Saskatoon Community Clinic

Community Health Services (Saskatoon) Association Ltd.

455 Second Avenue North, Saskatoon, Saskatchewan S7K 2C2 Phone (306) 652-0300 Fax (306) 664-4120

If you are interested in electronic communication with your provider we require that you sign the attached form. Please print the form, complete, sign and email to HIM@communityclinic.ca.

We will attach the completed form to your file and this will allow for electronic communication, such as email, with your provider.

This consent does not replace appointments with your provider but allows them to email you sick notes, etc.

If you prefer you can pick up a paper copy of this consent at our Reception desk and complete it while you wait for your in-clinic appointment. Return the completed form to the Receptionist and it will be added to your file.

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CONSENT TO ELECTRONIC COMMUNICATION

Your Provider is able to offer you the opportunity to engage in electronic communication. Electronic communication may include email, video conference, text and other forms of electronic communication.

In consenting to electronic communication, I am aware of the following:

1. Risks of using electronic communication

While the Provider will use reasonable means to protect the security and confidentiality of information sent and received using electronic communications, because of the risks outlined below, the Provider cannot guarantee the security and confidentiality of electronic communications:

- Use of electronic communications to discuss sensitive information can increase the risk of such information being disclosed to third parties.
- Despite reasonable efforts to protect the privacy and security of electronic communication, it is not possible to completely secure the information.
- Employers and online services may have a legal right to inspect and keep electronic communications that pass through their system.
- Electronic communications can introduce malware into a computer system, and potentially damage or disrupt the computer, networks, and security settings.
- Electronic communications are subject to disruptions beyond the control of the Provider that may prevent the Provider from being able to provide services.
- Electronic communications can be forwarded, intercepted, circulated, stored, or even changed without the knowledge or permission of the Provider or the patient.
- Even after the sender and recipient have deleted copies of electronic communications, back-up copies may exist on a computer system.
- Electronic communications may be disclosed in accordance with a duty to report or a court order. Videoconferencing using no cost, publicly available services may be more open to interception than other forms of videoconferencing.
- There may be limitations in the services that can be provided through electronic communications, dependent on the means of electronic communications being utilized.
- Email, text messages, and instant messages can more easily be misdirected, resulting in increased risk of being received by unintended and unknown recipients.
- Email, text messages, and instant messages can be easier to falsify than handwritten or signed hard copies. It is not feasible to verify the true identity of the sender, or to ensure that only the recipient can read the message once it has been sent.

2. Conditions of Using Electronic Communications

- While the Provider will endeavour to review electronic communications in a timely manner, the Provider cannot provide a timeline as to when communications will be reviewed and responded to. Electronic communications will not and should be not used for medical emergencies or other time-sensitive matters.
- Electronic communication may not be an appropriate substitute for some services that the Provider offers.

- Electronic communications may be copied or recorded in full or in part and made part of your clinical chart. Other individuals authorized to access your clinical chart may have access to those communications.
- The Provider may forward electronic communications to staff and those involved in the delivery and administration of your care. The Provider will not forward electronic communications to third parties, including family members, without your prior written consent, except as authorized or required by law.
- The Patient will inform the Provider of any changes in the patient's email address, mobile phone number, or other account information necessary to communicate electronically.
- The Patient will ensure the Provider is aware when they receive an electronic communication from the Provider, such as by a reply message or allowing "read receipts" to be sent.
- The Patient will take precautions to preserve the confidentiality of electronic communications, such as using screen savers and safeguarding computer passwords.
- If the Patient no longer consents to the use of electronic communications by the Provider, then the Patient will provide notice of the withdrawal of consent by email or other written communication.
- The patient may not video or record videoconference or phone health sessions.

3. Acknowledgement and Agreement

I acknowledge that I have read and fully understand the risks, limitations, conditions of use, and instructions for use of the selected electronic communications as described above.

I understand and accept the risks outlined above on this consent form, associated with the use of the electronic communications with the Provider and their staff.

I consent to the conditions and will follow the instructions outlined above, as well as any other conditions that the Provider may impose regarding electronic communications with patients.

I acknowledge and agree to communicate with the Provider or their staff using these electronic communications with a full understanding of the risks in doing so.

I confirm that any questions that I had regarding the provision of health services through electronic communications have been answered.

Name of Provider: _____

Name of Patient: _____

Patient E-mail: _____

Patient Preferred Phone #: _____

Patient DOB: _____

Patient HSN: _____

Signature of Patient: _____ **Date:** _____