to your e-mail on their behalf.

This consent form lets us know when we may use e-mail to communicate with you or others who are outside the hospital.

If at any time you decide that you no longer want to communicate by e-mail please tell your care provider as soon as possible. Your care provider will do the same.

**By signing below, you accept the risks of using e-mail and agree to the following:**

\_\_\_\_\_ (UHN care provider or group) may

Communicate with me by e-mail at \_\_\_\_\_ (e-mail Address)

Communicate with the person named below by e-mail (e.g. family member, friend, lawyer, etc.):

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

Relationship: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Communicate with the following outside care providers by e-mail:

\_\_\_\_\_

\_\_\_\_\_ Date

\_\_\_\_\_ Signature of Patient/Substitute Decision Maker

