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uMedical EMAIL COMMUNICATION AGREEMENT

CONDITIONS OF USING E-MAIL

uMedical will use reasonable means to protect the security and confidentiality of e-mail information sent and received. However, because of the risks outlined above, uMedical cannot guarantee the security and confidentiality of e-mail communication, and will not be liable for improper disclosure of confidential information that is not the direct result of intentional misconduct of the physician. Thus, patients must consent to the use of e-mail for patient information. Consent to the use of e-mail includes agreement with the following conditions:

- E-mails to the patient concerning diagnosis or treatment may be printed in full and made part of the patient's medical record. Because they are part of the medical record, other individuals authorized to access the medical record, such as staff and billing personnel, will have access to those e-mails.
- E-mail communication is not an appropriate substitute for clinical examinations. The patient is responsible for following up on uMedical e-mail and for scheduling appointments where warranted.
- Given that patient e-mails are being used as a one-way mode of communication, the patient, under no circumstances should expect a response from any e-mail sent to uMedical or its physicians/staff.
- The patient should not use e-mail for communication regarding sensitive medical information, such as sexually transmitted disease, AIDS/HIV, mental health, developmental disability, or substance abuse. Similarly, the physician will not discuss such matters over email.
- uMedical is not responsible for information loss due to technical failures.
- The patient will notify uMedical should there be any change in e-mail address.

INSTRUCTIONS FOR COMMUNICATION BY E-MAIL

To communicate by email, the patient shall:

- Limit or avoid using an employer's computer.
- Inform uMedical of any changes in patient's email address.
- Review the email to make sure it is clear and that all relevant information is provided before sending to uMedical.
- Inform uMedical that the patient received the email.
- Take precautions to preserve the confidentiality of emails, such as using screen savers and safeguarding computer passwords.
- Withdraw consent only by e-mail or written communication to uMedical.
- Should the patient require immediate assistance, or if the patient's condition appears serious or rapidly worsens, the patient should not rely on email. Rather, the patient should call our clinic for consultation or an appointment, visit our clinic office or take other measures as appropriate (such as going to the nearest emergency department).

EMERGENCY PROBLEMS

E-mail should never be used for emergency problems. In the event of an emergency, call 911 or go to the nearest Hospital Emergency Room.

URGENT PROBLEMS

E-mail should not be used for urgent problems. In these cases, the patient should call our office at 416-546-3487 to book an appointment. If it is after hours, the patient should call the Tele-health Advisory Services at 1-866-553-7205 to speak with a nurse.

PATIENT OBLIGATIONS WHEN CONSENTING TO E-MAIL

Consent to the use of e-mail includes agreement with the following conditions:

- The patient shall not use e-mail for medical emergencies, urgent problems or other time sensitive matters.
- If the patient’s e-mail requires or invites a response from the staff or physicians, and the patient has not received a response within a reasonable time period, it is the patient’s responsibility to follow up to determine whether the intended recipient received the e-mail and when the recipient will respond.
- All e-mails to or from the patient concerning diagnosis or treatment will be imported into and made part of the patient’s electronic medical record. Because they are part of the medical record, other individuals authorized to access the medical record, such as administrative staff, will have access to those e-mails.
- Medical staff may forward e-mails internally to members of the Physician’s staff if necessary for diagnosis, treatment, reimbursement, and other handling. Staff will not, however, forward e-mails to independent third parties without the patient’s prior written consent, except as authorized or required by law.
- The patient should not use e-mail for communication regarding sensitive medical information, such as information regarding sexually transmitted diseases, AIDS/HIV, mental health, developmental disability, or substance abuse.
- The patient is responsible for informing the office of any types of information the patient does not want to be sent by e-mail, in addition to those set out above.

ELECTRONIC COMMUNICATIONS CONSENT FORM

I _____, acknowledge that I have read and fully understand this consent form. I understand the risks associated with the communication of email between uMedical physician/staff and me, and consent to the conditions outline herein, as well as any other instructions that the uMedical physician/staff may impose to communicate with patients by email as outlined in the Electronic Communications Policy. I acknowledge and understand that despite recommendations that encryption software be used as a security mechanism for electronic communications, it is possible that communications with the uMedical using e-mail may not be encrypted. Despite this, I agree to communicate with uMedical using e-mail with a full understanding of the risk. I acknowledge uMedical physician/staff ’s right to, upon the provision of written notice, withdraw the option of communicating through e-mail. Any questions I may have had have been answered. I choose to receive electronic communications from uMedical by e-mail at the number or address stated in my Patient Registration Form, including but not limited to communications about appointments, treatment, and payment

Signature: _____

Date: _____

Witness: _____

Date: _____