



Patient Consent and Release to Receive Emails

You have agreed to provide Dawson Road Family Medical Clinic (DRFMC) with your email address. There are some limits on what and when we can email you.

Please note: We do not receive emails from patients. We do not use email to provide test results or other clinical information.

- Please tell us which email address you wish us to use. Don't forget to notify us of any changes to your email address.

- If you intend to receive our emails, please be sure to update your address book and check you junk/spam folder.
- **Email should never be used in an emergency. If you have an emergency, you should call 9-1-1 or go to your nearest emergency department.**
- **Email should never be used for urgent problems. If you have an urgent issue, please call the office 519-766-1360 and speak to someone from our Switchboard/Reception Team.**

Please be aware there are privacy risks in using email:

- Email is not secure. While we try to protect our emails we cannot guarantee the security and confidentiality of any email you receive from us. As the email is sent across the Internet it could be intercepted and read.
- Emails we send to you may be filed on your electronic health record depending on the email message and can become a permanent part of your health record. Emails can be used as evidence in court.
- Email is easy to forge, easy to forward (sometimes accidentally and to many people) and may exist forever.
- If you use a work email, your employer may have a right to inspect and archive emails sent from their systems. We recommend you avoid using a work email.

Patient Acknowledgment, Agreement and Release

- I have read and fully understand this consent and release form.
- I understand the risks involved with using email with DRFMC and I accept those risks.
- I understand the limits set out for using email with DRFMC and I agree to follow those limits.
- I understand if I no longer wish to receive emails from DRFMC, I will write to Christa.Brooks@drfmc.ca
- **Release of Liability:** I agree that DRFMC (and their physicians, staff, agents and officers) shall not be responsible for any personal injury including death, and/or privacy breach (outside the control of DRFMC) or other damages as a result of my choice to receive emails from DRFMC and I release DRFMC (and their physicians, staff, agents or officers) from any liability relating to communicating with me by email.
- I understand that DRFMC (their physicians, staff, agents and officers) may choose not to deal with me by email if I am not able to follow the email rules or if DRFMC changes its email program.
- I have asked all questions I have about the email program and agree that my questions have been answered.
- I understand I have the right to have legal advice about signing this form and what it means to me and I have either sought that advice or chosen not seek such advice.

SIGNATURE OF PATIENT/SUBSTITUTE DECISION-MAKER:

PRINT NAME: _____

WITNESS SIGNATURE: _____

PRINT NAME: _____

DATE: _____