

E-Mail Consent and Use

PLEASE PRINT

Patient Name: _____ Date of Birth: _____

Patient Address: _____

Email offers an easy and convenient way for our patients, their Substitute Decision Makers (SDM) or those appointed with Powers of Attorney (POA) to communicate with their Care Coordinator and Ontario Health atHome. We believe that the ease of communication Email affords is a benefit to patients and to Ontario Health atHome. In many circumstances, it has advantages over telephone calls or postal services. However, there are a number of risks associated with sharing information via electronic mail, noted below:

- *There is no guarantee that the recipient has received the Email message. Email messages are not forwarded during an employee's absence. To guarantee important or urgent messages are received and followed up, please communicate through another means, such as telephone.*
- *Ontario Health atHome does not guarantee the security of electronic information systems external to Ontario Health atHome. Electronic data can be forwarded, printed, saved and stored in systems located outside provincial or federal jurisdictions. To ensure confidentiality, it is strongly advised that you use another form of communication for sensitive information.*

Please review carefully these policies and procedures for contacting Ontario Health atHome using Email:

- *Email communication must be approved by the patient or their authorized substitute decision maker, and the Email Consent Form must be signed and returned to Ontario Health atHome for retention in the patient file, for each person who wishes to communicate via email.*
- *Email messages should be concise and contain minimal identifying personal health information.*
- *Do not communicate urgent or emergency situations or requests through Email.*
- *Notify Ontario Health atHome immediately when/if your Email address changes*

I wish to communicate with Ontario Health atHome via Email and permit them to use Email to communicate with me. I understand and accept the risks in using Email for communicating patient personal health information. I understand that my Email address will become part of the patient health record and may be shared with health care partners or authorized third parties.

I also understand and accept that Ontario Health atHome cannot guarantee the security of systems external to Ontario Health atHome through which my Email messages may be transmitted. I understand and agree the content of all Email messages will be summarized and/or copied, and added to the patient's permanent medical record. I may change or revoke this permission to use the Email system for communication at any time by contacting the Ontario Health atHome Care Coordinator.

Name of Requestor: _____ Relationship to Patient: _____
(person requesting to communicate with Ontario Health atHome via email)

Signature of Requestor: _____ Date: _____

Email Address : _____

Signature of Patient (or authorized Substitute Decision Maker): _____

Date: _____