



vista eye centre

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Physician-patient email communication consent form

Risks of using email:

Vista Eye Centre's physicians offer patients the convenience of communicating by email. However, transmitting patient information by e-mail poses several risks of which the patient should be aware.

The patient should not agree to communicate with the physician via email without understanding these risks.

These risks include, but are not limited to the following:

- The privacy and security of email communication cannot be guaranteed
- Employers and online services may have a legal right to inspect and keep emails that pass through their system
- 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 once it has been sent.
- Emails can introduce viruses into a computer system and potentially damage or disrupt the computer.
- Email can be forwarded, intercepted, circulated, stored or changed without the knowledge or permission of the physician or the patient. Email senders can easily misaddress an email, resulting in it being sent to many unintended and unknown recipients.
- Email is indelible. Even after the sender and recipient have deleted their copies of the email, backup copies may exist on a computer or in cyberspace
- Email can be used as evidence in court

Conditions of using email:

The physician will use reasonable means to protect the security and confidentiality of email information sent and received. However, because of the risks outlined, the physician cannot guarantee the security and confidentiality of email communication. Thus patients must consent to the use of email for patient information.

Consent to the use of email includes agreement with the following conditions:

- Emails to or from the patient concerning the diagnosis or treatment may be printed in full and made part of the patient's medical record. Because they are part of the medical record, other individuals authorized to access the medical record will have access to those emails
- The physician may forward emails internally to the physician's staff and to those involved as necessary for the diagnosis, treatment, reimbursement, healthcare operations and other handling. The physician will not, however, forward emails to independent third parties without the patient's prior written consent, except as authorized or required by law
- Although the physician will endeavour to read and respond to an email from the patient, the physician cannot guarantee that any particular email will be read and responded to within any particular period of time.
- Patients should not use email for medical emergencies or other time-sensitive matters.
- Email communication is not an appropriate substitute for clinical examinations. The physician will not generally advise, diagnose or prescribe based on email communication. The patient should call the physician's office for consultation or an appointment
- The physician is not responsible for information loss due to technical failures associated with the email software or internet service provider failures
- The patient is responsible for informing the physician of any types of information the patient does not want to be sent email, in addition to those set out in the bullet above
- If the patient's email requires or invites a response from the physician, it is the patient's responsibility to follow up to determine whether the intended recipient received the email and when the recipient will respond.



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Instructions for patient communication by email:

To communicate by email, the patient should:

- Limit or avoid using an employer's or other third party's computer
- Inform the physician of any changes in the patient's email address
- Include in the email: the category of the communication in the email's subject line, for routing purposes and the name of the patient in the body of the email.
- Review the email to make sure it is clear and that all relevant information is provided before sending to the physician
- Not rely on email communication for medical emergencies or if immediate assistance is required.

Patient acknowledgement and agreement:

I acknowledge that I had read and fully understand this consent form. I understand the risks associated with the communication of email between the physician and me, and consent to the conditions outlined herein, as well as any other instructions that the physician may impose to communicate with patients by email. I acknowledge the physician's right to, upon the provision of written notice, withdraw the option of communicating through email.

Any questions I may have had were answered.

Patient Name: _____

Patient Email: _____

Patient Signature: _____

Date: _____

Witness Signature: _____

Date: _____