

CONSENT TO USE ELECTRONIC COMMUNICATIONS

I acknowledge Ti-Tree Family Doctors has offered to communicate with me using SMS & email

Yes No

I understand Ti-Tree Family Doctors will use reasonable means to protect the security and confidentiality of the information sent and received using this communication, including encryption where possible.

I understand the security and confidentiality of these communications cannot be guaranteed:

- Despite reasonable efforts to protect the privacy & security of electronic communication it is not possible to completely secure the information, particularly if encryption is not possible.
- Use of electronic communications can increase the risk of such information being disclosed to third parties. The risk is of similar magnitude to faxing your information.
- Email & SMS messages can be misdirected, resulting in an increased risk of being received by unintended or unknown recipients.
- Electronic communication is not an appropriate substitute for in person or over the telephone communication or clinical examinations.
- You are responsible for arranging appropriate follow up with Ti-Tree Family Doctors and for scheduling appointments where warranted.
- Ti-Tree Family Doctors may forward electronic communications to other practitioners involved in your care as required.
- Ti-Tree Family Doctors will NOT use electronic communication to communicate sensitive medical information about matters such as sexually transmitted disease, substance abuse or serious diagnosis.
- You agree to inform Ti-Tree Family Doctors of any types of information you do not want sent via electronic communication. You can add or modify this information at any time in writing by specifying this.
- Some electronic communication might not be used to communicate clinical information but to provide information regarding other matters.

I agree that I have read and fully understand the risks for use of electronic communications as outlined above. I acknowledge that electronic communications may not be encrypted and I agree to communicate using these services with a full understanding of the risk. I understand that I may at any time withdraw the option to communicate with Ti-Tree Family Doctors electronically by providing written notice.

Patient Name: _____

Date: _____

Patient Signature: _____

D.O.B.: _____

PREFERRED EMAIL ADDRESS: _____