

KINGSTON HEALTH SCIENCES CENTRE
PATIENT CONSENT FOR EMAIL CONTACT

I, _____ (please print) Name of Patient/Substitute Decision Maker (SDM)), consent to making contact with authorized employees or *agents of the hospital for the purposes of communicating personal health information (PHI) via email. I understand that email communications will become the property of the hospital or its authorized agents and may be accessed for operational reasons of the hospital. I accept that the hospital cannot guarantee the security of email transmissions outside of the hospital protected network. I will notify my health care professional of any changes to my email address.

I have read the "Patient Consent for Email Contact" and understand and agree with the limitations and conditions in using email for communications.

*A person who performs work on behalf of the hospital and who receives appropriate training and access to hospital policies.

Email address: _____ As provided by: Telephone (staff validation)
(Please print clearly) In-person

Communication is authorized between: (Please check appropriate box)

- Patient
- Substitute Decision Maker (SDM)
- Family Member/Alternate: _____
Printed Name of Individual

Email may be used for:

- Conveying routine test results
- Scheduling appointments
- Certain counseling (e.g. nutrition)
- Other reasons as agreed upon by myself and my health care provider: _____

Email messages must have a concise subject line, relate to one subject and each message has to be separate.
(No email strings)

Signature of Patient: _____ Date: _____
yyyy/mm/dd

Signature of Substitute Decision Maker (SDM): _____
(if applicable)

Witness: _____
Printed Name Signature of Witness Date: yyyy/mm/dd

For Institution Use Only

Email address entered into Patient Care System (PCS)

Staff Signature: _____ Printed Name: _____ Designation: _____ Date: _____ Time: _____
yyyy/mm/dd hhmm

Patient Consent for Email Contact

- All agents of the hospital may use the patient's consent for email as outlined in the consent form unless the patient requests specific restrictions on such use.
- Email messages (email) are not encrypted on the hospital email system, and security and privacy can never be completely guaranteed.
- Email can be forwarded, intercepted, circulated, stored or even changed without the knowledge or permission of the health care provider or patient. Email senders can easily misdirect an email, resulting in it being sent to many unintended or unknown recipients. Even when email messages are deleted, back-up copies may exist indefinitely. Email is a more permanent form of communication.
- Email is easier to falsify than handwritten or signed hardcopies. 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.
- Email can be delayed for technical reasons beyond the control of your care provider. **Do not use email to communicate emergency or urgent health matters.** Always consider the sensitivity of the email content and inherent risks before sending. Please tell your care provider if there are certain types of information you do not wish to discuss by email.
- You understand that the employer (KHSC) and on-line services have a legal right to inspect and keep email that pass through their system.
- You understand that it is impossible to verify the true identity of the sender. Be aware that email can introduce viruses into a computer system. Your care provider may choose not to open an email if the email address is not recognized or may choose not to receive an email if it looks like it may have a virus attached to it.
- Your care provider may make decisions about your treatment based on information you provide by email. Your email will become part of your patient record and as such may be used as evidence in court.
- At any time, you or your care provider can decide that you no longer wish to communicate by email. If you decide to stop communicating by email, you must inform your care provider in writing or at your next appointment. You will be asked to sign a "Revoking Consent for Email Contact" form which will cancel your consent to use email for communicating with your care provider.
- If your care provider cannot continue to communicate by email with you, he or she will inform you in writing and/or notify you about this at the time of your next appointment.
- It is the patient's responsibility to follow-up to determine whether the intended recipient received the email and that the recipient has responded.
- It is the patient's responsibility to ensure the hospital retains the correct email address.
- Email communications must not be used as a substitute for regular clinical examination.
- For questions about email communications, please speak to your care provider.