

## KINGSTON HEALTH SCIENCES CENTRE

### PATIENT CONSENT FOR ELECTRONIC COMMUNICATION

You are filling out this form because you want to communicate with KHSC agents (acting on behalf of the hospital) about your care (including payment for delivery of your healthcare), or about someone else's care that you are acting on behalf of. The personal health information that you provide below is being collected, used, and disclosed under the *Personal Health Information Protection Act (Ontario), 2004* for the purposes of providing care to the patient and to verify the patient's/your identity. If you have any questions about your privacy or the information being collected in this form, please contact KHSC's Privacy Office by email at [privacy@kingstonhsc.ca](mailto:privacy@kingstonhsc.ca) or by phone at (613) 549-6666 extension 2567.

Patient's First Name:	
Patient's Middle Name(s):	
Patient's Last Name:	
Patient's Date of Birth (MM/DD/YYYY):	____/____/____
Patient's Health Card Number, including version code:	
Email address to be used to communicate:	

Please indicate if you are:

- 1. Consent on your own behalf as the patient
- 2. Consenting on behalf of the patient as their Substitute Decision Maker (SDM)
- 3. Consenting on behalf of the patient as their Family Member/Alternate

**If you choose option 2 (SDM) or 3 (Family Member/Alternate) above, please provide the following information:**

Your First Name:	
Your Last Name:	
Your Relationship to the Patient:	
Your Phone Number:	

**Q: Is my contact information used or shared for other purposes?**

A: Your contact information may be shared with those who need it to provide you with health care. Your health care teams needs access in order to plan and deliver your health care. This may include sharing your contact information with:

- Other approved health information organizations or providers (e.g. Community Care Access Centre, family physicians, community mental health)
- eHealth Ontario provincial electronic health record and other regional health information repositories (e.g. South East Health Integration Information Portal SHIIP)
- Other allied health care professionals who will provide your follow-up care

We may also use or share your contact information to:

- Perform activities to improve and maintain the quality of the care that we deliver to you;
- Conduct risk management activities;
- Teach health care professionals (we use de-identified information where possible);
- Plan, administer and manage our internal operations;
- Obtain payment for delivery of your health care (e.g. from OHIP, WSIB or others);
- Fund-raise to improve our health care services and programs (information limited to name and address);
- To conduct research;
- Comply with legal and regulatory requirements.

At any time you may withdraw your consent to communication using electronic means or to share your personal health information for research, fundraising or patient satisfaction surveys. To do so, please contact KHSC's Privacy Office at:

Privacy and Freedom of Information Office  
Kingston Health Sciences Centre  
76 Stuart Street  
Kingston, ON K7L 2V7  
Phone: (613) 549-6666 or 1-800-567-5722 Ext. 2567  
Fax (613) 548- 2445  
Email: [privacy@kingstonHSC.ca](mailto:privacy@kingstonHSC.ca)

I wish to communicate electronically about my (or the patient's) personal health information. I understand the risks, benefits and limitations outlined below.

Signature of Patient:		Date: (MM/DD/YYYY)	____/____/____
Signature of Substitute Decision Maker/Family Member/Alternate:		Date: (MM/DD/YYYY)	____/____/____

<b>For Institution Use Only</b>				
<input type="checkbox"/> Email address entered into Patient Care System (PCS)				
Staff Signature: _____	Printed Name: _____	Designation: _____	Date: _____	Time: _____

## Patient Consent for Electronic Communications Risk & Benefit Disclaimer

- All agents of the hospital may use the information you provide to communicate with you as outlined in this consent form. Please make sure your email account is private and your health care provider may send sensitive information to the address you've provided.
- Electronic communications may not be encrypted outside of the hospital email system, and security and privacy can never be completely guaranteed.
- Communications can be forwarded, intercepted, stored or even changed without the knowledge or permission of the health care provider or patient. Communications may be misdirected, resulting in it being sent to many unintended or unknown recipients.
- Even when communications are deleted, back-up copies may exist indefinitely. Electronic communication is a more permanent form of communication compared to verbal communication, either in person or by phone.
- Electronic communications are easier to falsify than handwritten or signed hardcopies. In addition, it is impossible to verify the true identity of the sender, or to ensure that only the recipient can read the communication once it has been sent.
- Be aware that communications can introduce viruses into a computer system. Your care provider may choose not to open a communication if the sender is not recognized or may choose not to receive a communication if it looks like it may have a virus attached to it.
- Electronic communications can be delayed for technical reasons beyond the control of your care provider. There may also be a delay between when your care provider receives your email and when they are able to respond. **For these reasons, do not use electronic communications to communicate emergency or urgent health matters. Call 911 or attend to local emergency department in those circumstances.** Electronic communications must not be used as a substitute for regular clinical examination.
- Always consider the sensitivity of the content and inherent risks before sending. Please tell your care provider if there are certain types of information you do not wish to discuss by electronic communication.
- You understand that KHSC and on-line services (e.g. Gmail) have a legal right to inspect and keep communications that pass through their system.
- Your care provider may make decisions about your treatment based on information you provide by electronic communications. In this case, your communications will become part of your patient record and as such may be used as evidence in court.
- At any time, you or your care provider can decide that you no longer wish to use electronic communications. If you decide to stop communicating electronically, you must inform your care provider in writing or at your next appointment. You will be asked to sign a "Revoking Consent for Electronic Communications" form which will cancel your consent to use electronic communications with your care provider.
- If your care provider cannot continue to use electronic communications with you, they will inform you in writing and/or notify you about this at the time of your next appointment.
- It is your responsibility to follow-up to determine whether the intended recipient received the email/text message and that the recipient has responded.
- It is your responsibility to ensure the hospital retains the correct email address/phone number.
- For questions about email/text message communications, please speak to your care provider.