

## PATIENT CONSENT TO COMMUNICATE BY EMAIL

I understand and accept that there are significant risks associated with email communications, including these:

- The privacy and security of email communication cannot be guaranteed.
- Employers and online services may have a legal right to inspect and keep emails passing through their systems.
- Emails can be intercepted, forwarded, circulated, stored or even changed without the knowledge or permission of either the sender or recipient.
- Copies of an email may continue to exist, even after reasonable efforts to delete the email have been made.
- Someone other than me may send an email in my name, and this impersonation may not be detected by the recipient.
- Email may carry computer viruses that may damage computer data or software or disclose my information against my wishes.
- Email may be accidentally sent to an unintended recipient, or to many such recipients.
- Email may be disclosed to third parties or to the public, regardless of the intentions of the receiver or sender.

I understand and agree that if the Hospital engages in email communication with me:

- The Hospital or one or more of my Hospital email correspondents may decide to stop doing so, at any time, for their own reasons.
- **I must not use email for medical emergencies or other time-sensitive matters. If I need immediate assistance or have a condition that appears serious or worsens rapidly, I must not rely on email. Instead, I should take other measures as appropriate, which may include seeking emergency services.**
- The Hospital may require that I follow additional rules for the use of email communication that it may set at any time. In addition, areas within the hospital and/or individuals working on behalf of the Hospital may require that I follow additional rules that they may set at any time.
- The Hospital may use or disclose my email and/or the information in it to people other than the intended recipient, for a variety of purposes—for

example, to update my health records, and to permit others to assist in my care or in record-keeping.

- The Hospital cannot guarantee that any particular email will be read and responded to within any particular time period.
- Neither the Hospital nor those communicating on its behalf will be liable for any harmful consequence to me that may arise from the use of email.
- If I wish to withdraw my consent to communicate by email, I may do so at any time, but I must do so in writing and ensure all relevant email correspondents receive a copy of my withdrawal notice.
- If my email address changes, I shall promptly inform my email correspondents.
- If I feel there is an undue delay in response to an email I send, it is my responsibility to follow up.

My email address is:

(please print)

\_\_\_\_\_

Patient Name:

(please print)

\_\_\_\_\_

Patient Birthday:

(dd/mm/yyyy)

\_\_\_\_\_ MRN \_\_\_\_\_

Signature of Patient (or  
Substitute Decision-Maker)

\_\_\_\_\_

Name of Substitute Decision-  
Maker (if applicable)

(please print)

\_\_\_\_\_

Date

\_\_\_\_\_

dd/mm/yyyy

CHECK HERE TO CONFIRM WITHDRAWAL OF  
ABOVE CONSENT ON

\_\_\_\_\_

dd/mm/yyyy