

University Downs Family Practice

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Risks of using email

The risk include, but are not limited to, the following:

- the privacy and security of e-mail communications cannot be guaranteed.
- Employers and online services may have a legal right to inspect and keep e-mails that pass through the system.
- E-mails can introduce viruses into a computer system, and potentially damage or disrupt the computer.
- E-mail can be forwarded, intercepted, circulated, stored or even changed without the knowledge or the permission of the physician or the patient. e-mail senders can easily missaddress an e-mail, resulting in being sent to many unintended and unknown recipients.
- Use of e-mail to discuss sensitive information can increase the risk of such information being disclosed to third parties.

Conditions of using email

The physician will use reasonable means to protect the security and confidentiality of e-mail information sent and received. However because of the risk 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.

Consent to the use of the e-mail includes agreement with the following conditions:

- **office e-mail will be used for one way communication only from physicians to patient. Patients are highly discouraged from sending or replying back to office.**
- The physician can not guarantee that any particular e-mail will be read and responded to within any particular period of time. Thus **patient should not use e-mail for medical emergencies or other time sensitive matters**
- e-mail communication is not an appropriate substitute for clinical examinations. The patient is responsible for following up on the physicians e-mail and for scheduling appointments where warranted.
- The patient should not use e-mail for communication regarding sensitive medical information.
- The patient is responsible for informing the physician of any type of information the patient does not want to be sent by e-mail.
- The physician is not responsible for information loss due to technical failure.

Patient acknowledgment and agreement

I acknowledge that I have read and fully understand this consent form. I understand the risk 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 the physician may impose to communicate with patients by e-mail. I acknowledge the physicians 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 signature: _____ date: _____

Witness signature: _____ date: _____