

Enhanced Communications Project

St. Michael's
Inspired Care.
Inspiring Science.

Enhanced Communications Project: Consent Form for Mobile Users

You are being invited to participate in a pilot project of a new smartphone based paging application (Amcom Mobile Connect) and “softphone” software (MVS for Blackberry users, Cisco Mobile Connect for iPhone users).

These applications will allow you to receive text pages on your personal smartphone and you will be assigned a hospital extension that you can use (“softphone”) to make and receive telephone calls on the SMH WiFi network.

While on the WiFi network you will also be able to access the electronic health record (“Soarian PDA”), the electronic discharge and signout page (“edischarge”) and our web-based paging program (“Web XChange”).

These applications are being provided to you free of cost for this pilot project. You will not incur any added charges on your personal mobile device plan. Your cellular number is required to be provided for our use of this paging application on your mobile device.

Users are required to comply with St. Michael’s Hospital policies pertaining to the use of devices such as your phone for communicating patient information and for connecting with a Hospital network. These requirements include:

- 1) Your phone must be password protected at all times.
- 2) You agree to report lost or stolen devices immediately to SMH ICT (HelpDesk). **As patient information will be stored on your device (for a limited time), the ICT desk reserves the right to “remote wipe” all data from your phone should you lose it.**
- 3) You recognize that text communications sent via the Amcom Paging application may include information that is considered part of the health record. As such, this information may be stored for future chart audit, research and medico-legal purposes. Also, if you document information that should be part of a patient’s health record, you need to ensure it is captured in the health record.
- 4) **You accept that the Hospital may alter settings, software and/or data on your device, or deny or restrict your device’s access to Hospital resources, at any time without prior notice, in order to protect the information and networks for which it is responsible. You agree not to attempt to bypass or undo such alterations, denials or restrictions.**

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- 5) You agree to follow applicable policies regarding acceptable use of devices while in the Hospital environment.

- 6) You recognize that the Hospital reserves the right to monitor the activity of your device while it is connected to a Hospital network, in order to protect network security.

- 7) You recognize that the Hospital cannot be responsible for any damage to your device's content that may arise from Hospital changes to that content. You need to ensure on an ongoing basis, that you can independently recover your devices settings, software and/or your personal data, if needed.

- 8) You recognize that while the Hospital will never access your own personal data without a good reason, such a reason may arise, such as when a technician is asked to examine the device in order to resolve a problem with it.

I hereby acknowledge that I have read the above and will be in compliance with the applicable Hospital policies as outlined above

Name (PRINT)

SIGNATURE

DATE

Smartphone Tel #

Smartphone Email Address

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Model of Smartphone (Blackberry Bold, Blackberry Torch, BlackBerry Curve 8xxx, iPhone 3G/3GS/4)

Provider (Bell, Rogers, Telus)

Witness Name (PRINT)

SIGNATURE

DATE