



MANOTICK FAMILY HEALTH ORGANIZATION

5230 Mitch Owens Rd.
Manotick, ON K4M 1B2

Patient Consent and Release to Receive E-mails

You have asked to receive e-mails from our office. There are some limits on what we can e-mail you as noted below:

- The Manotick Medical Centre will contact you by e-mail to send you:
 - Appointment reminders;
 - Referral bookings;
 - General information about our clinic;
 - Certain test results if your doctor has specifically discussed and agreed to this option.

- **** Please note:** At this time, we do ****NOT**** receive incoming e-mails from patients. We do **** NOT**** use e-mail to exchange sensitive test results or share other clinical information.

- Please tell us which e-mail address you wish us to use. Do not forget to tell us of any changes to your e-mail address.
- If you intend to receive our e-mails, please remember check your junk/spam folder.
- There are some privacy risks in using e-mail:
 - E-mail is not secure. While we try to protect our e-mails, we cannot guarantee the security and confidentiality of any e-mail you receive from us. Of note, messages are sent across the internet and it could be intercepted and read.
 - E-mails we send to you can be filed on your health record depending on the e-mail message and can become a permanent part of your health record. E-mails can be used as evidence in court.
 - If you use a work e-mail, your employer may have a right to archive and inspect e-mails received/sent from their systems. We recommend you only use your personal e-mail address and personal devices to receive e-mails from our clinic (i.e. will not use work/school e-mail address or a public computer as personal information could be viewed by others).
- Manotick Medical Centre is not responsible for information loss due to technical failures.

Patient Acknowledgment, Agreement and Release:

- I have read and fully understand this consent and release form.
- I understand the risks associated with using e-mail with the Manotick Medical Centre and I accept those risks.
- I understand the limits set out for using e-mail with Manotick Medical Centre and I agree to follow those limits.
- I understand if I no longer wish to receive Manotick Medical Centre, I will contact the Manotick Medical Centre directly.
- **RELEASE OF LIABILITY:** I agree that the Manotick Medical Centre (and their physicians, staff, agents and officers) shall not be responsible for any personal injury including death, and/or privacy breach (outside the control of the Manotick Medical Centre) or other damages as a result of my choice to receive e-mails from the Manotick Medical Centre and I release the Manotick Medical Centre (and their physicians, staff, agents and officers) from any liability relating to communicating with me by e-mail.
- I understand the Manotick Medical Centre may choose not to deal with me by e-mail if I am not able to follow the e-mail rules or if Manotick Medical Centre changes its e-mail program.
- If I have any questions about this form, I have asked the Manotick Medical Centre those questions and agree that my questions have been answered.
- I understand I have the right to have legal advice about signing this form and what it means to me and I have either sought that advice or chosen not to seek such advice.

E-MAIL FULL NAME (FIRST & LAST) PRINTED HERE: _____

E-MAIL CONSENT: Initial here

E-mail (PRINT clearly): _____

I have read the Patient consent and release to Receive E-mails and agree.

Signature

Date

