



## PATIENT COMMUNICATION BY EMAILING CONSENT FORM

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

Nova Scotia Health Card Number: \_\_\_\_\_

Date of Birth (YYYY-MM-DD): \_\_\_\_\_

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

I, \_\_\_\_\_, request and give consent to \_\_\_\_\_  
(health care provider, service / program) of Nova Scotia Health Authority (NSHA) to communicate with me about my care through the email address I have given above. By signing below I agree that I have read the Patient Email Fact Sheet. I also accept the risk to my privacy that comes with communicating confidential health information by email.

I understand NSHA will do its best to keep email communication private and secure. I agree that NSHA shall not be responsible for any loss of confidentiality due to email communication, except if a health care provider purposely breaks privacy or confidentiality. Because of the risks outlined in the Fact Sheet, NSHA cannot guarantee that email communication will be secure and confidential. I also understand that NSHA does not guarantee email communication will be free from technological issues, including but not limited to messages being lost or delayed.

This consent is valid until I tell my health care provider or service / program in writing that I no longer want information about my care sent to me by email. I understand that information communicated by email may be kept in my legal health record. It can also be used as evidence in court. NSHA also has the right to stop communicating by email if it is used inappropriately.

Signature of Patient / Substitute Decision Maker: \_\_\_\_\_

Date (YYYY-MM-DD): \_\_\_\_\_

Please ensure the following information, should it at any time be part of my health information, is **not** shared when communicating via email:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\* Retain copy in the patient health record

