



## **PATIENT CONSENT FOR USE OF E-MAIL**

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

Patient Address: \_\_\_\_\_

Unit Number: \_\_\_\_\_

Patient E-mail Address:

### **1. RISK OF USING E-MAIL**

Transmitting information by e-mail has a number of risks that patients should consider before giving consent. These risks include, but are not limited to:

- a) E-mail can be circulated, forwarded, and stored in numerous paper and e-mail files.
- b) E-mail can be immediately broadcast worldwide and be received by both intended and unintended recipients.
- c) E-mail senders can misaddress e-mail.
- d) E-mail can be more easily falsified than handwritten or signed documents.
- e) Backup copies of e-mail may exist even after the sender or the recipient has deleted his or her copy.
- f) Employers and on-line services have a right to archive and inspect e-mails transmitted through their systems.
- g) E-mail can be intercepted, altered, forwarded, or used without authorization or detection.
- h) E-mail can be used to introduce viruses into computer systems.
- i) E-mail can be used as evidence in court.



- j) E-mail messages are not encrypted on the hospital e-mail system and therefore, the hospital cannot guarantee the security of messages that you send to or receive from your care provider.
  
- k) NSHA utilizes antispam technologies, there is small a potential that your mail may be classified as spam due to this filtering and may not be received. If you suspect that your mail has not been received please follow up with your healthcare provider via phone.

## **2. CONDITIONS FOR THE USE OF E-MAIL**

NSHA will use reasonable means to protect the security and confidentiality of e-mail information sent and received. However, because of the risks outlined above, NSHA cannot guarantee the security and confidentiality of e-mail communication, and will not be liable for improper disclosure of confidential information that is not caused by NSHA's intentional misconduct. 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:

- a) All e-mails to or from the patient will be printed out and made part of the patient's health record. The consent form must also be included. Because they are a part of the health record, other individuals authorized to access the health record will have access to those e-mails.
  
- b) NSHA may forward e-mails internally to the Nova Scotia Health Authority's staff and agents as necessary for diagnosis, treatment, reimbursement, and other handling. NSHA will not, however, forward e-mails to independent third parties without the patient's prior written consent, except as authorized or required by the law.
  
- c) Although NSHA will endeavor to read and respond promptly to an e-mail from the patient, the Nova Scotia Health Authority cannot guarantee that any particular e-mail will be read and responded to within any particular period of time. Thus, the patient shall not use e-mail for medical emergencies or other time-sensitive matters.
  
- d) If the patient's e-mail requires or invites a response from NSHA 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.

- e) The patient should not use e-mail for communication regarding sensitive medical information.
- f) The patient is responsible for informing NSHA of any types of information the patient does not want to be sent by e-mail, in addition to those set out in (e) above.
- g) The patient is responsible for protecting his/her password or other means of access to e-mail. NSHA is not liable for breaches of confidentiality caused by the patient or any third party.
- h) It is the patient's responsibility to follow up and/or schedule an appointment if warranted.

**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 e-mail between NSHA and myself, and consent to the conditions outlined herein.

Any questions I may have had were answered.

Patient Signature: \_\_\_\_\_

OR

Substitute Decision \_\_\_\_\_

Maker Signature:

Date: \_\_\_\_\_

(mm/dd/yy)