

CLINIC/PHYSICIAN-PATIENT/FAMILY EMAIL COMMUNICATION

info@PediatricNeurologyClinic.ca

PATIENT NAME: _____

RISKS OF USING EMAIL

- The privacy and security of email cannot be guaranteed
- Email is easier to falsify than handwritten or signed hard copies
- It's impossible to ensure that only the recipient can read the email once it has been sent
- Emails can introduce viruses into a computer system
- Email addresses can easily be misaddressed, resulting in unintended recipients
- Email will become part of the patient's chart, and can be used as evidence in court

CONDITIONS OF USING EMAIL

- Because emails will become part of the patient's chart, other individuals authorized to access the medical record (other staff), will have access to view them
- The clinic email will be primarily read & responded to by the clinic secretary, and will be brought to the attention of the physician as necessary
- The clinic/physician cannot guarantee that any particular email will be read and responded to within any particular period of time, therefore **EMAILS SHOULD NOT BE USED FOR MEDICAL EMERGENCIES OR OTHER TIME SENSITIVE MATTERS**
- The clinic/physician may forward emails to other physicians who are in the circle of care
- The clinic/physician will not forward emails to independent third parties without prior written consent, except as authorized or required by law
- The clinic/physician is not responsible for information loss due to technical failures

INSTRUCTIONS FOR USING EMAIL

- Limit or avoid using an employer's computer
- Inform the clinic of any changes in email address(es)
- Include the category in the subject line (eg 'prescription renewal', 'appointment rescheduling', etc), and the name of the patient in the body of the email
- Review the email to make sure it is clear and complete before sending
- Take precautions to preserve the confidentiality of emails (screen savers, passwords etc)

*I acknowledge that I have read and understand the consent form, including the risks, conditions and instructions outlined above. I understand that the Pediatric Neurology Clinic may withdraw the use of email as a form of communication at any time.

Name	Relationship to Patient	Email Address	Signature	Date