



# Marathon

## Family Health Team

22 Peninsula Road, Marathon, ON P0T 2E0  
Tel: 807.229.3243 Fax: 807.229.2672

[www.mfht.org](http://www.mfht.org)

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### CLINICAL PROVIDER-PATIENT EMAIL COMMUNICATION TEMPLATE CONSENT

#### PRIMARY CARE CLINIC PROVIDER INFORMATION

Name: \_\_\_\_\_

Email: \_\_\_\_\_

#### RISKS ASSOCIATED WITH EMAIL COMMUNICATION

Despite reasonable efforts to protect the privacy and security of electronic communication, we cannot guarantee the security and confidentiality of electronic communication. The patient should not agree to communication with the office staff or the clinic provider via email without understanding and accepting these risks. Please consider the following risks of using email communication:

- Email is easier to falsify than handwritten or signed hard copies. In addition, it is impossible to verify the true identity of the sender, or to ensure that only the recipient can read the email communication once it has been sent.
- Emails can introduce malware into a computer system, and potentially damage or disrupt the computer, networks and security settings.
- Email can be forwarded, intercepted, circulated, stored or altered without knowledge or permission of office staff, the clinic provider or the patient.
- Email can be misdirected and received by unintended and unknown recipients.
- Email is indelible. Even after the sender and recipient have deleted their copies of electronic communications, back-up copies may exist on a computer system or in cyberspace.
- Electronic communication may be disclosed by a court order, or in accordance with a duty to report.
- Employers and online services may have a legal right to inspect and keep emails that pass through their system.

#### APPROPRIATE EMAIL USE

##### Use email messages for:

- Scheduling of non-urgent appointments
- Providing directions or referral information
- Providing general educational and health promotion advice
- Sending electronic documents such as consent forms, questionnaires, resources and links, etc.



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### Do NOT use email messages for:

- **Emergency, urgent problems or other time sensitive matters.** In the event of an emergency, call 911 or go to the nearest hospital emergency room.

**In case you are uncertain if your symptoms are urgent, please do not email us, but call our clinic at #807-229-3243 to discuss your concerns.**

- **Complex or sensitive information** such as information regarding sexually transmitted diseases, mental health or substance abuse. An email should be BRIEF. In the case of sensitive information, **please do not email us, but call our clinic at #807-229-3243 to discuss your concerns.**

All electronic messages to or from the patient will be saved as a part of the patient's electronic medical record.

### INSTRUCTIONS FOR COMMUNICATION BY EMAIL:

To communicate by email, the patient shall:

- Limit or avoid using an employer's computer.
- Inform the office staff and/or the clinic provider of any changes in your email address.
- Include in the email: the category of the communication in the email's subject line, for routing purposes (e.g., 'prescription renewal'); and your name (the patient) in the body of the email, as well as a phone number at which we can reach you.
- Review the email to make sure it is clear and that all relevant information is provided before sending it to the clinic provider or office staff.
- Follow-up on all email communications and confirm that the email has been received and you have read the electronic message from the office staff and/or clinic provider
- Take precautions to preserve the confidentiality of emails, such as using screen savers and safeguarding computer passwords.
- Withdraw consent only by email or written communication to the office staff and /or clinic provider.
- **Should you (the patient) require immediate assistance, or if your (the patient's) condition appears serious or rapidly worsens, you (the patient) should not rely on email.** Rather, you (the patient) should call the clinic for consultation or an appointment, visit the clinic provider's office or take other measures as appropriate.
- agree to and comply with the use of encryption software, OR,
- waive the encryption requirement, with the full understanding that such waiver increases the risk of violation of your (the patient's) privacy.



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### CONDITIONS OF MANAGEMENT AND USE OF EMAILS WITHIN MFHT BY STAFF AND PROVIDERS:

Office staff and/or the clinic provider will use reasonable means to protect the security and confidentiality of email information sent and received, and will use encryption software as a security mechanism for email communication.

However, because of the risks outlined above, office staff and/or clinic providers cannot guarantee the security and confidentiality of email communication, and will not be liable for improper disclosure of confidential information that is not the direct result of intentional misconduct of the clinic provider or office staff employee.

Consent to the use of email for communication purposes, includes agreement with the following conditions:

- Email will only be checked during regular clinic office hours and **NOT** on weekends or evenings
- Email will be triaged and answered according to office staff and/or clinic provider prioritization. **While we strive to return all email communication within 48 hours (business days only), we cannot guarantee this turnaround time.**
- Emails to or from the patient concerning illness and health related information to confirm therapeutic plans, will be saved to the patient's medical record. Because they are part of the medical record, other individuals authorized to access the medical record, such as office staff and billing personnel, will have access to those emails.
- The clinic provider may forward emails internally to the clinic provider's office staff and to those involved, as necessary, for diagnosis, treatment, reimbursement, health care operations, and other handling. The clinic provider, will not however, forward emails to independent third parties without the patient's prior written consent, and except as authorized or required by law. This would be included if the email becomes part of the medical record.
- Email communication is not an appropriate substitute for clinical examinations. The patient is responsible for following up on the clinic provider's email and for scheduling appointments where warranted.
- If the patient's email requires or invites a response from office staff and/or the clinic provider and if 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 email and when the recipient will respond.
- The patient is responsible for informing the office staff and/or clinic provider of any types of information the patient does not want to be sent by email, in addition to those set out in the bullet above. Such information will be charted in the patient record under the "reminders" section.

Information that the patient does not want communicated over email may include but is not



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limited to (patient to complete this information on the lines provided below):

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- The patient can add to or modify this list at any time by notifying the office staff and/or clinic provider in writing. Office staff and/or the clinic provider are not responsible for information lost due to technical failures.

### **PATIENT ACKNOWLEDGMENT AND AGREEMENT**

I acknowledge that I have read and fully understand this consent form. I understand the risks associated with the communication of email between the clinic provider, their office staff and me, and consent to the conditions outlined herein, as well as any other instructions that the clinic provider or their office staff may impose to communicate with me (the patient) by email.

I acknowledge that the clinic provider has the right to terminate the electronic communication with the patient if it is determined, at his/her sole discretion, that the patient has violated the terms and conditions set forth above, or has engaged in conduct which the clinic provider deems, in his/her sole discretion, to be unacceptable.

In addition, the email communication method between the clinic provider and the patient will be terminated in the event the clinic provider, in his/her sole discretion, no longer wishes to utilize the electronic communication method with all of his/her patients.

**Any questions I may have had were answered.**

Patient name: \_\_\_\_\_

Patient email: \_\_\_\_\_

Patient address: \_\_\_\_\_

Patient signature \_\_\_\_\_ Date: \_\_\_\_\_