



381 Church Street
P.O. Box 1800
Markham, Ontario L3P 7P3

Markham site Uxbridge site

CONSENT TO EMAIL COMMUNICATIONS

Your care provider or Patient Account Representative (PAR) can communicate with you or others (named below) using email but you need to understand the risks of using email:

- The security of email messages is not guaranteed. Messages sent to, or from, your care provider or PAR may be seen by others using the Internet. Email is easy to forge, may be accidentally forwarded, and may exist indefinitely. For this reason it is recommended that you do not use email to discuss information you think is sensitive. If you decide to use e-mail, please tell your care provider or PAR if there are certain types of information that you do not want to discuss by email.
- Do not use email in an emergency because email can be delayed or your care provider may not be able to read it soon enough.

Please note:

- Your provider or PAR will talk to you about which types of conversations you are both comfortable having over email.
- Email may be forwarded or read by other MSH staff who need the information to provide you with care. Your provider or PAR will tell you if another person will read or reply to your email on their behalf.
- Email **will not** be used to communicate emergency or urgent health matters.
- Email messages can be delayed for technical reasons.
- Either party may stop communication via email at any time if the conditions in this agreement are not adhered to.
- Notice must be given in writing to the patient/SDM or health care provider or PAR as applicable, if this form of communication is to stop.

Email **may** be used for the purposes of:

- Accounts Receivable Purposes
- Coordinating Insurance Coverage
- _____
- _____

This consent form lets us know when we may use email to communicate with you or others who are outside the hospital.

If at any time you decide that you no longer want to communicate by email, please tell your care provider or PAR as soon as possible. Your care provider or PAR will do the same.

By signing below, you accept the risks of using email and agree to the following:

_____ may
(MSH care provider or group)

Communicate with me by email at _____
(Email address)

Communicate with the person named below by email (e.g. family member, friend, insurance company)

Name: _____

Email address: _____

Printed name of Patient

Signature of Patient or SDM

Date

Printed name of SDM (if applicable)

