

**Midtown Ottawa Family Health Organization**  
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**Patient Consent for Electronic Communications**

Electronic communication services ("Services") are becoming a mainstay of providing healthcare services in our current environment. These services provide convenience but can pose risks to your health information and privacy. Some of you may have begun to use some of the services we provide via the Health Myself patient portal. If you would like to use (or continue to use) these services, we require your written consent.

For the purposes of this document Midtown Ottawa Family Health Organization (FHO) includes your physician and office staff. Midtown Ottawa FHO may use the Services for the following purposes:

- 1) Unsecured messaging with you via email
  - a) To provide you with general information about healthcare and our services
  - b) To alert you that there is a message waiting for you in a secure website
  
- 2) Secured messaging that you can only access by signing in to a secure website with your login and strong password. Secured messaging may be used for :
  - a) reminding you about an upcoming appointment
  - b) notifying you that you are overdue for a test or treatment
  - c) sending documents such as lab or imaging requisitions, when appropriate
  - d) informing you about the results of tests or referrals, when appropriate
  - e) responding to an electronic message from you, when appropriate
  
- 3) Secure videoconferencing and telephone appointments
  
- 4) Online booking of appointments via a secure website requiring your login and password

The appendix to this below outlines the risks of utilizing the Services. Please review this carefully and sign at the end of this document if you agree.

**PATIENT ACKNOWLEDGMENT AND AGREEMENT:**

I acknowledge that I have read and fully understand the risks, limitations, conditions of use, and instructions for use of the selected electronic communication Services more fully described in the Appendix to this consent form. I understand and accept the risks outlined in the Appendix to this consent form, associated with the use of the Services in communications with the Physician and the Physician's staff. I consent to the conditions and will follow the instructions outlined in the Appendix, as well as any other conditions that the Physician may impose on communications with patients using the Services. 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 Physician or the Physician's staff using the Services may not be encrypted. Despite this, I agree to communicate with the Physician or the Physician's staff using these Services with a full understanding of the risk. I acknowledge that either I or the Physician may, at any time, withdraw the option of communicating electronically through the Services upon providing written notice. Any questions I had have been answered.

*Patient Name:*

*Date of Birth:*

*Guardian name and relationship (if applicable):*

*Patient/Guardian Signature:*

*Date:*

## APPENDIX

### Risks of using electronic communication

The Physician will use reasonable means to protect the security and confidentiality of information sent and received using the Services ("Services" is defined in the attached Consent to use electronic communications). However, because of the risks outlined below, the Physician cannot guarantee the security and confidentiality of electronic communications:

- Use of electronic communications to discuss sensitive information can increase the risk of such information being disclosed to third parties.
- Despite reasonable efforts to protect the privacy and security of electronic communication, it is not possible to completely secure the information.
- Employers and online services may have a legal right to inspect and keep electronic communications that pass through their system.
- Electronic communications can introduce malware into a computer system, and potentially damage or disrupt the computer, networks, and security settings.
- Electronic communications can be forwarded, intercepted, circulated, stored, or even changed without the knowledge or permission of the Physician or the patient.
- Even after the sender and recipient have deleted copies of electronic communications, back-up copies may exist on a computer system.
- Electronic communications may be disclosed in accordance with a duty to report or a court order.
- Videoconferencing using services such as Zoom or FaceTime may be more open to interception than other forms of videoconferencing.

### Conditions of using the Services

- While the Physician will attempt to review and respond in a timely fashion to your electronic communication, **the Physician cannot guarantee that all electronic communications will be reviewed and responded to within any specific period of time. The Services will not be used for medical emergencies or other time-sensitive matters.**
- If your electronic communication requires or invites a response from the Physician and you have not received a response within a reasonable time period, it is your responsibility to follow up to determine whether the intended recipient received the electronic communication and when the recipient will respond.
- Electronic communication is not an appropriate substitute for in-person or over-the-telephone communication or clinical examinations, where appropriate, or for attending the Emergency Department when needed. You are responsible for following up on the Physician's electronic communication and for scheduling appointments where warranted.
- Electronic communications concerning diagnosis or treatment may be printed or transcribed in full and made part of your medical record. Other individuals authorized to access the medical record, such as staff and billing personnel, may have access to those communications.
- The Physician may forward electronic communications to staff and those involved in the delivery and administration of your care. The Physician might use one or more of the Services to communicate with those involved in your care. The Physician will not forward electronic communications to third parties, including family members, without your prior written consent, except as authorized or required by law.
- You agree to inform the Physician of any types of information you do not want sent via the Services, in addition to those set out above. You can add to or modify the above list at any time by notifying the Physician in writing.
- Some Services might not be used for therapeutic purposes or to communicate clinical information. Where applicable, the use of these Services will be limited to education, information, and administrative purposes.
- The Physician is not responsible for information loss due to technical failures associated with your software or internet service provider.

### Instructions for communication using the Services

To communicate using the Services, you must:

- Reasonably limit or avoid using an employer's or other third party's computer.
- Inform the Physician of any changes in the patient's email address, mobile phone number, or other account information necessary to communicate via the Services.
- Review all electronic communications to ensure they are clear and that all relevant information is provided before sending to the physician.
- Take precautions to preserve the confidentiality of electronic communications, such as using screen savers and safeguarding computer passwords.
- Withdraw consent only by written communication to the Physician.
- **If you require immediate assistance, or if your condition appears serious or rapidly worsens, you should not rely on the Services.** Rather, you should call the Physician's office or take other measures as appropriate, such as going to the nearest Emergency Department or urgent care clinic.