



Central KW

FAMILY HEALTH

16 Andrew Street Kitchener, ON N2H 5R2 Tel: 519-804-9050 Fax: 519-804-9046 www.centralkwfamilyhealth.ca

PATIENT CONSENT AND RELEASE TO SEND/RECEIVE EMAILS

Central KW Family Health (CKWFH) is pleased to offer the option of communicating via email. There are some limits on what, when and how we can do this, as outlined below. If you wish to participate in this service, you must be agreeable to the following terms.

Please note that our Electronic Medical Record offers non-encrypted one-way communication from your physician to you (i.e. regular email). Health Myself offers secure two-way email communication, which can be initiated by a patient or physician (i.e. secure portal). To ensure you receive our emails, please remember to update your address book with no-reply@centralkwfamilyhealth.ca and notification@healthmyself.ca, and/or to check your junk/spam folder.

CKWFH may contact you by email to provide communications such as, but not limited to, general information and updates from our office, appointment bookings and reminders, referral bookings, and certain test results.

Our staff monitors incoming emails regularly, however, depending on volume/complexity of emails received, **it can take up to 5-10 business days to respond and/or address your email.** As such:

- **Email should NEVER be used in an EMERGENCY.** If you think you or a loved one is experiencing a medical emergency, please call 9-1-1 or go directly to your nearest emergency room.
- **Email should NEVER be used for URGENT and/or NEW medical issues.** If you have an urgent and/or new medical issue, please call the office to make an appointment to see your family physician.
- **Email should NEVER be used for BOOKING appointments.** Please call our office or use the online booking portal to schedule your appointment, as we will not respond to requests to book appointments by email.

There are some PRIVACY/SECURITY risks in using email:

- Email is not secure. Email is easy to forge, easy to forward (sometimes accidentally and to many people) and may exist forever.
- While we try to protect our emails, we cannot guarantee the security and confidentiality of any email you receive from us. As the message leaves CKWFH, it is sent across the internet, where it could be intercepted and read by others.
- If you use a work email, your employer may have a right to archive and inspect emails sent from their systems. We recommend you avoid using a work email address.
- Emails we send and/or receive from you may be filed into your electronic chart and become a permanent part of your medical record. Emails can be used as evidence in court.
- CKWFH may share your email address as part of your demographics with other health care providers and/or with other third parties who have your consent to access your medical information (e.g. specialists, insurance companies, etc.).
- CKWFH is not responsible for information loss due to technical failures.

Patient Acknowledgment, Agreement and Release:

- I have read and fully understand this consent and release form.
- I understand the risks associated with using email for communicating with CKWFH, and I accept those risks.
- I understand the limits set out above for using email when communicating with CKWFH, and I agree to follow those limits.
- I understand that inappropriate use of email may result in cessation of my email privileges.
- I understand that CKWFH may choose not to communicate with me by email at its sole discretion.
- I understand if I no longer wish to receive CKWFH emails, I will call the office to verbally withdraw my consent.
- **RELEASE OF LIABILITY: I agree that CKWFH and/or Central KW Family Health Organization (and their physicians, staff, agents and officers) shall not be responsible for any personal injury including death, and/or privacy breaches (outside the control of CKWFH or Central KW Family Health Organization) or other damages as a result of my choice to send and receive emails from the CKWFH. I release the CKWFH and Central KW Family Health Organization (and their physicians, staff, agents and officers) from any liability relating to communicating with me by email.**
- I have had the opportunity to ask questions about this email policy and form, and agree that my questions have been answered.
- I understand I have the right to seek legal advice about this email policy and what it means for me, and that I have either sought that advice or chosen not to seek such advice.

PREFERRED EMAIL ADDRESS: _____

PATIENT NAME: _____ SIGNATURE: _____

CHILDREN/DEPENDENTS: _____ DATE: _____
