

PHYSICIAN-PATIENT E-MAIL COMMUNICATION

Physician Information

Name: **Dr. Alfonso Del Valle**

Address: **56 Aberfoyle Crescent Suite 300 Etobicoke, ON M8X 2W4**

Email: **info@repromed.ca**

Risks of using e-mail

The Physician offers patients the opportunity to communicate by e-mail. Transmitting patient information poses several risks of which the patient should be aware. The patient should not agree to communicate with the Physician via e-mail without understanding and accepting these risks. The risks include, but are not limited to, the following:

- The privacy and security of e-mail communication cannot be guaranteed

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- Employers and online services may have a legal right to inspect and keep emails that pass through their system

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- E-mail is easier to falsify than hand written 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.

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- E-mails can introduce viruses into a computer system, and potentially damage or disrupt the computer.

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- E-mail can be forwarded, intercepted, circulated, stored or even changed without the knowledge or permission of the Physician or the patient. E-mail senders can easily misaddress an email, resulting in it being sent to many unintended and unknown recipients**

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- E-mail 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.

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- Use of e-mail to discuss sensitive information can increase the risk of such information being disclosed to the third parties.

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- Email can be used as evidence in court.

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- The physician uses encryption software as a security mechanism for e-mail communications. The patient:

- agrees to and will comply with the use of encryption software
 - waives the encryption requirement, with the full understanding that such waiver increases the risk of violation of the patient's privacy
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Conditions of using e-mail

The Physician will use reasonable means to protect the security and confidentiality of e-mail information sent and received. However, because of the risks outlined above, the Physician cannot guarantee the security and confidentiality of e-mail communication, and will not be liable for improper disclosure of confidential information that is not the direct result of intentional misconduct of the Physician. Thus, patients must consent to the use of e-mail includes agreement with the following conditions:

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- E-mails 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 e-mails.

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- The Physician may forward e-mails internally to the Physician's staff and to those involved, as necessary, for diagnosis, treatment, reimbursement, health care operations, and other handling. The Physician will not however, forward e-mails to independent third parties without the patient's prior written consent, except as authorized or required by law.

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- Although the Physician will endeavor to read and respond promptly to an e-mail from the patient, **the Physician cannot guarantee that any particular e-mail will be read and responded to within any particular period of time. Thus, the patient should not use e-mail for medical emergencies or other time-sensitive matters.**

PHYSICIAN-PATIENT E-MAIL COMMUNICATION *continued*

E-mail communication is not an appropriate substitute for clinical examinations. The patient is responsible for following up on the Physician's email and for scheduling appointments, where warranted

If the patient's email requires or invites a response from the Physician and the patient has not received a response within a reasonable time period, it is the patient's responsibility to follow-up to determine whether the intended recipient received the e-mail and when the recipient will respond.

The patient should not use e-mail for communication regarding sensitive medical information, such as a diagnosis or a topic such as sexually transmitted disease, AIDS/HIV, mental health, developmental disability, or substance abuse. Similarly, the Physician will not discuss such matters over e-mail.

The patient is responsible for informing the Physician of any types of information the patient does not want to be sent by e-mail, in addition to those set out in the bullet above. Such information that the patient does not want communicated over e-mail includes:

The patient can add to or modify this list at any time by notifying the Physician in writing.

The Physician is not responsible for information loss due to technical failures.

Instructions for communication by e-mail

To communicate by e-mail, the patient shall:

Limit or avoid use of an employer's computer

Inform the Physician of any changes in patient's e-mail address

Include in the e-mail; the category of the communication in the e-mail's subject line, for routing purposes (e.g., 'prescription renewal'); and the name of the patient in the body of the e-mail.

Review the e-mail to make sure it is clear and that all relevant information is provided before sending to the Physician

Inform the Physician that the patient received an e-mail sent by the Physician

Take precautions to preserve the confidentiality of e-mails, such as using screen savers and safeguarding computer passwords.

Withdraw consent only by e-mail or written communication to the Physician

Should the patient require immediate assistance, or if the patient's condition appears serious or rapidly worsens, the patient should not rely on e-mail. Rather, the patient should call the Physician's office for consultation or an appointment, visit the Physician's office or take other measures, as appropriate.

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 e-mail 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 e-mail. I acknowledge the Physician's right to, upon the provision of written notice, withdraw the option of communicating through e-mail. Any questions I may have had were answered.

Patient Name _____

Patient e-mail _____

Patient Address _____

Patient Signature _____ Date _____

Witness Signature _____ Date _____