

Consent to Communicate via Email

Dear Patient,

The London Family Health Team and your doctor/healthcare provider supports the use of email communication with our patients.

Privacy law requires that you agree to the use of this form of communication. Your signature on this form will tell us that there is agreement between you, the patient, the London Family Health Team and the doctors of the Primary Care London FHO. Although both the patient and the provider may agree to communicate using email, neither party is obligated to do so. Email is an additional option for communication, not a replacement of other means of contact such as telephone, mail or in person.

If you choose to use email communications, please sign this consent form to provide us with your permission to communicate with you using email. We cannot start using email to communicate with you before we receive your permission (a signed consent form). You can withdraw your consent at any time by contacting the healthcare provider in person or in writing.

Appropriate Use of Email Communication

Email is a convenient way to exchange information. The information you receive from the London Family Health Team or your doctor's office is for general or administrative purposes only. No medical advice would be provided by email. Examples of information you may get by email include (but are not limited to):

- Appointment reminders
- Information about upcoming programs, health promotion material, educational resources and notices for workshops or clinics (e.g. flu shot clinic)

One Way Communication ONLY

The email account londonfht@londonfht.ca cannot received reply back emails. You will not be able to respond back using that email address. The message is intended as a one-way communication only.

Your doctor's office may give you an email address that allows for replies if they wish to communicate with you in this manner. If you use email to send information that includes personal health information, you are hereby accepting the inherent risk of this information being compromised.

Risks: All means of communication of personal health information carries some risk of privacy breach. The risks associated with the use of online communication are real and you should understand them. These risks may increase further with the use of personal email accounts.

These risks include but are not limited to the following:

- Messages from your care provider may be seen by others using your email account. Email is easy to forge, may be accidently forwarded and may exist indefinitely on the internet
- Email messages may exist as an electronic or paper record within the organization indefinitely
- The organization cannot guarantee that messages generated by email will be received, read or responded to within any specific timeframe. **DO NOT USE EMAIL FOR MEDICAL EMERGENCIES OR OTHER TIME SENSITIVE MATTERS.**



and
Primary Care FHO

Terms of Use:

I understand that it is my responsibility to monitor email received at the email address(es) indicated below. I will advise my care provider if this email address changes or should no longer be used for communicating with me. I understand that ONLY the email address specified below will be used by the London Family Health Team and/or doctor's office for communication with me.

I understand that my email address may be shared with other providers within my circle of care.

I understand that the London Family Health Team and my doctor's office cannot guarantee the security of any email that I send or receive.

I agree not to use email to relay any emergency or urgent information about myself and understand that the London Family Health Team and my doctor's office does not guarantee the receipt or review of any online messages that I may send to them.

I understand that I may stop using email to receive information from the London Family Health Team and/or my doctor's office at any time. I will directly notify them in person or in writing of my decision to stop using email for these purposes. I understand that this consent remains effective unless and until I withdraw it.

I understand that individual care provider may stop using email at any time. They will notify me about this decision within a reasonable timeframe.

- I give my permission for email communication as indicated above and fully understand the terms of use.

By checking the above, you confirm that you have read and fully understand this consent form and everything described herein. You agree that email communications will be used ONLY for the approved purposes specified above. You understand the risks associated with the communication between the provider and patient in this manner.

You acknowledge that the London Family Health Team and your doctor's office reserve the right to revise these terms at any time. Revised terms will be made available to the patient via online or on paper. Your continued consent is assumed after the posting of such revisions unless or until you withdraw your consent. Otherwise, your acceptance of the revised terms is implied.

Patient Name: _____

Date of Birth: _____

Health Card Number: _____

Date: _____

Email Address: _____

Patient Signature